File A-21

LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:
Date: June 21, 2021

Signature on File
Elfriede Roman, Superintendent

I. SUBJECT: BEHAVIOR SUPPORT

II. PURPOSE:

The purpose of this policy is to identify requirements for the development and implementation of behavioral support strategies for the purpose of ensuring that restrictive measures are used only when necessary to keep people safe and are based on an understanding of the individual and reasons for his or her actions. In doing so, this policy promotes personal growth, development, and independence of persons receiving services supported by the Lake County Board of DD/Deepwood, while creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes. This purpose is reinforced by the belief that individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities.

III. REFERENCES:

42 CFR § 483.450 Conditions of Participation for ICFs/ IID
42 CFR § 483.13 Resident behavior and facility practices
O.A.C. 5123-2-06 Development and Implementation of Behavioral Support Strategies
Ohio Revised Code 5123.62 Rights of a Person with a Developmental Disability
LCBDD/DEEPWOOD Policy A-10 Reporting & Handling of Major Unusual Incidents
LCBDD/DEEPWOOD Policy A-30, The Use of Therapeutic Intervention Techniques
LCBDD/DEEPWOOD Policy C-1, Administrative Resolution of Complaints
CPI Instructor's Manual

IV. Definition:

Individual Plan (IP) means a written description of services, supports, and activities to be provided to an individual. This plan is developed over time and is modified as needed. The IP shall include the Individual Habilitation Plan (IHP), Individual Service Plan (ISP), Individual Education Plan (IEP), and Individual Family Service Plan (IFSP).

Informed Consent means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his

guardian understands, of the relevant facts necessary to make the decision. Relevant facts must include the risks and benefits of the action, treatment, or service; the risks and benefits of alternatives to the action, treatment, or service; and the right to refuse the action, treatment or service. The individual or his or her guardian, as applicable, may revoke informed consent at any time.

Prohibited Measure means a method that shall not be used by persons or entities providing specialized services. Prohibited measures include:

- **a.** Use of a prone restraint means a method of intervention where an individual's face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time;
- **b.** Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated;
- **c.** Use of a manual restraint or mechanical restraint that causes pain or harm to an individual;
- **d.** Disabling an individual's communication device;
- **e.** Denial of breakfast, lunch, dinner, snacks, or beverages;
- **f.** Placing an individual in a room with no light;
- **g.** Subjecting an individual to damaging or painful sound;
- **h.** Application of electric shock to an individual's body;
- **i.** Subjecting an individual to any humiliating or derogatory treatment;
- **j.** Squirting an individual with any substance as an inducement or consequence of behavior;
- **k.** Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

Provider means any person or entity that provides specialized services.

Restrictive Measure – means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the Human Rights Committee in accordance with Rule. Restrictive measures include but are not limited to:

- **a. Manual Restraint** means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheelchair or other mobility device. An individual in a manual restraint shall be under constant visual supervision by staff. A manual restraint shall cease immediately once risk of harm has passed. Manual restraint **does not include** a method that is routinely used during a medical procedure for patients without developmental disabilities.

- **b. Mechanical Restraint** means use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function. Mechanical restraint shall cease immediately once risk of harm has passed.

Mechanical restraints do not include standard seat belts in ordinary passenger vehicles, medically necessary devices such as a wheelchair seat belt for supporting or positioning a person's body, or devices used for routine medical procedures for people without developmental disabilities.

c. **Time-Out** means confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room.

(i) Time-out shall not exceed 30 minutes for one incident nor one hour in any twenty-four our period.

(ii) A time-out room or area shall not be key locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

(iii) A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

(iv) An individual in time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures or unprotected electrical outlets.

(v) An individual in time-out room or area shall be under constant visual supervision by staff.

(vi) Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.

(vii) Time-out does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulating and controlling his or her own behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.

d. **Chemical Restraint** means a medication prescribed for the purpose of modifying, diminishing, controlling, or altering a specific behavior. Chemical restraint **does not include** medications prescribed for the treatment of a diagnosed disorder identified in the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) or medications prescribed for the treatment of a seizure disorder. Chemical restraint **does not include** a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

e. **Restriction of an Individual's rights** as enumerated in Section 5123.62 of the Revised Code.

f. **Risk of Harm** means there exists a direct and serious risk of physical harm to the individual or another person. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.

V. POLICY:

A. Behavior Support Strategy

The focus of a behavioral support strategy shall be a creation of supportive environments that enhance the individual's quality of life. Effort is directed at mitigating risk of harm or likelihood of legal sanction, reducing and ultimately eliminating the need for restrictive measures and ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

A behavioral support strategy may include manual restraint, mechanical restraint, time-out, or chemical restraint only when an individual's actions pose risk of harm.

A behavioral support strategy may include restriction of an individual's rights only when an individual's actions pose a risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest, or incarceration. An individual's rights may not be restricted in the absence of risk of harm or likelihood of legal sanction. This includes arbitrarily imposing schedules or limitations on consumption of food, beverages, or tobacco products. Any intervention may have a restrictive measure implication depending on the Individual and the application.

Behavior support strategies with or without restrictive measures must be developed using person-centered planning and integrated into the person's Individual Plan. Behavior Support strategies that include restrictive measures must be designed in a manner that promotes healing, recovery, and emotional well-being based on understanding and consideration of the person's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions.

