



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: RESTRICTIVE PROCEDURES POLICY 5.15

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-101D WAC](#) *Requirements for Providers or Residential Services and Supports*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-850 WAC](#) *County Plan for Developmental Disabilities*

Reference: [DDA Policy 5.14](#), *Positive Behavior Support*  
[DDA Policy 5.16](#), *Use of Psychoactive Medications*  
[DDA Policy 5.17](#), *Physical Intervention Techniques*

## **BACKGROUND**

When a client's behavior presents a threat of injury to himself, herself, or others, or threatens significant damage to the property of others, steps must be taken to protect the client, others, and property from harm. It is expected that supports as described in the Developmental Disabilities Administration (DDA) [Policy 5.14](#), *Positive Behavior Support*, will be used to decrease the behaviors and eliminate the need for restrictive procedures. When positive behavior support alone is insufficient, procedures that involve temporary restrictions to the client may be necessary.

## **PURPOSE**

This policy describes which restrictive procedures are allowed and which are prohibited, the circumstances under which allowed restrictive procedures may be used, the requirements that must be met before they may be used, and the requirements for documenting and monitoring their use. For clarification, procedures that are not restrictive and do not require Positive Behavior Support Plans (PBSP) are also described.

**SCOPE**

This policy applies to the following DDA contracted or certified residential service programs for adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State Operated Living Alternatives (SOLA)
- Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Crisis Diversion Bed and Support Services
- Adult programs and services provided by counties that are funded by DDA, such as employment and day program services

State laws and rules governing adult family homes, assisted living facilities, and nursing homes take precedence over this policy.

**DEFINITIONS**

**Audio monitor** means any type of device that can be used to auditorily monitor a person or area.

**Aversive stimulation** means the application of a stimulus that is unpleasant to the client, such as water mist to the face, unpleasant tastes applied directly to the mouth, noxious smells, etc.

**Chemical restraint** means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

**CRM** means the Developmental Disabilities Administration Case Resource Manager.

**Corporal punishment** means physical punishment of any kind. *This is prohibited.*

**Exclusionary Time Out** means the removal of a client from a situation where positive reinforcement is available to an area where it is not, contingent on the occurrence of a specific behavior and exiting the area is prevented. *This is prohibited.*

**Forced compliance** means physically forcing or ordering a client to do something they do not want to do. *This is prohibited.*

**Locking a client alone in a room** means egress is not possible. *This is prohibited.*

**Mechanical restraint** means applying a device or object, which the client cannot remove, to the client's body that restricts his or her free movement.

**Overcorrection** means requiring a client to clean or fix the environment more than necessary to restore it to its original state, or to repeatedly practice the correct way to do something as a consequence for having done something wrong. *This is prohibited.*

**Physical restraint** means physically holding or restraining all or part of a client's body in a way that restricts the client's free movement. This does not include briefly holding a client without undue force in order to calm them, holding a client's hand to escort the client safely from one area to another, or using seatbelts for wheelchair safety.

**Physical or mechanical restraint in a prone position** means the client is being restrained while lying on his or her stomach. *This is prohibited.*

**Physical or mechanical restraint in a supine position** means the client is being restrained while lying on his or her back. *This is prohibited.*

**Restraint** means any method used to limit a person's freedom of movement or immobilize the person. This includes using a device or garment (mechanical restraint), holding or bodily maneuver (physical restraint), drug (chemical restraint) or restriction of space (exclusionary time out) to physically control, subdue, or calm a person who exhibits behavior that presents a risk of harm to the person, others, or property.

**Restrictive procedure** means a procedure that restricts a client's freedom of movement, restricts access to client property, requires a client to do something which they do not want to do, or removes something the client owns or has earned.

**Video monitor** means any type of device that can be used to visually monitor a person or area. This includes standard video monitors and recording devices, closed-circuit monitors, cell phones with video capabilities, Wi-Fi cameras, and web-enabled cameras, such as those accessible through a computer.

