


<b>Name of Policy:</b> <u>Physical Restraint (Physical Holding of Children/Youth)</u> <b>Policy Number:</b> 3364-160-SD-102 <b>Department:</b> Psychiatry <b>Approving Officer:</b> Chief Executive Officer <b>Responsible Agent:</b> Interim Chair Department of Psychiatry <b>Scope:</b> OP-Psychiatry	  <b>Effective Date:</b> 4/01/2023 Initial Effective Date: 12/1999
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

The use of Physical Restraint (Physical Holding of Child/Youth) shall be used only in an emergency where there is imminent risk of an individual served physically harming him/herself or others, including staff. Nonphysical interventions are the first choice, unless safety demands an immediate physical response.

**(B) Purpose of Policy**

To protect the physical safety of patient and/or others. To protect patient rights, dignity and well being during the use of Physical Restraint (Physical Holding of Child/Youth).

**(C) Procedure**

1. Physical Restraint, also known as a manual restraint is defined as any method of physically restricting a person’s freedom of movement, physical activity or normal use of his or her body, without the use of mechanical restraint devices, with the goal of either assisting the person to re-establish internal and behavioral control, or of stopping a dangerous behavior when verbal directions and/or non-verbal prompts have been ineffective. This does not include:
  - a. Incidental touching.
  - b. Forensic restrictions and restrictions imposed by correction and law enforcement authorities for security purposes.
  - c. The use of protective equipment such as helmet or other adaptive support in response to the individual’s assessed physical needs.
  - d. a staff member picking up, redirecting, or holding an infant, toddler, or preschool-aged child to comfort the patient is not considered restraint
2. Time Out is defined as an intervention when a person is required to remove him/herself from positive reinforcement to a specified place for a specified period of time. Time out is not seclusion. Also known as an Exclusionary Time Out, it is a procedure in which an individual is excluded from the immediate environment by staff to help the individual regain behavioral/emotional control. This procedure involves staff verbally directing the individual to remove him/herself from the immediate environment and verbally restricting the individual to a quiet area or unlocked quiet room. This definition does not include instances when individual is restricted to an unlocked room or area consistent with a program’s rules nor does it include a self-calming strategy that the individual may learn and use to remove himself or herself from an overly stimulating environment. The use of behavioral time outs will be limited and not last longer than 30 minutes.
3. A physical escort is defined as a light grasp to escort the patient to a desired location. If the patient can easily remove or escape the grasp, this would not be considered physical restraint. However, if the patient cannot easily remove or escape the grasp, this would be considered physical restraint.

4. A "transitional hold" means a brief physical (also known as manual) restraint of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual, or prior to transport to enable the individual to be transported safely.
5. A prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint may include either physical or mechanical restraint.
6. Physical holding is not permitted for any other purpose such as coercion, discipline, convenience or retaliation by staff. The destruction of property by an individual, in and of itself is not adequate grounds for the utilization of a physical hold. The use of physical holding is not based on the history of past physical holding or solely on a history of dangerous behavior. When used, it shall be employed for the least amount of time necessary in order that the individual may resume treatment as quickly as possible and shall be done in a manner that preserves the individual's health, safety, rights, dignity, and well-being.
7. The organization prohibits the use of any procedure that physically harms or is a psychological risk to the individual served. At minimum, the following are prohibited:
  - a. Procedures that deny any basic needs, such as nutritious food, water, shelter, and essential and safe clothing;
  - b. Corporal Punishment;
  - c. Fear-eliciting procedures; and
  - d. The use of intimidate, force, or threat
8. Upon admission and when clinically warranted, the person and his/her parent/guardian , as appropriate, shall be informed of the agency's philosophy as well as policy and procedure addressing the use of physical restraint. Such policies and procedures shall be made available to the person and/or to his/her parent/guardian upon request.
9. The following shall not be used under any circumstances:
  - a. Prone restraint;
  - b. Any technique that obstructs the airways or impairs breathing;
  - c. Any technique that obstructs vision
  - d. Any technique that restricts the recipient's ability to communicate
  - e. Pepper spray, mace, handcuffs, or electronic restraint devices such as stun guns; and
  - f. A drug or medication that is used as a restraint to control behavior or restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychiatric condition;
  - g. In the event of an extreme situation, Campus Police will be accessed and provide assistance as per policy.
10. Physical Restraint shall be initiated and carried out by qualified staff only. Staff shall have appropriate training prior to commencing use of Physical Restraint and annually thereafter. Qualification will be by certification in training deemed appropriate by the institution. The curriculum used to train staff shall be documented and shall be made available to anyone upon request.
11. The use of physical holds shall be subject to the following requirements:
  - a. The weight of staff shall be placed to the side, rather than on top of the individual
  - b. No hold shall allow staff to straddle or bear weight on the individual's torso.
  - c. No hold shall allow the individual's hands or arms to be under or behind his/her head or body. The arms must be at the individual's side.
  - d. No soft devices such as a pillow, blanket, or other item, shall be used to cushion the client's head.



- c. Notation of the review and description of any known contradictions for the use of physical holds was conducted and the rationale for continued implementation of physical restraint despite the existence of such contraindication(s);
  - d. A review of all current medications;
  - e. Explanation to the person for the reason for implementation of physical restraint and the required behaviors of the person which would indicate sufficient behavioral control so that the physical hold could be discontinued;
  - f. The condition of the person at routine intervals not to exceed fifteen minutes or more often if the person's condition so warrants. Such documentation shall address attention, vital signs, circulation, range of motion, nutrition, hydration, hygiene, toileting, need for continued restraint, and other needs as necessary, and the appropriate actions taken;
  - g. Upon conclusion of the physical hold, the result of a check for injury shall be documented; and
  - h. Documentation of staff efforts to process the circumstances surrounding the physical hold with the individual and notation of any concerns for the subsequent utilization of physical holds.
18. A log will be maintained for review of all incidents of Physical Restraints and Time Outs exceeding 15 minutes per episode and shall include the following:
- a. The person's name or other identifier;
  - b. The date, time and type of physical hold; and
  - c. The duration of the intervention.
19. Internal review for clinical appropriateness and documentation of such review(s) shall be made:
- a. For any physical restraint; and
  - b. To ascertain overall patterns and trends of the use of physical holds. Such review shall occur at least monthly.
  - c. Knowledge gained will be used to inform policy, procedure, and practices to avoid repeated use in future and to improve treatment outcomes.
20. Internal reviews shall consist of one of the following:
- a. An ISP review by appropriate members of the treatment team which shall be included in the person's clinical record; or
  - b. A review by the service's medical director or his/her designee; or
  - c. A quality improvement review.
21. Documentation of such reviews shall include, at minimum:
- a. Identification of data used, both internal and external;
  - b. A summary of clinical conclusions reached regarding the data; and
  - c. As warranted, specific steps taken to improve clinical practice including an identification of ways to reduce the use of physical holds, if possible.
22. Instances of physical holds resulting in staff or patient injury shall also be reviewed via quality improvement processes to ascertain if appropriate policies and procedures were followed, and if so, whether a need to revise such policies and procedures currently exists.
23. Department Leadership will be notified of each:
- a. Instance of physical injury to a patient that is restraint related with the exception of injury that is self-inflicted;
  - b. Death that occurs while a person is restrained;
  - c. Death occurring within twenty-four hours after the person has been removed from restraint, and
  - d. Death where it is reasonable to assume that a person's death may be related to or is a result of such restraint.

