

POLICIES AND PROCEDURES MANUAL

KEYSTONE COMMUNITY RESOURCES, INC.

KEYSTONE INDEPENDENT LIVING, INC.



Policy Title:
Implementing Restrictive Procedure
Plans

Chapter:

Effective Date:

Revision Date:

Policy Number:

Robert Fleese, President - CEO

SCOPE:

- Chapter 6400 – Community Homes For Individuals With Mental Retardation

INTRODUCTION:

1. What is considered restrictive? A practice that...

- **limits an individual's movements, activity or function**
 - ex: use of the baby gate and blocking access to the kitchen
 - ex: physical restraints.
- **interferes with an individual's ability to acquire positive reinforcement**
 - ex: directing an individual to stand or sit away from the group for any period of time if the individual resists or refuses. (if the individual is willing then it is not restrictive)
 - ex: use of rewards to coerce an individual to comply with a request or rewards that are contingent upon "appropriate" behavior such as "if you eat your peas you may go to the movies" (Giving a reward for displaying an appropriate behavior or engaging in tasks is not restrictive as long as the reward is not contingent upon the behavior)
- **results in the loss of reinforcers, objects or activities that an individual values**
 - ex: withholding an activity from an individual because of an "inappropriate" behavior such as "you hit Joe so you cannot go to the baseball game tonight".

- ex: punishment for “inappropriate” behaviors
- **requires an individual to engage in a behavior that he or she would not engage in given freedom of choice**
 - ex: requiring an individual to take a shower or go to his room by using coercion or control. We should be using the techniques of training or persuasion to get an individual to do these things.

2. How is a restrictive procedure plan created?

- Staff can not restrict a resident, as defined by the categories above, for any reason without a restrictive procedure plan in place.
- A restrictive procedure plan is only written after every attempt has been made to de-escalate the behavior using methods of intervention that are less intrusive than a restrictive procedure plan. The less intrusive interventions have been tried and have proved to be unsuccessful.
- At our agency, the behavior consultant for the individual writes the behavior plan with input from the staff, manager, coordinator and the clinical team. This occurs after all other behavioral interventions have been tried and have been found to be unsuccessful and a need has been identified that more restrictive interventions are necessary.
- The restrictive procedure review committee meets monthly to discuss and review restrictive procedure plans.
 - When a new plan is created, the restrictive review committee needs to meet, review the plan, and sign off on the plan before it can be implemented.
 - The restrictive review committee should include a majority of people who do not provide direct services to the individual. These individuals are able to review the restrictive procedure plan in an objective manner because they are not directly involved in the care of the individual.
 - Restrictive procedure plans must be reviewed at least every 6 months. Typically they are reviewed every 3-6 months.
 - If any changes or revisions are made to the restrictive procedure plan, the plan must be reviewed and re-approved by the restrictive review committee.
 - The individual’s physician must review and sign off on new restrictive procedure plans.

3. Training and Documentation:

- All staff working directly with the individual will be trained on the restrictive procedure plan and will sign off on the plan. New staff or staff filling in at the home should also be familiar with the individual's restrictive procedure plan.
- A copy of the most current plan will be kept at the individual's residence in his/her files.
- If physical restraints are used, the restraint and accompanying behavioral incident should be documented on an incident report.

*****Physical restraints should only be used when all other less intrusive interventions have been tried and have failed and when an individual's behavior presents a danger to themselves or others. *****

*****If programmatic changes occur or if the behavioral interventions outlined in the individual's support guidelines or behavioral plans are no longer effective in de-escalating a behavioral incident or helping to support maladaptive behaviors, an IDT (interdisciplinary team meeting) will be called by the manager, coordinator, director, therapist, or behavioral consultant for the individual. This meeting will be held to discuss updating or creating new behavioral documents and/or plans. *****

DISCUSSION: