



## **EEC Residential Licensing Policy Statement: 2016 – 01**

**Title:** Prone Restraint Authorization Policy

**Effective Date:** Immediately

**Date Issued:** September 8, 2016

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### **Purpose:**

This policy is to assist residential programs to understand when a prone restraint may be used. Under EEC's amended regulations, a prone restraint shall not be used unless the licensee, on an individual child basis, obtains and maintains documentation in accordance with 606 CMR 3.07(7)(j)15 or in circumstances where the use of prone restraint is required in an emergency situation to prevent serious injury to the resident, other residents and/or staff.

### **Policy:**

**Initiation of process:** If a prone restraint is used once, such as in an emergency situation to prevent serious injury to the resident, other residents and/or staff in a residential program, the below process must be initiated, completed and maintained in accordance with 606 CMR 3.07(7)(j)15.<sup>1</sup> This process may be initiated prior to intake if there is a history of necessary prone restraint with a resident.

Prone restraint may not be utilized with a resident unless the licensee assesses, documents, and maintains all of the following<sup>2</sup>:

- a. The licensee obtained consent, as defined in 606 CMR 3.02(1) to use prone restraint, which has been approved in writing by the licensee's chief administrative or executive director.
- b. There is psychological or behavioral justification for the use of prone restraint with no contraindications, as documented by a licensed mental health professional. Licensed mental health professional may mean LCSW, LICSW, LMFT, LMHC, BCBA, Psychiatrist, Psychologist, or a Clinical Nurse Practitioner. This justification should be a written narrative.

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<sup>1</sup> Private residential special education schools approved by the Department of Elementary and Secondary Education (ESE) are reminded that their educational component is subject to ESE's restraint regulations which can be reviewed at 606 CMR 46.00.

<sup>2</sup>If prone restraint has been used once, as in an emergency situation, prone restraint may not be used again unless and until all documents supportive of Items a-e are completed and received by the program.

- c. There are no medical contraindications, as documented by a licensed physician. This should be documented on the encounter form.

**NOTE:** The licensed mental health professional or physician is not approving or condoning the use of prone restraint. The mental health professional or physician is documenting his/her agreement that there are no contraindications that would prohibit the use of a prone restraint on the resident.

- d. The resident has a documented history of repeatedly causing serious self-injuries and/or injuries to other residents or staff. Injuries to family members, teachers, and/or members of the community may also be taken into consideration. This should be documented in a narrative assessment based on historical and current information (if available).
- e. All other forms of physical restraint have failed to ensure the safety of the resident and/or the safety of others. This should be documented in a narrative assessment stating which less restrictive restraint methods have been used and why they were not successful or are contraindicated.

Transfer of Consent: Consent may be transferred from one residential program to another, within a licensee, provided all of the above components are satisfied, reviewed and signed by the receiving program's chief administrative executive and/or director.

Consent may not be transferred from one licensee to another. A program that accepts a new resident from another licensee must undertake the consent and authorization process as outlined in Items a-e, above with one exception. If the medical contraindications narrative was completed within the past twelve (12) months, this document does not have to be reinitiated and completed as a resident's medical insurance may only allow payment for one medical exam per year.

Annual Review: Consents related to prone restraint must be reassessed and reviewed in accordance with each resident's annual medical exam. Justification for continued use of prone restraint must be re-evaluated and documented with specific data regarding the actual number of all restraints, including prone, that occurred with that resident during the prior year.

Discharge: Authorization information and prone restraint use must be included in a resident's discharge plan/summary. While the authorization is not applicable to another licensee, the history and use of prone restraint must be shared.

**Documentation:**

All documents supportive of Items a-e above, must be maintained with an authorized signature page, in a separate packet. These documents must be maintained in the resident's record. A separate binder of authorizations must also be maintained in the program for staff review. (Please see Checklist and Signature Page Template).