## **POLICY**

- A. Restrictive procedures may only be used for the purpose of protection, and may not be used for the purpose of changing behavior in situations where no need for protection is present.
- B. Only the least restrictive procedures needed to adequately protect the client, others or property shall be used, and restrictive procedures must be terminated as soon as the need for protection is over.
- C. When a client has restrictive procedures that may impact his or her housemate, efforts shall be made to minimize the effect on the housemate. The service provider must

document in the housemate's plan how they will address the impact on the housemate and protect the rights of clients. Consent to the plan by the housemate and the housemate's legal representative must be reviewed and documented in the service provider's client record annually.

**D. Non-Restrictive Procedures**

**1. Teaching, Training, and Support Methods**

The following procedures are not restrictive and a Positive Behavior Support Plan (PBSP) is not required to use these procedures. If the following procedures are used frequently, the service provider should consider giving staff written guidelines.

- a. Prompting by using verbal and physical cues or gestures and physical assistance.
- b. Simple correction by explaining or showing how to do something correctly, coaching, or guiding the client with or without physical assistance. Correction must always be demonstrated in a respectful manner.
- c. Not attending to specific behaviors that are inappropriate.
- d. Offering or suggesting alternatives, and discussing consequences of different behaviors.
- e. Setting up incentive programs using tokens or points with special motivators such as money, CDs, or videos. You must not use the client's money to purchase incentive items used for the program.
- f. Teaching and encouraging a client to choose and purchase healthy, nutritional food.
- g. Canceling an activity because the client is agitated at the time of the event.
- h. Securing access to prescription medicines, over-the-counter medications, and hazardous chemicals that can be harmful such as laxatives, cleaning products, and insecticides.
- i. Physically blocking a client for protection without holding the client.
- j. Requiring a client to leave an area for protection, without physical coercion.

- k. Use of medical alert devices for client safety and health conditions such as seizures, falls, or dementia. A client may wear medical alert devices such as necklaces and bracelets.
- l. Use of door alarms, window alarms, or both for client safety and security, such as clients who are sexually vulnerable or are experiencing dementia, or who lack traffic safety skills. Consult with the CRM if you are unsure about other security devices and their permissibility. If a residential provider intends to use a door or window alarm:
- 1) The provider must inform the client's CRM; and
  - 2) The CRM must document the use and reason for the alarms in the client's person-centered service plan (PCSP).
- m. Use of audio monitors for client health and safety
- 1) A service provider may use an audio monitor if it is medically necessary for the client's health and safety (e.g., for a client who has frequent falls resulting in injury, clients with uncontrolled seizures). An audio monitor must not be used for behavioral purposes. If a service provider uses an audio monitor, the provider must:
    - a) Not use the device for staff convenience or to invade a client's privacy;
    - b) Inform the client and all persons who may be captured by the monitoring and obtain consent for its use. Under [RCW 9.73.030](#), consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner (such as a notice), that such communication or conversation is about to be transmitted. Written consent for the client for whom the monitoring is put in place must be documented in the client's record; and

Note: [RCW 9.73.030](#) prohibits the intercepting and recording of private communication without first obtaining the consent of all participants in the communication.

    - c) Write a plan that includes the reason for use of the monitoring device and specific details about when the

monitor will be turned on and off. This plan must be documented in the client's record.

- 2) Providers must inform the client's CRM whenever use of an audio monitor is contemplated and provide the CRM with a copy of the written plan.
  - 3) The CRM must notify the Field Services Administrator of the use of an audio monitor with the client.
- n. Taking away a client's pet when the client is abusive or neglectful to the animal or pet. Abusive means physical abuse or sexual abuse. Neglectful means failing to provide for the health and safety of the pet, including withholding routine and emergency veterinary care, vaccinations, failing to provide the animal or pet with fresh water and food daily, and humane treatment.
- 1) If a client needs instruction and support in the handling and proper care of the animal or pet, document the plan for this in the client's individual instruction and support plan (IISP).
  - 2) Document all incidents of client mistreatment of an animal or pet according to incident reporting procedures, including reporting to DDA.
  - 3) Physical abuse of an animal or pet may be grounds for permanent removal of the animal or pet and may result in prohibition of acquisition of another animal or pet by the client. This determination will be made by DDA in consultation with the residential provider.
- o. Use of cellular phones and other devices with GPS capabilities for the purpose of tracking the person.
- 1) If the service provider purchases, helps the client purchase, or supplies a client with a cell phone or other device that has GPS tracking capabilities, the provider must inform the client that the provider will be able to tell where the client is when the client has the phone or device with them and the GPS tracking capability is enabled.
  - 2) The provider must document in the client's plan that they have had this conversation with the client and include any details or agreements they make with the client regarding the phone's use,

such as asking the client to agree to carry the phone whenever the client leaves the home.

