

Madawaska Valley

Association For

Community Living

**POLICY: PHYSICAL RESTRAINT**

**PAGES: 7**

**REVISED: OCTOBER 17, 2024**

**REVIEWED: AUGUST 9, 2022**

**APPROVED: JANUARY 18, 2005**

**NUMBER: 5-27**

**CATEGORY: SERVICE DELIVERY**

Policy Statement:

Service recipients of Madawaska Valley Association for Community Living have the right to be free from any physical restraint imposed for the purposes of discipline or convenience. The use of physical restraints is prohibited except as a last resort where the safety of self, other individuals or staff is at risk and only after Non-Violent Crisis Prevention & Intervention alternatives have been tried. This policy ensures the ongoing care, welfare, safety and security of people for whom MVACL provides supports and/or services.

Physical Intervention Techniques are to be used only as a last resort. Proactive Support Strategies are to be used first and foremost as a means to de-escalate a potential crisis situation. Challenging Behaviour Support Plans (CBSP) must specify the procedure(s) or action(s) that need to be taken in order to respond appropriately in the event of a crisis situation.

Definitions:

A physical restraint can be described as:

Any manual method or physical control by one or more persons or mechanical device, material or equipment attached or holding technique to restrict the individual’s ability to move freely.

Physical Restraint **is not:**

1. Restriction of movement, physical redirections or physical prompting, **if** the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program; or
2. The use of helmets, protective mitts or other equipment to prevent an individual from physically injuring others or further physically injuring themself (as prescribed by the appropriate professionals).

Procedure:

Before a Physical Restraint is used all reasonable steps will be taken to reduce or eliminate the threat to personal safety. The following alternative strategies must have been attempted:

* Enhanced communication between team of staff responding to the service recipient.
* Document ‘Risk assessment” and Precipitating Factors and provide this information during orientation of staff members.
* Make Environmental modifications where possible/necessary.
* Identify the behavior levels that contribute to the development of a crisis and choose an appropriate staff intervention for each level.
* Use of verbal techniques to de-escalate behaviour.
* Use of principles of personal safety to avoid injury if the behaviour escalates to a physical level.
* Ongoing communication, outlining updated preferred service practices, between staff members responding to the service recipient.

MVACL expects all staff to provide a therapeutic environment, to utilize preventative strategies as well as early intervention to limit the emergence of assault toward self and others; therefore **physical restraint should only be used as the ultimate last resort.**

Physical Intervention Training and Education:

All Employees shall receive education with respect to the regulations and policies established by the Ministry of Children, Community and Social Services concerning the use of physical restraints. All Employees will successfully complete a program that includes training in the use of physical restraints that has been approved by the Ministry of Community and Social Services.

1. (MVACL) has adopted a model of therapeutic intervention developed by the Crisis Prevention Institute to provide the foundation for a caring approach to effectively respond to people in times of crisis. The physical controls taught as part of “CPI’s” training program “Non-Violent Crisis Intervention” are designed to be safe, non-harmful therapeutic techniques and are the **only** forms of physical intervention that are deemed acceptable by the Ministry of Children, Community and Social Services. Nonviolent **Physical Crisis Intervention** should only be used **as a last resort** to prevent a person from physically injuring or further injuring self or others.
2. Agency policies governing the use of physical intervention techniques shall be reviewed as part of orientation within 30 days of employment and annually thereafter. The Orientation Checklist will be kept in the employee’s personnel file.
3. All employees shall successfully complete a minimum of 8 hours of training in Nonviolent Crisis Intervention within 3 months after commencement of employment which will include the use of physical restraint. Refresher training is mandatory within 18 months thereafter to update skills and maintain certification.
4. Only CPI Certified Instructors holding a current certification may provide training in Non-Violent Crisis Intervention and use of physical intervention techniques as outlined in the program.
5. Copies of all documentation of certification will be maintained in the employee’s personnel files.
6. Successful completion of this training program is mandatory.

In the event of use of a physical restraint by a service provider it is deemed a **Serious Occurrence**.

First Aid:

Assess the individual for injury and provide first aid if required, and seek further medical attention if required.

Documentation:

The staff involved will ensure that all relevant documentation is completed for the individual involved (Incident Report).

Management will complete a Serious Occurrence report, stating facts (including all persons involved and witness information).

Notification:

An Initial Serious Occurrence Report must be completed immediately and reported to the Executive Director or designate.

Within twenty-four hours after the use of any physical restraint an Initial Serious Occurrence Report will be sent to the area office of the Ministry of Children, Community and Social Services.

Parent, guardian or emergency contact of the individual will be informed (with written consent of the individual) of the incident as soon as possible.

Follow Up:

Ideally, within 48 hours of the incident, the client, the staff person/s involved and the Manager or designate will meet separately to discuss the recent event.

If the debriefing process cannot be conducted within 48 hours, it must be completed as soon as possible and a record kept of the circumstances which prevented the debriefing process from being conducted within 48-hours.

Copies of the written record of the debriefing will be maintained by the respective organizations.

The debriefing process will also evaluate the effectiveness of actions taken and make recommendations for corrective, preventive or educational initiatives.

Develop a plan to provide support to the staff and individual involved.

Within seven days a Serious Occurrence Inquiry Report must be completed and submitted to the Ministry’s Regional Office.

**Rules Governing the use Of Physical Restraints by MVACL Service Providers:**

Physical Restraint of a service recipient is **prohibited** for the purpose of punishment of the person.

