

Ingersoll Support Services Inc.

Policy: Use of Physical Restraint

Policy # S 10
Section: Services

Approved by the Board of Directors: *March 19 2009*

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Ministry requirement -
QAM III.21

Physical restraint is used only as a last resort when all other methods of intervention have been exhausted. There must be evidence that the person is of danger to self or to others. Physical restraint is not considered routine or normative in any support provided currently.

Procedure:

Physical restraint is defined as using a holding technique to restrict a person's ability to move freely. Physical restraint, by definition, does not occur when movement is restricted, redirected or prompted when the action is "brief, gentle and part of a behavioural teaching program." Physical Restraint does not automatically include the use of helmets, protective mitts or other equipment used to prevent a person from injuring him or herself.

1. The only form of physical restraint to be done is the Crisis Prevention Institute's Team Control Position

1.1 Only staff persons who are trained and certified in the Team Control Position as taught in Non-violent Crisis Intervention may carry out a physical restraint. This requires that two trained staff persons be involved in a restraint should it be required.

1.2 Physical Intervention that does not require a two-person team control position but involves restriction or redirection of a person being supported should be documented and reported. Where this type of intervention happens with a degree of regularity, there should be a process that documents the planning process.

2. Physical restraint can only occur when all forms of prior intervention have been attempted as per QAM Regulation III.21.1.

2.1 Every attempt must be made to provide effective support to the people we are in a supportive relationship with. Support team members are employed on the basis of a respectful and effective relationship with the people we support. Intervention is based on knowledge of the person and the input of the support team. There is an understanding that meaningful support is predicated on the

notion that people should be free from coercion and control and that respect and empowerment are efficient tools for assisting people to avoid crisis situations.

2.2 Any person who is being restrained must have their condition closely monitored during the restraint.

2.3 The only physical restraint to be used is the Team Control Position using two trained staff persons as taught by the Crisis Prevention Institute (CPI). This restraint is safe, non-harmful, and non-violent.

2.3 Monitoring of the restraint is guided by the team leader of the intervention and includes dialogue with the person, physical indicators of reduced anxiety, evidence of alertness, consciousness and no impairment of breathing.

2.4 If circumstances are such that a person is being restrained by civil authorities other than staff persons, the role of the staff person(s) present is to monitor and ensure the safety and well-being of the person supported.

2.5 Physical restraint should not be carried out except in accordance with the following rules:

1. Only for the purpose of preventing the person from injuring himself or herself.
2. Physical restraint may never be carried out as a consequence for their actions or as a punishment.
3. Only if there is a clear and imminent risk of injury.
4. Only after it is determined that less intrusive interventions are or would be ineffective in preventing injury.
5. Only by staff who has received proper training in Non-Violent Crisis Intervention techniques.
6. Only using the specific Team Control Position as taught by CPI.
7. Only using the least amount of force required for the restraint as per QAM Regulation III.21.2.
8. The person's condition and well-being must be monitored during the restraint.
9. A physical restraint must be stopped upon the earlier of the following:
 - When there is no longer a clear and imminent risk that the person will harm themselves or others.
 - When there is a risk that the physical restraint will harm or endanger the person.

2.6 Presently it is understood that the staff of Ingersoll Support Services is not expected to employ physical restraint as a part of planned support. Should a situation arise where physical restraint occurs more than once with the same service-user, the debriefing process should initiate a written plan for other

forms of intervention that precedes physical intervention. This plan should engage the assistance of an external Behavioural Consultant and any relevant multi-disciplinary team members including Police and Psychiatric services, where warranted.

3. When a physical restraint occurs it must be followed by a debriefing process.

3.1 Debriefing refers to a mandatory process required by all parties to an intervention where a physical restraint has occurred. The purpose of the debriefing is to 1) ensure that proper care, welfare, safety and security have been maintained throughout the process, 2) produce insight in to how to improve support in the future, and 3) ensure that all parties to the incident have been restored to positive and healthy relationships.

3.2 After a person is physically restrained, a debriefing process is conducted among the direct care staff members who were involved in the physical restraint, in addition to the Supervisor, and a member of the Ingersoll Support Services management team.

3.3 After a person is physically restrained, a debriefing process is conducted among the direct care staff members who were involved in the physical restraint and the person who was physically restrained. The process is structured to accommodate the service user's psychological and emotional needs and cognitive capacity. The process also includes the Supervisor, the person supported; the service-user's designated advocate(s), and a member of the Ingersoll Support Services management team.

3.4 Neutrality in the debriefing process is ensured by a number of factors including staff member participation, management participation, service-user participation -- together with their advocate(s), and reporting of the Serious Occurrence to the Ministry and to the Board of Directors, and to local authorities, if relevant.

3.5 The debriefing process must occur within 48 hours of the restraint. If this cannot happen then there must be documentation detailing why the debriefing process could not occur within that time period.

3.6 An occasion of Physical Restraint constitutes a Serious Occurrence as defined by MCSS and as such requires the notification of the Executive Director. Evidence that a satisfactory resolution has occurred must be reported in the Serious Occurrence follow up report.