Behavior Support strategies are to focus on positive strategies that encourage the least restrictive and least intrusive forms of intervention, while following these basic tenets:

a. Supporting individuals, not controlling them;
b. Striving to meet the needs of the individuals;
c. Working to understand the origins and patterns of the individual's actions, regardless of their means of communication;
d. Empowering choice making;
e. Assisting the individual to feel and to be safe;
f. Demonstrating caring and responsive interactions and speech that reflect dignity and respect for the individual that is made in positive and personal terms and without threatening overtones or coercion;
g. Having conversations with the individual rather than about the individual while in the individual's presence;
h. Demonstrating respect for the individual's privacy by not discussing the

individual with someone who has no right to the information;

i. Using people first language instead of referring to an individual by trait, behavior or disability.

Placement of an individual in a time-out room is not allowable in LCBDD/Deepwood supported programs and will not be written into ISPs authored by LCBDD/Deepwood employees.

Use of tangible reinforcers as a contingency for behavior is not allowable in LCBDD/Deepwood supported programs and will not be written into ISPs authored by LCBDD/Deepwood employees. Supports should be directed at ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

Any consequence of job performance determined by the employer in a community-based employment site shall not be considered a restrictive measure strategy for the purposes of this policy.

B. Restrictive Measures

Restrictive measures may only be used as a last resort and only when necessary to keep people safe. Strategies containing restrictive measures must have prior approval by the Human Rights Committee in accordance with Rule. Additionally, a behavioral support strategy that includes a restrictive measure must be:

a. Data driven with the goal of improving outcomes for the individual over time and describe behaviors to be increased or decreased using baseline data;
b. Recognize the role the environment plays in behavior;
c. Capitalize on the individual's strengths to meet challenges and needs;
d. Delineate measures to be implemented and identify those who are responsible for implementation;
e. Specify steps to be taken to ensure the safety of the individual and others;
f. As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls, such as mandated sex offender registration, drug testing, or participation in mental health treatment; and
g. As applicable, outline necessary coordination with other entities (i.e. courts, prisons, hospitals, and law enforcement) charged with the individual's care, confinement, or reentry to the community.

All behavioral support strategies that include restrictive measures shall:

a. Be approved through the Human Rights Committee per Administrative Procedure A-20.
b. Be reviewed by the individual and the team at least every ninety days to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised.

c. A decision to continue the strategy must be based on review of up-to-date information which indicates risk of harm or likelihood of legal sanction is still present.
d. Restrictive measures data will be provided monthly to the Human Rights Committee for review.

Behavioral support strategies with restrictive measures that are implemented without approval through the Human Rights Committee must be reported as a potential MUI for Unapproved Behavioral Support, per Board Policy A-10.

Each Provider shall maintain a record of date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. bed alarm or locked cabinet). The Provider shall share the record with the individual and the individual's team whenever the individual's behavioral support strategy is being renewed or reconsidered.

C. Risk of Restraints (from the *Instructor Manual for the Nonviolent Crisis Intervention Training Program*. pg. 47-49)

There are risks involved in any physical intervention. Therefore, physical interventions should only be considered when the danger presented by the acting-out individual outweighs the risks of physical intervention, and when all other options have been exhausted.

Even in those moments, an assessment is still necessary to determine the best course of action. There may be times when other strategies, such as continuing verbal intervention, removing dangerous objects, using personal safety techniques, and calling for further assistance would precede and possibly prevent any physical interventions.

The events leading up to a crisis situation and the struggling that occurs during a restraint can result in a lot of stress for the individual being restrained. This negative stress is sometimes called distress. Consequently, it is not unusual for a restrained individual to show signs of distress, both physically and emotionally.

Keep in mind that the acting-out person might have health problems. As such, everyone being restrained should be considered at risk. It is also important to understand that in some cases, restrained individuals have gone from a state of no distress to death in a matter of moments.

Additionally, there is a psychological danger in using restraints. Being restrained can be a frightening and, even traumatic experience. Restraints can interfere with the relationship between caregivers and the person being restrained. If people are restrained too often, they may begin to feel that they have no control over their lives.

For these reasons and others, restraints should only be used when a person's behavior is MORE dangerous than the danger of using restraints.

Because of the risks associated with restraint, the individual must be monitored every 15 minutes for one hour following the restraint. The monitoring staff will be looking for signs of distress that may be cardio-pulmonary, neurological, or musculoskeletal in nature.

D. Debriefing

Following each restraint, whether in an approved plan or not, a debriefing session will be held for all individuals receiving services in a county board operated program. It is recommended that non-county board providers consider debriefing as a part of their policy and procedure, as applicable. The debriefing session should work to address the needs of the individual and staff, as well as to address trauma and minimize the negative effects of the use of restraint while addressing the following components:

a. Thorough analysis of the events that occurred before, during, and after each incident
b. Strategies to prevent or decrease the time of future restraints
c. Skills or methods to prevent a future crisis

The debriefing shall take place within 24 hours of the restraint, and include all of the staff members assigned to the area (cluster, wing unit, classroom, etc.) during the time of the restraint. The results will be written, and the information given to the appropriate manager. A copy will be sent to the Master Records Clerk to be included with the restrictive measure data sheets. These reports should be reviewed in conjunction with the IP reviews, and any changes determined by the team as a result of the debriefing will be documented in the IP as part of the Behavior Support Strategy.

Restraint or Time Out shall be discontinued if it results in serious harm or injury to the individual or does not achieve the desired results as described in the Behavior Support Strategy.

VI. DISTRIBUTION:

Board Members
All Management Staff
All Staff (via Department Managers)
LEADD President
Human Rights Committee Members
HCBS Waiver Providers (via website)

VII. REVIEWED:

6/21, 3/21, 11/19, 5/18, 5/16, 4/17, 4/15, 2/14, 2/11, 2/09, 2/08, 2/06, 7/04, 5/04, 10/03, 10/01, 2/01, 1/98, 4/93, 8/90