

S-110 RESTRAINT MEASURES - MODIFIED



Version 6 effective May 30, 2019 (modified June 22, 2022)

(previously S-110 and S-111)

Policy

In situations where recourse to physical restraint of clients is considered, alternative and appropriate measures, including positive behaviour support interventions such as gentle teaching and emotional self-regulation techniques must be used.

Physical restraint is only used as a last resort. Only individuals who are certified by the Crisis Prevention Institute (CPI) in Non-Violent Crisis Intervention may use a physical restraint measure with a client of the Agency. Only CPI-based techniques may be used as a restraint measure with the agency's clients.

A physical restraint measure is defined as the physical immobilization of an individual by one more people in order to safely restrain their movements with the help of mechanical or chemical restraint techniques, using only the minimum force necessary to keep the person from moving freely.

Adult clients

Physical restraints may only be used if there is an imminent risk that the adult will hurt themselves or someone else. In all other circumstances, Valoris treats a restraint measure as abuse or inappropriate corporal punishment. The use of such measures will be assessed accordingly following the investigation protocol set out in S-107 Reports of abuse of a child or an adult by employees, volunteers or other agents of Valoris. The use of restraint measures must be discussed with **and approved by** the individual in question or the person acting on their behalf, and set out in a behavioural support plan. That behavioural support plan will be reviewed by an independent committee that includes a clinical expert who would approve the proposed measure.

Child clients

Restraint measures may NOT be used on children and youth. Although Valoris does not authorize the use of restraint measures on children, an authorized PASD (personal assistance service device) may be used to assist a child with a regular activity.

Procedure

1. Education and training

- 1.1 All employees must ensure that information transmitted during individual or group interventions (parent education, counselling for individuals with developmental disabilities) adheres to this policy.
- 1.2 Employees working with adults with developmental disabilities to whom this policy applies will receive appropriate CPI training. A copy of their certificate is to be included in their personnel file.
- 1.3 Every employee shall review this policy (S-110 Restraint Measures) during their initial orientation and every year thereafter. An orientation guide for employees serving adults with intellectual disabilities also covers the understanding and application of policies and procedures on restraint measures. This is included in the employee's file.

2. Behavioural Support Plan – child

- 2.1 The individual, their family and their support team will be assisted with the development of an intervention plan that promotes the use of a planned intervention.
- 2.2 The idea is to rely on a specific intervention measure in the case of disorganized behaviour that could repeat itself. This intervention measure will be included in an intervention plan that involves an experienced support team, and possibly experts. In the case of a behavioural disruption that could increase the risk, support teams will have to apply the protocol developed for each particular case. That protocol may include support from community partners such as paramedics, police and/or emergency mental health services.

3. Mechanical restraint measures for children

- 3.1 A personal assistance service device (PASD) may be used to assist a child with a regular activity if pre-approved by a professional (doctor, physical therapist, etc.). One or more health care professionals will be involved in preparing the plan for the use of a PASD. The plan will set out how the PASD will help the child or youth with the regular activity, such as personal hygiene, bathing, getting dressed, grooming, eating, drinking, eliminating, moving around or staying put. The child or youth, or a member of their closest family, will provide consent for the plan.
- 3.2 Only an employee or member of the foster family who has been trained in the proper use of a PASD is authorized to use a mechanical restraint on a youth, and then only in accordance with the proposed plan.
- 3.3 The plan for the use of the PASD will be included in the youth's file. The outcome plan will document the fact that the use of the mechanical device is authorized under the PASD plan.
- 3.4 The outcome plan also includes the list of authorized individuals and a description of the training completed enabling them to apply the mechanical restraint measure. The information on the child's or youth's file will be reviewed as required.
- 3.5 A mechanical restraint may not be used as punishment or merely for the convenience of the foster parent or employee providing the service.

