

SCOPE

This policy applies to all clients who receive services in:

1. DDD contracted residential programs serving people in their own homes, including the State Operated Living Alternatives (SOLA);
2. Companion Homes;
3. Licensed Staffed Residential Homes and Group Care Facilities (for children/youth);
4. Community Intermediate Care Facilities for the Mentally Retarded (ICF/MR);
5. Residential Habilitation Centers (RHC); and
6. Services provided by counties that are funded by DDD (including employment, vocational, and day programs).

State laws (RCWs) and rules (WACs) governing adult family homes, boarding homes and nursing homes take precedence over this policy. Certain physical interventions, permitted under this policy with a behavior support plan, are prohibited in boarding homes and adult family homes. Administrators of such facilities should refer to Chapters 18.20 and 70.129 RCW.

DEFINITIONS

Physical intervention means the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

Physical restraint means physically holding or restraining all or part of a person's body in a way that restricts the person's free movement. This does not include briefly holding, without undue force, a person in order to calm him/her, or holding a person's hand to escort the person safely from one area to another.

POLICY

- A. Physical interventions must be used only as provided for in this policy and as described in DDD Policy 5.15, *Use of Restrictive Procedures*.
- B. Physical interventions must be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to protect the client, others, or damage to the property of others.

- C. Physical interventions 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.
- D. Only the least restrictive intervention needed to adequately protect the client, others, or property must be used, and terminated as soon as the need for protection is over.
- E. Restrictive physical interventions may only be used as part of an approved Positive Behavior Support Plan (PBSP), except in the case of an emergency or unknown, unpredicted response from a client where his/her safety and/or that of others is jeopardized. Refer to DDD Policy 5.14, *Positive Behavior Support*, for information on PBSP requirements.
- F. Prohibited Physical Interventions
1. **Physical interventions that involve any of the following elements are prohibited:**
 - a. Pain and pressure points (whether for brief or extended periods);
 - b. Obstruction of airway and/or excessive pressure on chest, lungs, sternum, and diaphragm;
 - c. Hyperextension (pushing or pulling limbs, joints, fingers, thumbs or neck beyond normal limits in any direction) or putting the person in significant risk of hyperextension;
 - d. Joint or skin torsion (twisting/turning in opposite directions);
 - e. Direct physical contact covering the face;
 - f. Straddling or sitting on the torso;
 - g. Excessive force (beyond resisting with like force); and
 - h. Any maneuver that involves punching, hitting, poking or shoving the person.
 2. **The following specific physical techniques are prohibited:**
 - a. Arm or other joint locks (e.g., holding one or both arms behind back and applying pressure, pulling or lifting);

- b. “Sleeper hold” or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
- c. Wrestling holds, body throws or other martial arts techniques;
- d. Prone restraint (person lying on stomach);
- e. Supine restraint (person lying on back);
- f. Head hold where the head is used as a lever to control movement of other body parts;
- g. Any maneuver that forces the person to the floor on his/her knees or hands and knees;
- h. Any technique that keeps the person off balance (e.g., shoving, tripping, pushing on the backs of the knees, pulling on the person’s legs or arms, swinging or spinning the person around, etc.); and
- i. Any technique that restrains a person vertically face first against a wall or post.

G. Physical Restraints Permitted Only With a Positive Behavior Support Plan (PBSP)

The following physical interventions are considered restrictive physical restraints and require a written PBSP:

- 1. Hand, arm, and leg holds;
- 2. Standing holds;
- 3. Physically holding and moving a person who is resisting;
- 4. Head holds (Note: physical control of the head is permitted only to interrupt biting or self-injury such as head banging);
- 5. Person seated on furniture and physically restrained by two persons sitting on either side; and
- 6. Person sitting on floor and being physically restrained by one or more persons.

H. Nonrestrictive Physical Interventions

The following nonrestrictive physical interventions are allowed without a PBSP. Note: these interventions may be used in boarding homes and adult family homes.

1. **Avoiding** - eluding/escaping physical contact through the use of slides, stance, and arm/hand maneuvers without holding on to the person's body;
2. **Deflecting** - using physical contact such as step and guide maneuvers;
3. **Blocking** - obstructing or hindering using physical contact;
4. **Releasing** - escaping a physical hold. This may involve briefly holding on to the person to release oneself and/or another person;
5. **Physical escort that is not resisted by the person** – briefly holding, without undue force, a client in order to calm him/her, or holding a client's hand to safely escort him/her from one area to another; and
6. **Supporting Ambulation** - physically holding a client to steady or support him/her while walking to keep the client from falling or slipping. This may involve the use of gait belts, specially designed belts, vests or clothing.

Note: the person doing the supporting follows the lead of the client being supported. The client must be released when he/she no longer needs physical support.