## 2. Money Management and Support

An important support many people need is help managing financial resources. This may involve limiting, to varying degrees, a client's access to his or her money to ensure that basic necessities are covered and the client meets financial obligations. The client should be involved in these activities as much as possible to state preferences and increase his or her money management skills.

Ways to support the client include:

- a. Developing a budget consistent with the client's interests and financial resources;
- b. Monitoring weekly expenditures to ensure the client does not overspend;
- c. Paying rent and bills on time;
- d. Buying food;
- e. Purchasing clothing and other items; and
- f. Budgeting money for leisure activities.

## 3. Medical devices with known safety risks

- a. [WAC 388-101D-0155](#) describes requirements for the use of medical devices, including what steps service providers must take before using medical devices with known safety risks with any client.
- b. Bedside rails are permitted when medically necessary for the client's health and safety. The service provider must provide staff with written instructions for the use of bedside rails. Instructions must address the following:
  - 1) Checking that the mattress fits tightly against the side rail;
  - 2) For clients unable to reposition themselves, position changes are done no less than once every two hours during waking hours (and at night if the prescriber requests);

- 3) Frequent bed checks for safety and well-being during awake hours are conducted at a higher frequency than repositioning. The plan must state the frequency of bed checks; and
- 4) Under no circumstances can the side rails be used for staff convenience or to purposely restrain a person unnecessarily.

Additional safety information about hospital beds is available on the U.S. Food and Drug Administration's website under [Medical Devices](#).

**E. Restrictive Procedures Permitted Without an Exception to Policy (ETP)**

1. If a service provider uses a restrictive procedure, its use must be addressed in the client's Functional Assessment and PBSP. The Functional Assessment and PBSP must:
  - a. Establish the need for the restrictive procedure;
  - b. Outline behavioral criteria that will indicate a restrictive procedure is no longer necessary; and
  - c. Include the teaching supports and steps involved in accomplishing that goal.
2. Restrictive procedures allowed without an ETP are those that interrupt or prevent behaviors that:
  - a. Are dangerous or harmful to the client or others;
  - b. Cause significant emotional or psychological stress to others; or
  - c. Result in significant damage to the property of others.
3. Restrictive procedures allowed without an ETP include, but are not limited to:
  - a. Requiring a client to leave an area with physical coercion (i.e., physically holding and moving the client with force) for protection of the client, others, or property.
  - b. Using door or window alarms to monitor clients who present a risk to others, such as being sexually or physically assaultive.
  - c. Necessary supervision to prevent dangerous behavior.
  - d. Taking away items that could be used as weapons when the client has a history of making threats or inflicting harm with those or similar items, such as knives, matches, lighters, etc.

- e. Removing client property being used to injure one's self, others, or property. Removing property belonging to others is not a restrictive procedure.
- f. Physical restraint to prevent the free movement of part or all of the client's body with the exception of seated restraints, which require an ETP, and prohibited restraints (in a prone or supine position, i.e., lying on the stomach or back, respectively.) See also [DDA Policy 5.17](#), *Physical Intervention Techniques*.
- g. Mechanical restraint used to limit the client's free movement or prevent the client from self-injury when the client cannot independently remove the device, such as a helmet, arm splints, seatbelts used outside of a motor vehicle, etc. See also [WAC 388-101D-0155](#). Assessment of need must include:
  - 1) Documented assessment as to the need for the use of the device;
  - 2) Health care professional's written documentation for the use of the device to include when device can be applied and must be removed; and
  - 3) A plan to reduce or eliminate the use of the device if used for supporting challenging behaviors.

Note: The use of car door locks for safety purposes is not considered a restrictive procedure and does not require a Positive Behavior Support Plan unless there is a behavioral component.