- 3.6 Mechanical restraints must involve the minimum force necessary under the circumstances.
- 3.7 The foster parent or employee providing the service shall ensure regular monitoring of the child or youth, as prescribed in the PASD plan.
- 3.8 Mechanical restraints must be removed as soon as:
 - there is a risk that the use will compromise the health or safety of the youth; or
 - prolonged use of the mechanical restraint is no longer permitted under the PASD plan.
- 3.9 The mechanical restraints used will be applied in accordance with the manufacturer's instructions, kept in good condition, and not modified other than in accordance with the manufacturer's standards.

4. Behavioural Support Plan – adults with intellectual disabilities

- 4.1 A behavioural support plan is to be developed and approved for every person on whom restraint measures will be used.
- 4.2 The behavioural support plan describes the positive behaviour intervention strategies and the manner in which they can be applied to attenuate or modify a behaviour and promote the acquisition of adaptive skills.
- 4.3 It addresses the problem behaviour of the person with intellectual disabilities identified through the behavioural assessment.
- 4.4 It recognizes the risks and advantages of different interventions to manage the behaviour.
- 4.5 It sets out the least disruptive and most effective strategies.
- 4.6 It is subject to efficiency monitoring.
- 4.7 If it includes disruptive behaviour intervention strategies, it must be approved by a psychologist, a psychology associate, a doctor, a psychiatrist or a behaviour analyst certified by the Behaviour Analyst Certification Board.
- 4.8 The plan must be reviewed at least twice every 12 months.

5. Physical restraint measures for adults with intellectual deficiencies

If a physical restraint measure must be used:

- 5.1 the physical restraint must be administered by a minimum of two certified individuals;
- 5.2 the restraint measure must be applied using the minimum amount of force necessary.
- 5.3 the destruction or creation of serious material damage does not justify using a restraint measure. The risk that there is ALSO a danger to the safety of individuals is the factor to take into consideration when making a decision;
- 5.4 physical restraints may not be used as a therapeutic measure or as punishment;
- 5.5 the individual's condition must be constantly monitored and assessed during the intervention. The use of physical restraint must cease as soon as one of the following occurs:
 - the use of physical restraint could compromise the individual's safety; or
 - there is no longer a risk of bodily injury or serious material damage;
- 5.6 an individual should never be left on their own if they appear to be in distress after being physical restrained; and

- 5.7 the approach shall include a debriefing with the individual who was restrained and the people who helped apply and witnessed the physical restraint procedure. The information about the debriefing shall be filed.

6. Report and assessment following the use of physical restraints

- 6.1 A certified employee who used physical restraint with an individual must immediately report it to their supervisor and to the worker assigned to the file. The supervisor will ensure that the individuals involved are safe, and may, if required, offer to replace the person who used the physical restraint and provide support. The situation must be immediately assessed. A meeting with the employee in question must be part of the assessment.
- 6.2 The use of a restraint measure is a serious occurrence. A serious occurrence will be reported to the Ministry, in accordance with the Policy, within 24 hours after the supervisor determines that the incident is serious.
- 6.3 An employee who has used physical restraint measure must fill out an internal incident report electronically. That report will be reviewed by the Internal Occurrence Committee and placed in the file of the person in question.
- 6.4 If the incident occurs outside of regular business hours, Valoris' 24/7 emergency service must be notified, and the same procedure applies.
- 6.5 The data will periodically be presented to the Service Quality Oversight Committee of the Board of Directors.

7. Secure isolation, confinement/Time out

- 7.1 Secure isolation and/or confinement/Time out must be documented in the behavioural support plan.
- 7.2 The information required related to secure isolation and/or confinement/time out is as follows:
- Interval Monitoring
 - Duration/Maximum time
 - Monitoring protocols
 - Record keeping
 - Notification, key staff

References

- *Child, Youth and Family Services Act, 2017 (CYFSA)*
- *Ontario Regulation 155/18*
- *Services and Supports to Promote the Inclusion of Persons with Developmental Disabilities Act, 2008*
- *Ontario Regulation 299/10*
- *CPI Manual*
- *Ministry of Community and Social Services and Ministry of Children and Youth Services Reporting Serious Occurrences: steps to follow for service providers, March 2013*
- *RH-303: Mandatory training on workplace safety and security*