I. Use of Physical Interventions During Medical and Dental Treatment

The use of permitted physical interventions during medical or dental treatment is allowable if under the direction of a physician or dentist, consistent with standard medical/dental practices, and necessary to complete a medical or dental procedure. Efforts must be made to familiarize the client with the medical/dental procedure so that the least restrictive physical intervention is needed.

J. Emergency Use of Physical Interventions

1. "Emergency" means an extreme hazard or an unanticipated, unpredicted action by a client, which puts the client or others at risk and jeopardizes the health and safety of the client or others (e.g., when a client is standing or sitting in the street or when a client is at immediate risk of danger from a fire).

2. In an emergency, physical interventions that are normally permitted only with an approved PBSP may be used for protective purposes.
3. In certain extreme emergency situations where a client or others cannot be kept safe from real harm except by interventions that are otherwise prohibited by this policy, it is permissible to use such interventions if reasonably necessary to protect the client or others. The least restrictive intervention must be used and must be terminated as soon as the need for protection is over.
4. An incident report must be submitted to the DDD case resource manager or the RHC superintendent or designee for each emergency use of restrictive physical interventions, in accordance with procedures for reporting incidents.
5. If the same restrictive physical intervention is used on an emergency basis more than three (3) times within a six (6) month period, a functional assessment must be conducted and, if warranted, a PBSP developed.

PROCEDURES

A. Documentation and Approval of Restrictive Physical Interventions

1. Prior to implementing restrictive physical interventions, the client and his/her legal representative must be involved in discussions regarding the perceived need for physical intervention. The level of notification that parents and/or legal representatives desire when physical interventions are used should also be determined at this time and noted in the client's PBSP.
2. The facility or agency must provide documentation on the proposed intervention and approval for its use, according to the requirements set forth in DDD Policy 5.15, *Use of Restrictive Procedures*.

B. Implementation of Physical Interventions

1. All staff using physical interventions must have prior training in the use of such techniques according to the facility or agency's policy and procedures. With all training on the use of physical interventions, staff must also receive training in crisis prevention techniques and positive behavior support.
2. A trained person must be present whenever possible to supervise and observe during use of restrictive physical interventions. Designated staff observers must receive training in observation and supervision of physical restraints (e.g., signs of duress, fatigue, etc.).

3. Each facility or agency must make provisions for a post-analysis (i.e., what could have been done differently) whenever restrictive physical interventions are implemented in emergencies **or** when the frequency of use of the intervention is increasing. The client, staff and supervisor involved, and other team members must participate, as appropriate, and documented in the client's file.

C. Monitoring Restrictive Physical Interventions

Procedural requirements for monitoring restrictive physical interventions are described in DDD Policy 5.15, *Use of Restrictive Procedures*, including:

1. Documenting the use of interventions;
2. Incident reporting; and
3. Data monitoring and review.

COMPONENTS OF A PHYSICAL INTERVENTION TECHNIQUES SYSTEM

This section describes the necessary components of any physical intervention techniques system used by a facility or agency.

- A. Physical intervention systems must include, at a minimum, the following training components:
1. Principles of positive behavior support, including respect and dignity;
 2. Communication techniques to assist a client to calm down and resolve problems in a constructive manner;
 3. Techniques to prevent or avoid escalation of behavior prior to physical contact;
 4. Techniques for staff to use in response to their own feelings or expressions of fear, anger, or aggression;
 5. Techniques for staff to use in response to the client's feelings of fear or anger;
 6. Cautions that physical intervention techniques may not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. An appropriate medical/health professional and the facility or agency certified trainer must approve all modifications;

7. Evaluation of the safety of the physical environment at the time of the intervention;
 8. Use of the least restrictive physical interventions depending upon the situation;
 9. Clear presentation and identification of prohibited and permitted physical intervention techniques;
 10. Discussion of the need to release a client from physical restraint as soon as possible;
 11. Instruction on how to support physical interventions as an observer and recognize signs of distress by the client and fatigue by the staff; and
 12. Discussion of the importance of complete and accurate documentation.
- B. Staff receiving physical intervention techniques training must complete the course of instruction and demonstrate competency before being authorized to use the techniques with clients.
- C. Review of de-escalation techniques and physical intervention techniques by staff must occur annually.

EXCEPTIONS

- A. ETP requests must be reviewed and approved or denied in writing by the DDD Regional Administrator within 15 calendar days after receipt of the request and required documentation. All ETP requests must be submitted using [DSHS 02-556, Request for Exception to Policy for Use of Restrictive Procedures](#). If the ETP requires Division Director approval, the RA must approve the ETP request prior to sending to the Division Director for final determination.
- B. No exceptions for the use of prohibited physical interventions as described in this policy shall be granted.
- C. Any exceptions to the requirements of this policy must have the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 5.17
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