#### F. Restrictive Procedures Permitted Only By Exception to Policy (ETP)

- 1. The following restrictive procedures may be used only when less intrusive procedures have failed to protect the client, others, or property. **Use of these procedures requires a Positive Behavior Support Plan and an ETP.**
- 2. Approval at the Deputy Assistant Secretary Level

The following restrictive procedures require the prior written approval of the Deputy Assistant Secretary:

- a. Not allowing a client to attend activities, at home or in the community, as a disciplinary consequence (e.g., not allowing the client to watch TV because they did not do the dishes; not allowing the client to go bowling because they hit a client the day before).

Note: If a client is upset immediately prior to an activity, or there is evidence that he or she is likely to engage in severe challenging behaviors at an activity, the activity may be cancelled for the individual. No ETP is required.

- b. Use of video monitors for medical necessity for more than six months. See Policy Section F.3.1 below for complete requirements.

3. Approval at the Regional Administrator Level

The following restrictive procedures require the prior written approval of the DDA Regional Administrator:

- a. Controlling food consumption, including but not limited to locking the kitchen, refrigerator, or cabinets. Any request to limit or lock up a person's food for health reasons should address how they will gain access to food and liquids and include a plan to address the health condition. Additional information may be found in [\*DDA Food Management and Health Promotion Strategies\*](#). Such restrictions may be considered when:

- 1) A long-term threat exists to the client's health, as determined in writing by a physician; or
- 2) A short-term threat exists, such as eating raw meat, uncontrolled intake of water, etc.; or
- 3) It is necessary for assisting the client to live within their budget.

Note: If the client understands and complies with their dietary restrictions (i.e., does not exhibit any challenging behaviors in response) and the client's food and kitchen does not need to be secured, a Positive Behavior Support Plan is not required. For example, if a person with diabetes who is on a special diet due to diabetes complies willingly with the diet, it is not necessary to lock up food or areas of the kitchen.

- b. Requiring a client to wear any electronic monitoring device on their body to monitor the client's behavior. The client and their legal representative must give consent if there is no court order.
- c. Removal of client property where risk of damage to property or injury to a client or others is not an issue (e.g., taking the client's TV away for swearing at a caregiver).

- d. Regulating or controlling a client's money in a manner the client or the client's legal representative object to. See also Policy Section D.2 of this policy regarding money management.
- e. Restricting access to certain populations, areas, or public places.<sup>1</sup>
- f. The use of locks on doors, gates, and fences that prevent independent egress from the residence or yard. Keyed locks where you must use a key from inside to exit must be avoided whenever possible. If a keyed lock must be used, the ETP must include a safety plan for its use in case of an emergency.
- g. The use of seat belt locks in vehicles to transport individuals whose challenging behaviors impede their safe travel (e.g., unlocking regular seat belts and opening vehicle doors while in operation, etc.).
- h. Restrictions on free association and communication, such as access to telephones, the Internet, written communication, communication devices and interactions with others (e.g., limiting 900 calls or telephone service, supervising telephone usage to monitor behavior, etc.).<sup>1</sup>
- i. Restrictions on access to media that is violent or sexually explicit (e.g., pornography, actual or depicted violence in mediums such as television, video-games, other recorded media, and print).<sup>1</sup>
- j. Restricting access to alcohol.<sup>1</sup>
- k. Routine search (i.e., a planned or scheduled search) of a client or their home and possessions. Without a court order or as a condition of community supervision, the client and their legal representative must consent to the procedure. A legitimate and significant reason to conduct the search must exist.<sup>1</sup>
- l. Use of video monitors for client health and safety.

All people have the right to privacy. The use of a video monitor in a person's home or bedroom is extremely intrusive. For this reason, there must be tight controls around the use of video monitors and ongoing assessment of their continued use. Refer to the Definitions section of this policy regarding video monitors.

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<sup>1</sup> ETP not required for Community Protection Program Participants.

Under no circumstances shall a video monitor be used for staff convenience or to purposely invade a person's privacy. Video recording for monitoring purposes is not permitted.

