



EMERGENCY USE OF MANUAL RESTRAINTS & PROHIBITED PROCEDURES

(Heartland PCA does not use restraints!!)

Your client is upset, and their behavior is becoming inappropriate. Remember that behavior is a form of communication; your client is trying to tell you something that they aren't able to tell you with words. They may be frightened or in pain, they may not know how to express intense emotions like frustration or anger, they may be overwhelmed by too much noise, light, and people. What should you do to help your client calm down, help the situation improve, and help keep you, your client, and others safe?

Always use the most positive and least restrictive approach possible - don't do more than you need to.

Any intervention, including manual restraints, can never be used:

- for your convenience or because you feel understaffed
- as punishment
- because your client chooses not to participate in a task or activity
- in a way that is negligent, physical or sexual, or mental abuse
- to stop a person from getting fresh air, food, water, clothing, access to hygiene or their bed to sleep, access to their family or medical/legal help

Remember that you're not in this alone. Rely on others for help when needed: ask your client's mom, dad, or other adults responsible for their care to intervene; call the office; and if you have concerns that your client or others are in danger, call 911.

Prevent the behavior before it happens

1. Avoid triggers - situations that create stress. (If your client is overwhelmed by light, sound, and crowds, don't take him to Target or Wal-Mart) Observe them in their daily routine, and notice what increases their stress. Ask your client, or their family, about triggers.
 - Learn early warning signs - your client may start tugging their hair, speaking more loudly, etc.
 - This can signal to you that the person is becoming overwhelmed, and give you both the chance to get away from the trigger situation.
 - Ask your client, or their family, for their coping strategies and how you should approach - and/or not approach - the situation when they are upset - what will best help them to be calm - such as playing a video game or being allowed to pace. After all, your client is the best expert on his/her own needs.
2. Avoid power struggles. Don't give orders; whenever possible, give choices. Limit the choices to two acceptable options to avoid overwhelming. Don't argue, don't try to have the last word. If you notice your client is getting frustrated, give them a break - better that they succeed in remaining in control rather than that they succeed at a task.
3. Rely on your relationship. Your client, even when upset, will be more likely to remember that you are someone they can trust, and will respond to you, if you have:
 - shown up reliably as scheduled and completed your assigned tasks
 - modeled appropriate behavior in stressful or difficult situations
 - treated them with kindness and respect
 - acted professionally and maintained boundaries

Use positive support strategies to help your client keep calm

- Stay calm yourself, BREATHE...!! Speak in a calm, quiet voice, keep your body relaxed. Show your client by your behavior that the situation is under control. Don't use a lot of words - the less you say, and the calmer you say it, the more effective it will be. Don't get too close. Make sure you have a way out of the room - don't let them get between you and the door.
- Use any specific techniques listed on your client's Care Plan.
- Recognize and reinforce any appropriate client behavior, or any small steps toward calming.
- Stop or change what you are doing - if the situation is upsetting your client, don't force them to continue to do something they obviously can't handle.
- Listen to what your client can tell you. If the person is still able to communicate, find out what is upsetting them and how they are feeling. If possible, fix what's wrong.
- Validate what they are experiencing. This does not mean you agree with how they are behaving. But find whatever is true in what they are saying and feeling and recognize it.
- Restate simply and very briefly in your own words what you heard the person say, both the facts and the feelings, such as "Joe broke your toy," or "You feel angry."
- Create a calm environment by reducing sound, light, other people. You and your client may want to physically leave the area or place you are in. Also, you may be one of the factors increasing your client's stress. If safe and appropriate, respect his/her need for privacy or physical space, for example, by allowing the client to go to his/her favorite private area, such as their bedroom, while you continue to monitor from a distance.
- Offer a new topic or activity that the client enjoys and finds relaxing. This is not 'giving in', it's helping their brain to refocus off of the upset and onto something positive for them.