It is also unacceptable to threaten the use of a physical restraint as a means of managing disruptive verbal behaviours.

**A Physical Restraint may be used AS A LAST RESORT ONLY.**

MVACL expects all staff to provide a therapeutic environment, to utilize preventative strategies as well as early intervention to limit the emergence of assault toward self and others; therefore **physical restraint should only be used as the ultimate last resort.**

Physical restraint of a service recipient may be carried out only for the purpose of preventing the individual from physically injuring or further physically injuring him or herself or others.

Use of a physical restraint **must involve** using the least amount of force necessary for the shortest possible duration. Ensure the care, welfare, safety and security of the individual.

Physical restraint of a service recipient may only be carried out by a staff member if he or she holds current certification in CPI and received orientation (and annual review) in the Rules Governing Use of Physical Restraints. Restraints must be regularly rehearsed among team members.

During physical restraint of an individual, that person’s condition (vital signs) must be continually monitored and assessed.

Physical restraint of a person **must be stopped** upon the earlier of the following:

* when there is no longer a clear and imminent risk that the person will physically injure or further physically injure himself, herself or others,
* when there is a risk that the physical restraint itself will endanger the health and safety of the person,
* when the restraint is taken to the floor,
* when it is clear that the restraint proves ineffective in assisting the person to regain control….Call the Police.

Postvention and Debriefing

Postvention:

The purpose of postvention with an individual is to provide them with the opportunity for discussing the facts of an incident as well as their own emotional responses to a crisis situation. (Any needed medical attention must be sought prior to attempting postvention).

In all cases, the process should include the following:

* The ‘designated de-briefer has the responsibility to provide the individual with an opportunity to regain composure.
* Make sure the person who acted out is calm (back under physical and emotional control). Once the person has regained rational control the staff should reestablish communication and attempt to capitalize on the opportunity for personal growth, learning and behaviour change.
* Review the basic facts of the incident and listen to the person’s perspective.
* Examine possible precipitating factors and illicit ideas from the person on possible solutions to the precipitating factors reported.
* Review the appropriate behaviours exhibited by the individual and examine alternatives, if necessary, to the individual’s inappropriate behaviours.
* Make sure the person understands what they can do instead of displaying inappropriate behaviour.
* Include the potential outcomes for positive and negative behaviour in reaching a new/revised agreement with the person.
* Review the staff’s response to the exhibited behaviours and examine which responses were effective and, if necessary, which responses may need to be revised for the future. This should be viewed as a constructive dialogue between the individual and the service provider on how to improve future crisis interventions.
* Look for ways to strengthen individual and staff responses to crisis situations.
* Make an agreement regarding any changes which the team of staff and support network will use to improve future interventions. (This may involve updating the CBSP).
* Postvention is to occur within 48 hours of the incident.

The individual must be treated with respect at all times. The individual needs to be involved in looking for alternatives to their own behaviour; needs to be involved in decisions which effect his/her life, including the actions to be taken following a crisis or critical situation.

The rights of the individual are honoured in that they are ultimately responsible for their own behaviour, albeit knowing they may request support and encouragement in maintaining or regaining control.

Debriefing:

The purpose of debriefing with a staff member is to provide them with the opportunity for discussing the facts of an incident as well as their own emotional responses to a crisis situation. (Any needed medical attention must be addressed for the staff member prior to attempting the debriefing process.)

Debriefing is a process that is supportive of the staff member and encourages the opportunity for professional growth.

In all cases, the process should include the following:

* When debriefing with a staff member the ‘designated debriefer’ has the responsibility, first, to provide the staff with an opportunity to regain composure and, second, to set the tone for a positive environment that fosters the concept that this experience is a learning opportunity.
* Review the basic facts of the incident and listen to the person’s perspective.
* Examine possible precipitating factors and illicit ideas from the person on possible solutions to the factors reported.
* Review the postvention strategies that occurred with the individual; reexamining the appropriate behaviours exhibited by the individual and examine alternatives, if necessary, to the individual’s inappropriate behaviours.
* Review the staff’s response to the exhibited behaviours and examine which responses were effective and, if necessary, which responses may need to be revised for the future. This should be viewed as a constructive dialogue between professionals on how to improve future crisis interventions.
* A review of strategies to assist the staff member to maintain rational detachment.
* Look for ways to strengthen individual and staff responses to crisis situations.
* Make an agreement regarding any changes which the team of staff and support network will use to improve future interventions. (This may involve updating the individual plan or protocols).
* Debriefing is to occur within 48 hours of the incident.

Accountability and Reporting:

* **MVACL** has the responsibility for ensuring that written guidelines for the use of non-violent physical interventions are provided, that staff is properly trained in their use and that adequate resources are available to ensure safe practice at all times.
* **Management** are responsible for ensuring that any CBSP is created in consultation with and consent of the individual it pertains to.
* **The individual** or advocate may request that the Support Network comes together to develop a protocol for the person
* **Management** are responsible for the provision of ongoing support and for ensuring that staff are properly debriefed following an incident of assault, when physical interventions have been required
* **Staff members** are responsible for ensuring that any incident where physical interventions have been employed is clearly and comprehensively recorded as per Incident Report/Serious Occurrence Policy and Procedures and submitted to appropriate supervisor(s). \* See Incident Report/Serious Occurrence Policy
* **Management** is responsible for ensuring that the individual’s situation is monitored regularly. Formal review & renewed consent of the Individual Plan/Protocol must be completed no less than annually.
* **The Individual or Agency** may at any time request a reviewof theSupport Practices and Protocol.