Video monitors used by service providers are permitted when medically necessary for the client's health and safety, provided the following requirements are met:

- 1) There is documentation that the client's interdisciplinary team, including the CRM and residential services staff, has explored other less invasive options (e.g., additional staffing, installing call buttons, bed alarms, motion sensor, etc.) prior to requesting to use a video monitor.
- 2) There is a current physician's order that clearly states the medical necessity for the client and anticipated duration of monitor use.
- 3) Any client who may be monitored, his or her legal representative, and staff must be aware of the monitor and give consent for its use. Consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner (such as a notice), that such communication or conversation is about to be transmitted. Written consent for the client for whom the monitoring is put in place must be documented in the client's record.
- 4) Images or data that is being transmitted to another device must occur in a secure manner that maintains the privacy of those individuals being monitored as outlined in the contract or DSHS administrative policy.
- 5) There is a written plan that gives direction to all residential staff regarding:
  - a) When the monitor will be turned on and off;
  - b) Privacy issues;
  - c) How to respond when the client turns off the monitor or requests that the monitor be turned off;
  - d) Documentation requirements; and

- e) Specific instruction for those staff who are responsible for viewing the monitor.
- 6) There is an approved ETP as follows:
  - a) If the monitor will be used for six months or less, the Regional Administrator (RA) is the approving authority; or
  - b) If it is anticipated that the monitor will be used for more than six months, the Deputy Assistant Secretary is the approving authority (see Policy Section F.2.b above).
- 7) Residential staff must document the use of the monitor, including duration and name of staff, on a daily basis. This data must be included in the client record.
- m. Use of either of the following restrictive physical interventions:
  - 1) Person seated on furniture and physically restrained by two persons sitting on either side; and
  - 2) Person seated on the floor and being physically restrained by one or more persons.

Note: These physical interventions may be used only as part of an approved physical intervention system or curricula. Refer to [DDA Policy 5.17, \*Physical Intervention Techniques\*](#), for additional information and requirements.
- n. Use of any garment or modified clothing worn on the body that the client is unable to remove and which is intended to restrict the client's normal freedom of movement.
- o. Where noted above, an ETP is not required for Community Protection Program (CPP) participants if the restriction is included in the client's professional Treatment Plan. Refer to [DDA Policies 15.01 through 15.05](#) regarding the Community Protection Program for more information.

## G. Prohibited Procedures

- 1. The following restrictive procedures are **not permitted under any circumstances** and for which DDA will not grant an ETP:
  - a. Restraint chairs;

- b. Restraint boards;
  - c. Exclusionary time out. This means placing a client alone in a room in which no reinforcement is available and from which the client is prevented from leaving;
  - d. Corporal or physical punishment;
  - e. Forced compliance, including exercise, when it is not for protection;
  - f. Locking a client alone in a room;
  - g. Overcorrection;
  - h. Physical or mechanical restraint in a prone position (i.e., the client is lying on their stomach);
  - i. Physical or mechanical restraint in a supine position (i.e., the client is lying on their back);
  - j. Removing, withholding, or taking away money, tokens, points, or activities that a client has previously earned;
  - k. Requiring a client to re-earn money or items purchased previously;
  - l. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the client was aggressive); and
  - m. Chemical restraint.
2. Aversive stimulation is not permitted except for treatment of sexual deviancy where a certified or affiliate sex offender treatment provider (SOTP) conducts the treatment and for which informed consent and an ETP have been obtained. It is the therapist's responsibility to request the ETP. See Section I of this policy for additional requirements.

#### **H. Treatment of Sexual Deviancy**

Appropriate treatment of individuals with a history of sexual assault or inappropriate sexual behaviors or individuals who have committed illegal acts of a sexual nature may involve certain restrictions as part of their professional individualized Treatment Plan. In these cases, for Community Protection Program participants, some restrictive procedures may be allowed for other than protective purposes if recommended by a Certified Sex Offender Treatment Provider (C-SOTP), or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP.

The client must consent to the procedures as part of their therapeutic treatment. Refer to [DDA Policy 15.02](#), *Community Protection Program Services*, and [DDA Policy 15.04](#), *Standards for Community Protection Residential Services*, for specific requirements.