Behavior escalates and now there is an immediate risk of harm to self or others

- Call 911 for assistance
- Remove any objects that the client could use to harm himself or others
- Ask the client if they would feel safer or calmer if they moved to a different area
- Continue to use the support strategies reviewed above, and any strategies listed in the client's Care Plan

Permitted physical contact

**This contact should only be necessary infrequently/occasionally;*

*if you need to do any of these on a continuous basis, please let the qualified professional know as the client's, Care Plan may need to be revised **

The physical contact must end as soon as the threat of harm ends

You are allowed to have physical contact under the following circumstances:

- Hold (hug) a person to calm or comfort, if they are willing and don't resist
- Prevent a person from falling as the result of a medical condition
- Assist a person to complete a task, such as guiding their arm
- Interrupt a person's movement by briefly blocking or redirecting their limbs or body to prevent them from injuring themselves or others. *For example, you may need to stop your client from hitting you or from running out into the street.*
- Assist a licensed health care professional to safely conduct an exam or give treatment
- Evacuation in an emergency when immediate risk of harm, such as a house fire

Prohibited Procedures (Not allowed)

- Restraint: use of force to limit another person's movement
 - a) Chemical restraint: giving a drug the person doesn't normally take
 - b) Mechanical restraint: using a device, for example straps or cuffs
 - c) Manual restraint: using your body to hold their body
 - d) Prone restraint: forcing client onto their stomach, face-down, and client's hands are restrained behind their back
- Time out: removing a person against their will from an activity or other people
- Seclusion: placing a person alone in a room and blocking or locking the door
- Any aversive procedure: giving an unpleasant consequence/punishment, such as spanking
- Any deprivation procedure: removing something, such as taking away a toy or activity

*Although Heartland PCA does **NOT** use restraints, organizations and programs that do use restraints can only use them in an emergency situation, to interrupt behaviors and prevent immediate serious injury, after other interventions have failed. Restraints must be the last resort. Restraints should only be used when the person's behavior is **MORE** dangerous than the danger of using restraints.*

- ❖ Staff can never use these procedures unless they have been specifically trained
- ❖ Verbal aggression or property damage are not reasons for physical restraints
- ❖ Restraints can never be used if a medical condition could be made worse
- ❖ Prone (face down) restraint, or pressing on the person's chest or back, is never allowed
- ❖ The client must be monitored at all times, by at least two people when possible, and staff must complete a state-required monitoring form
- ❖ ***The restraint must end when the threat of harm ends***
- ❖ Staff must tell the qualified professional immediately once the incident is over, and will be required to do a written report
- ❖ The company will then complete a review of what happened, and report it to the Department of Human Services

The above list of prohibited procedures are ineffective in eliminating behaviors because they do not give the client new tools to change their behavior. They therefore can be frightening and degrading to both the client and staff, and can escalate behaviors due to increased anxiety. (1)

Many restraints are not safe. Serious injury and even death may occur, because some people's bodies cannot tolerate being forced into certain positions. Many people have a medical condition that puts them at risk, some cannot communicate to let you know they are in distress. A study on people whose death resulted while in restraints found:

- Those who died ranged in age from 9 to 95 years old.
- 25% of those who died had a history of intellectual/developmental disabilities
- 50% of those who died couldn't communicate that they were in distress
- 1/3 had a medical condition where restraints should have never been used (2)

Positional Asphyxia

During "Positional Asphyxia", your body is placed and held in a way that your lungs can't expand to take in enough oxygen. To watch for this, and other medical emergencies, the person being restrained must be monitored the entire time, and by at least two people when possible.

If you find any signs of distress, release the person immediately, assist them to take whatever comfortable position they choose - sit, lie, stand, kneel, and call 911 immediately. If the person is not breathing, CPR should be started immediately.

Identify signs of distress that must be immediately addressed:

- Struggling to breathe
- Person states or indicates he or she cannot breathe
- Flaring of the nostrils
- Snoring, noisy labored breathing, gurgling gasping sound
- Loud violent person suddenly changes to quiet
- Grey or blue skin
- Hot to touch
- Chest wall sucks in instead of expanding
- Vomiting
- *Even if they can speak, it doesn't mean they are getting enough oxygen*

Also, refer to Heartland PCAs Handbook for Use of Manual Restraints Policy

(1): Frueh, B.C., Ph.D., R.G. Knapp, Ph.D., K.J. Cusack, Ph.D., et al, "Patients' Reports of Traumatic or Harmful Experiences Within the Psychiatric Setting," *Psychiatric Services: A Journal of the American Psychiatric Association* 56:9 (September 2005)

(2): Mohr, W.K., Ph.D., R.N., F.A.A.N., T. Petti, M.D., M.P.H., B. Mohr, M.D., "Adverse Effects Associated with Physical Restraint," *Canadian Journal of Psychiatry* 48:5

(3): National Review of Restraint Related Deaths