

TITLE: RESTRICTIVE PROCEDURES	POLICY #: 74
Department: Program/Services	Effective Date: 06/25/01
	Applicable Standards:
	3-JCRF-3A-02
Revisions: 7-30-03; 10-30-03; 2-14-07; 12-28-07; 7-3-08; 3-29-10; 11-1-10; 12-9-13; 9-15-20	

Policy: McCrossan Boys Ranch staff will use physical force only as a last resort and in accordance with South Dakota codified law and only in instances to protect residents from harming themselves or others.

Definitions: N/A

Procedures:

1. Restrictive Procedures

- A. Physical force may be used only as a last resort and in accordance with South Dakota codified law and only to protect residents from harming themselves or others. Physical force may also be used in instances of justifiable self-defense, protection of property, prevention of escapes and to maintain or regain control if doing so will keep the resident from harming themselves or others.
- B. Residents will not be restrained unless the placing agent has given the facility permission and the use of restraint has been incorporated into the resident's treatment plan. If a resident has been privately placed in the facility by the resident's parent or guardian, the parent or guardian must approve the use of restraint.
- C. Non-physical de-escalation techniques will be practiced prior to and during times of physical intervention.
- D. Physical force or corporal punishment will not be used as a means to punish residents or as a part of a behavior modification plan.
- E. If physical force is used, staff will follow the protocol for critical incidents.
- F. Within 30 minutes of the beginning of a restrictive procedure, staff must obtain authorization from the Associate Director or designee. Restraints and releases of a resident that continue for longer than 30 minutes must be reauthorized.
- G. The Associate Director or designee will document the authorization of a restraint in writing and send it to a supervisory staff who is at the facility. The supervisory staff will print a copy of the authorization and place it in the client's medication administration record (MAR) within 2 hours from the time the restraint was implemented.
- H. If the cycle of restraints and releases lasts for 2 consecutive hours, the Associate Director or designee will immediately hold a conference with the staff members involved in placing and monitoring the resident in restraint and a representative of the placing agency or the resident's parent/guardian if a placement agency is not involved. They will review the appropriateness of the treatment plan and whether the resident's needs will be met by continued placement in the facility.
- I. All restrictive procedures will be continuously observed and the physical and emotional well-being of the resident will be documented every 15 minutes.
- J. Immediately following a restrictive procedure, the resident will be assessed for physical and emotional well-being and readiness to return to group activity. The resident will also

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be examined by a physician, physician's assistant, nurse or other designated medical personnel following a restrictive procedure. The resident will receive treatment for any injury caused by the use of a restrictive procedure.

- K. The incident will be recorded in the daily log, shift report and/or school report.
- L. Following all use of force incidents, a staff person involved in the incident will write an incident report before the end of his/her shift. The report will document the reasons for the restraint, the duration and the resident's reactions to the restraint. These reports are reviewed and approved by the Associate Director or Executive Director.
- M. For restrictive procedures, staff and resident debriefing meetings will be held as soon as possible after the incident.
- N. All direct care staff will be trained in de-escalation and crisis intervention as a part of their initial training.
- O. All direct care staff will recertify their de-escalation and crisis intervention training annually.

2. Prohibited Practices

- A. Isolation, chemical restraint, peer restraint, mechanical restraint and locked seclusion are prohibited from use at the ranch.

3. Review of Restrictive Procedures

- A. The Associate Director or designee will be notified of any use of restrictive procedures and an administrative review of the incident will be conducted within three working days.
- B. At least quarterly, the Quality Improvement Committee will review the use of restrictive procedures to:
 - a. determine any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures
 - b. review any injuries resulting from the use of restrictive procedures
 - c. determine actions needed to correct deficiencies in the program's implementation of restrictive procedures
 - d. assess opportunities missed to avoid the use of restrictive procedure
 - e. propose actions to be taken to minimize the use of restrictive procedures
- C. A quarterly written review of restrictive procedures will be completed.