### I. **Court-Ordered Restrictions**

Least Restrictive Alternatives (LRA) are court-ordered restrictions that a client agrees to meet as a condition of release. If client requests assistance in meeting court-imposed restrictive conditions, DDA funded programs or staff may provide that assistance. Programs shall only initiate restrictive procedures that are permitted by this policy. Additionally, all requirements of this policy must be met, including those relating to ETPs.

If a client has a restraining order or court order directing no contact with another person or location, staff may assist the client in adhering to the restraining order. No ETP is required.

### J. **Emergency Use of Restrictive Procedures**

1. Emergencies may occur in which a client's behavior presents an immediate risk to the health and safety of the client or others, or a threat to property. In such situations, restrictive procedures permitted in this policy may be used for protective purposes. However, the least restrictive procedures that will provide adequate protection must be used, and terminated as soon as the need for protection is over.

No procedures that require an ETP may be used in an emergency other than those described in section '4' below.

2. An incident report must be submitted to the DDA CRM for each incident leading to the use of emergency restrictive procedures, in accordance with procedures for reporting incidents.
3. If the same restrictive procedure is used on an emergency basis more than three times in a six-month period, a functional assessment must be conducted and, if warranted, a Positive Behavior Support Plan developed.
4. For individuals who pose an immediate danger to self or others, it is acceptable to initiate the following procedures or interventions immediately without a Positive Behavior Support Plan or ETP if there is reasonable justification:
  - a. **Restricted access** (see [Policy Section F.3.e](#));
  - b. **Necessary supervision** (see [Policy Section F.3.c](#)); and

Once the provider notifies DDA of this action, the RA or designee must subsequently approve or disapprove within three working days. Approval must be written with a brief statement of the problem and reason for the restriction. A written Positive Behavior Support Plan, and ETP request if necessary, must be completed within 45 days.

### **PROCEDURES**

A. When use of a restrictive procedure is planned, the provider must communicate this to the CRM. Such communication must be made in writing. Before implementing restrictive procedures, the client and his or her legal representative must be involved in discussions regarding the perceived need for restrictive procedures including:

1. The specific restrictive procedures to be used;
2. The perceived risks of both the client's challenging behavior and the restrictive procedures;
3. The reasons justifying the use of the restrictive procedures; and
4. The reasons why less restrictive procedures are not sufficient.

**B. Required Documentation for Use of Restrictive Procedures**

1. A written Functional Assessment of the challenging behavior(s) that the restrictive procedures address. Refer to [DDA Policy 5.14, Positive Behavior Support](#), for more information and requirements regarding Functional Assessments.
2. A PBSP that will be implemented to reduce or eliminate the client's need to engage in the challenging behavior(s). Refer to [DDA Policy 5.14, Positive Behavior Support](#), for more information and requirements regarding PBSPs. [DDA Policy 5.14, Attachment A, Recommended Guidelines for Developing Functional Assessments and Positive Behavior Support Plans](#), describes what to include in the FA and the PBSP.
3. The PBSP must include:
  - a. A description of the restrictive procedure that will be used, when and how it will be used, and clear criteria for termination of its use;
  - b. A plan for recording data on the use of the procedure and its effect. Each use of the restrictive procedure must be documented. The plan must specify the type and frequency of data collection;

- c. A description of how the program or interdisciplinary team (IDT) will monitor the outcomes of implementing the PBSP and evaluate the continued need for the restrictive procedure; and
- d. For CPP participants where there are ongoing restrictions, such as “restricted access,” the client’s Treatment Plan must include documentation of the restrictions and a notation that the restrictions are ongoing. CPP providers are exempt from documenting each use of an approved ongoing restriction.

### C. **Approval Process**

- 1. Prior to implementation, the proposed PBSP must be approved as follows:
  - a. All PBSPs involving restrictive procedures require the written approval of the service provider administrator or staff who have designated approval authority;
  - b. PBSPs that require an ETP or involve physical or mechanical restraints require written approval by the client or the client’s legal representative. The client’s approval should be sought to the extent they understand what is being proposed; and
  - c. Approval must be documented on a form that lists the risks of the challenging behavior and the risks of the restrictive procedure, explains why less restrictive procedures are not recommended, and indicates alternatives to the recommendation. Space must be provided for the client and their legal representative to write comments and their opinions regarding the plan. See [DSHS 15-385](#), *Consent for Use of Restrictive Procedures Requiring an ETP*.
- 2. If the client or the client’s legal representative disagree with any part of the proposed intervention strategies in the PBSP, they may file a grievance according to service provider procedures. If they are not satisfied with the facility or service provider response, they may request a review by the DDA Regional Administrator.