3.7 The Debriefing Process is guided by the Physical Restraint Incident and Debriefing Report. This reporting format is based on the content of the Crisis Prevention Institute's Non-Violent Crisis Intervention Course.

3.8 A neutral member of the management team (one who was not directly involved in the physical intervention) should lead the debriefing meeting(s). A record of the meetings is kept as part of the Physical Intervention and Debriefing Report form together with additional meeting minutes if required. This record becomes a part of the Support File, the Serious Occurrence follow-up report, the report to the Board of Directors, and is available to advocates as part of the support file and documentation. Family and/or advocates are advised of the initial incident, the subsequent reporting process, and the debriefing meetings.

3.9 The debriefing process includes capturing a statement of fact on behalf of the service-user using primarily their own words, as they are able, or from other parties present, or by the assistance of an advocate.

3.10 It is the responsibility of the Executive Director to ensure that all aspects of the debriefing and reporting process have been successfully completed.

4. Reporting: An occasion of Physical Restraint constitutes a Serious Occurrence and is required to be reported to the Ministry. Reporting procedures require that a Serious Occurrence Initial Notification must be reported to the Ministry within 24 hours and a Serious Occurrence Inquiry Report must be completed and submitted to the Ministry within 7 days of the occurrence (reference Serious Occurrence Reporting Policy # S8).

4.1 As a result there must be notification of: the Ministry and a parent, guardian, family member or primary contact of the person restrained. The Health and Safety Committee or representative will be notified accordingly, in the least to provide monthly reporting.

4.2 When a person has been physically restrained, the members of the team involved must contact a Supervisor immediately so that a Serious Occurrence can be reported.

4.3 The Supervisor will advise Management and will advise the identified family contact.

4.4 The Supervisor will advise the Ministry according to Serious Occurrence guidelines within 24 hours of the incident (See the Policy on Serious Occurrence Reporting # S 8).

4.5 If more than one occasion of physical restraint occurs during the same day, one Serious Occurrence report can be used to detail the incidents during that 24 hour period.

4.6 The circumstances surrounding the occurrence should be documented using an Incident Report form referred to in the Debriefing process. All crisis situations and incidents are to be recorded in the person's file, including the details of the incident as per QAM Regulation III.21.3.

4.7 The documentation and reporting process should contain information that leads to the identification of solutions for the future to be implemented in Team meetings, and Team Plans that avoid the need for further restraint. An external Behavioural Consultant working as part of the solution team should review this documentation.

4.8 The process for reporting and documenting Physical Restraints will be reviewed annually.

4.9 The intent of the debriefing and reporting process is to produce a series of recommendations for accountability to improve the support in order to avoid further incidences. These recommendations are included in the Serious Occurrence follow-up report.

5. Training and Education:

5.1 Ingersoll Support Services provides training to all staff members who provide support to people living in Group Living situations (three or more people living together). This training is the MCSS approved certification training in Non-Violent Crisis Intervention provided by the Crisis Prevention Institute. This training provides safe and non-harmful techniques for the prevention of incident or injury to all parties. This training places emphasis on the successful resolution of potential conflicts by providing effective support alternatives in a fashion that respects and listens to the persons being supported. In addition, ISSI staff members are required to be certified in CPR and First Aid.

5.2 Ingersoll Support Services maintains a database detailing all aspects of all staff persons' training related to NVCI training. The database is updated annually.

5.3 Employees of ISSI will be provided with an orientation to the Policies and Procedures that pertain to Physical Restraint including: MCSS Policy and Regulation as part of ISSI Polices.

5.4 Staff persons providing support to people in Group Living situations will receive re-training annually with documentation confirming this provided to their personnel file.

5.5 Staff persons will be given an annual performance review detailing their understanding of the NVCI training, Ministry Policies, and Ministry Regulations. The NVCI Certification status form will be reviewed and updated in their employment file. This form will be initiated for all new staff members of Ingersoll Support Services.

5.6 The Manager is responsible for ensuring that all relevant staff have certification and understanding that is up-to-date.

5.7 New employees supporting people in group living situations will be required to demonstrate understanding of the procedures or be certified within 30 days of their employment start date.

5.8 Re-certification will be required in the event of additions to the Regulations or Policies of the Ministry.

6. Incidents of Physical Aggression Not Involving Physical Restraint:

6.1 Notable examples may include:

- Gentle, brief physical contact that is not considered physical restraint.
- Incidents where a staff person is physically aggressed
- Incidents where staff protective techniques were used according to training but where no other physical intervention occurs
- Incidents of aggression between two or more service-users

7. Incidents of Intervention Not Involving Team Restraint:

7.1 Planned support situations that may lead to physical intervention should be detailed in a plan based on previous similar circumstances (e.g., where there is a need to plan support for a Doctor or dentist visit or blood-work, etc.). There should be input into the least restrictive means of support by all team members. Where physical intervention does occur, a detailed report of the circumstances should be provided including reports of additional staffing planned for the event, and an analysis of alternative approaches.

7.2 Employees directed or encouraged to restrain people they support by other professionals are still guided by the Principles, Policies and Procedures of Ingersoll Support Services.

7.3 Where no physical restraint has occurred there must be an adequate system of follow-up to incidents that may have caused trauma to the parties involved.