**DDS Fact Sheet on:**

***Reviewing Emergency Restraints***

Emergency Restraints are a part of DDS service provision. Nobody wants to perform them and nobody wants to be restrained. However, there are times when an emergency occurs and an emergency restraint is necessary in order to prevent a serious injury from occurring. It is important to perform a meaningful review of each restraint report to insure that the application of the restraint was warranted, that the restraint was performed correctly and documented properly. It is also important to look at aggregate data on restraints to identify patterns, trends and support needs.

In reviewing individual restraint reports, look for the following:

1. Was there a real emergency which justified the need for the restraint? The regulations define emergency as the occurrence or imminent threat of serious assaultive or self-injurious behavior. Property damage or non-compliance with staff directives do not constitute an emergency.
2. Was the restraint the least restrictive way to address the emergency? The restraint report should describe less restrictive methods used by staff prior to the restraint to manage the situation. Did they follow the behavior plan?

1. Could the circumstances leading to the emergency have been avoided? Many times, the behavioral response of an individual is predictable and avoidable. Could the environment or the events have been altered to avoid the issue which led to the restrain?
2. Was the restraint used safely, correctly, with the minimum amount of time and force necessary?
3. How can restraints for the individual be avoided or be limited in the future? When an individual is subject to emergency restraint more than one time within a week, or more than two times within a month, there must be a plan in place which to address the issues which led to the restraints.

In reviewing aggregate restraint data, Look for patterns and trends which can identify problem areas and inform treatment.

1. Look at the amount of restraints for each individual. Are they increasing or decreasing? Are the current supports effective in supporting good behavioral health?
2. Analyze the times of the restraints. There may be clusters of restraints which occur around particular times of day which can be referenced to the individual’s schedule of programs or activities. Can the individuals schedule, routine, or supports be altered in order to reduce the need for restraints?
3. Consider the amount of restraints for the provider. If the numbers are increasing, are there factors which can account for this? Is there a plan to mitigate the use of restraints?