### D. **Monitoring Physical or Mechanical Restraint Procedures**

- 1. Clients being restrained must be observed continuously to ensure the risks to the client’s health and safety are minimized.
- 2. Whenever possible, a separate staff member not involved in restraining the client should observe the procedure.

3. Time in and out of restraint must be recorded.
4. Documentation must include a written description of:
  - a. Events immediately preceding the behavior that precipitated the use of restraint;
  - b. Type of restraint or intervention;
  - c. Duration of the restraint;
  - d. The client's reaction to the intervention, including physical and mental state upon release from restraint;
  - e. The staff involved in implementing the intervention; and
  - f. Any injuries sustained by anyone during the intervention.

#### **E. Incident Reports**

1. An incident report must be filed if:
  - a. An injury requiring first aid or medical care is sustained by any client during implementation of a restrictive procedure or intervention;
  - b. A restrictive procedure is implemented under emergency guidelines; and
  - c. A client's animal or pet is abused or neglected (see Policy Section D.1.n).

2. Incident reports must be submitted as follows:

Residential Programs and SOLAs: as described in [DDA Policy 6.12](#), *Incident Management and Reporting Requirements for Residential Services Providers*;

Employment and Day Programs: as described in [DDA Policy 6.08](#), *Mandatory Reporting Requirements for Employment and Day Services Providers*.

#### **F. Data Monitoring of Restrictive Procedures**

1. Program staff responsible for PBSPs must document review of the data at least every 30 days.
2. If the data indicates stabilization or progress is not occurring (e.g., increase in replacement behaviors or decrease in targeted challenging behaviors) after a

reasonable period, but no longer than six months, the PBSP must be reviewed and revisions implemented as needed.

3. At least annually, the approving authorities must re-approve restrictive procedures that require ETPs or involve physical or mechanical restraint. Documentation required in (F)(1) and (F)(2) above must be attached to the ETP request for renewal.

### **EXCEPTIONS**

- A. The facility, service provider, or treatment professional requesting the ETP must use [DSHS 02-556](#), *Request for Exception to Policy (ETP) for Use of Restrictive Procedures*, and send the completed form with all its attachments to the CRM. A signed consent form must accompany the request. Use [DSHS 15-385](#), *Consent for Use of Restrictive Procedures Requiring an ETP*, to document the request.
- B. Upon receipt of the ETP request packet, the CRM will initiate the Restrictive Procedures ETP request in the Comprehensive Reporting and Assessment Evaluation (CARE) application as follows:
  1. Choose the ETR/ETP Category – Restrictive Procedures;
  2. Choose ETR/ETP Type – Restrictive Procedures;
  3. Choose Related Assessment;
  4. Choose Date Range: Custom or Plan Period, as appropriate;
  5. Enter Request Description:
    - a. Describe the behaviors for which the restrictive procedure ETP is being requested;
    - b. Describe in one or two sentences the restrictive procedure ETP being requested;
    - c. Type the following: “Refer to request packet in file dated \_\_\_\_\_.”
  6. Enter Justification for Request: “See request packet.”
  7. Enter Alternatives Explored: “See request packet.”
  8. Process to next level of review or approval based on the regional process.
  9. Print copy of ETP and attach to request packet for reviewer or approver.

- C. ETPs for restrictive procedures described in Policy Section H, must be reviewed and approved or denied in writing by the DDA RA within 15 calendar days after receipt of the request and required documentation.
- D. ETPs for use of restrictive procedures that require approval at the Deputy Assistant Secretary level must be submitted to and approved by the Deputy Assistant Secretary prior to implementation.
- E. Any other exceptions to the requirements of this policy must have the prior written approval of the Deputy Assistant Secretary.

**SUPERSESSSION**

DDA Policy 5.15  
Issued May 1, 2016

Approved:     /s/ Donald Clintzman      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2017