STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

DIRECTIVE: PROHIBITED USE OF PRONE RESTRAINTS

No.: I.E.DIR. 001 Issue Date: March 28, 2007
Revised: January 1, 2009

Issued By: Kathryn duPree, Deputy Commissioner
Contact Persons: Regional Program Review Committee Liaisons

Employee Groups For Implementation:
Regional Directors and Assistant Regional Directors, Private Providers, all public and private staff responsible for the design and/or implementation of behavior support plans.

Manual Section: Service Delivery, Section E. Health and Safety

Purpose

The purpose of this directive is to clarify and affirm the Department Of Developmental Services (DDS’s) position that Prone (face down) Restraint may not be used as a restraint procedure.

Applicability

This Directive applies to ALL individuals placed or treated under the direction of the Commissioner, and all staff providing services to those individuals. This includes individuals receiving services in DDS operated, funded, and/or licensed facilities or programs, or DDS-funded services delivered in family or individual homes, or day services.

Information

1. The Use Of Prone (Face-Down) Restraint, is banned as part of a Behavior Support Plan (BSP) or as an emergency intervention.
2. Regional Program Review Committees will not approve any future use of Prone Restraint in Behavior Support Plans.
3. As with all prohibited interventions, if it is used by staff, a Critical Incident Report will be filled out, and the Department will investigate staff’s use of this prohibited intervention.
4. As of January 1, 2009, there were several Behavior Support Plan’s in DDS that had been previously approved for the use of Prone Restraint.
   a. For the few individuals who continue to have this procedure in their support plans, their Interdisciplinary Teams will review the plans with the goal of safely eliminating the procedure as soon as possible in accordance with this directive.
   b. Program Review Committees will schedule these few people for re-review by June 30, 2009.
   c. Program Review Committees will ensure that either: (1) the technique has been eliminated from the Behavior Support Plan; or (2) that there is a documented reason why it would be clinically inappropriate to remove the technique.