

Approved & Prohibited Physical Management Techniques



PHYSICAL MANAGEMENT TECHNIQUES

As a direct support staff, you may work with an individual who may act in such a way that requires your intervention. There are clear guidelines that define under what circumstances physical management techniques can be used. This fact sheet explains what types of interventions are allowed by DMR procedures and by State Statute. Use of physical interventions should be seen as a last option. You will be trained in the specific needs of the person you support. While the majority of people supported by DMR do not have behavioral issues that require intervention, it is important for you to be aware of the procedures and statutes regarding these issues.

Connecticut State law (Sec. 46a – 150 through 154) restricts the use of involuntary physical restraint except:

- **AS AN EMERGENCY INTERVENTION** to prevent immediate or imminent injury to the person at risk or to others
- **PROVIDED THE RESTRAINT IS NOT USED FOR DISCIPLINE OR CONVENIENCE** and is not used as a substitute for a less restrictive alternative
- **AS NECESSARY AND APPROPRIATE**, as determined on an individual basis by the person's treatment team

Life-threatening physical restraint is prohibited. Life-threatening physical restraint is defined as *“any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.”*

The use of any physical management technique must also be in accordance with DMR regulations, which specify that only techniques from approved training programs may be used.

These training programs must include, at a minimum, information on the following:

- **VERBAL DEFUSING OR DE-ESCALATION**
- **PREVENTION STRATEGIES**
- **TYPES OF PHYSICAL RESTRAINT**
- **THE DIFFERENCES BETWEEN LIFE-THREATENING PHYSICAL RESTRAINT** and other varying levels of physical restraint
- **THE DIFFERENCES BETWEEN PERMISSIBLE PHYSICAL RESTRAINT** and pain compliance techniques
- **MONITORING TO PREVENT HARM** to a person physically restrained
- **RECORDING AND REPORTING PROCEDURES** on the use of restraints



**THE FOLLOWING TRAINING PROGRAMS
ARE CURRENTLY APPROVED BY DMR**



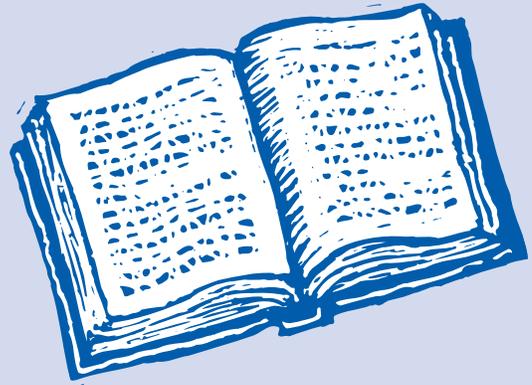
***Physical and Psychological
Management Techniques
(PMT)***

PMT ASSOCIATES, INC. (1998)



***Professional Assault Crisis
Training (Pro-ACT)***

FORMERLY PROFESSIONAL
ASSAULT RESPONSE TRAINING –
REVISED (PART-R)
PAUL A. SMITH, PH.D. ET AL (2004)



***Preventing and Managing Problematic and
Challenging Behavior (PMAB)***

STEVEN A. COLANTUONO, M.A. (1996)
EXCEPT "Bite Prevention Technique"



Strategies for Crisis Intervention and Prevention (SCIP)

NEW YORK STATE OMRDD (1998)
EXCEPT "Lying Wrap-up" and "One Person Take Down"



Non-Abusive Psychological and Physical Intervention (NAPPI)

NAPPI INTERNATIONAL, INC. (1998)
EXCEPT "Hair Pull Release"



Therapeutic Intervention and Prevention Strategies (TIPS)
(2006)



Nonviolent Crisis Intervention (CPI)

NATIONAL CRISIS PREVENTION INSTITUTE, INC. (2004)

Refer to these programs for DMR approved techniques.

Staff Implementation of Behavior Support Plans or Interventions

Any time a paid staff support person is asked or expected to utilize or employ a restrictive intervention of any kind, a Behavior Management professional must have developed a support plan and that plan must be approved by DMR's Program Review Committee (PRC).



RESTRICTIVE OR AVERSIVE INTERVENTIONS ARE:

ANY PROCEDURE THAT CONTAINS A RESPONSE TO ALTER THE OCCURRENCE OF A SPECIFIC BEHAVIOR or protect an individual from harm that may be unpleasant, noxious or otherwise cause discomfort.

This includes:

- **PHYSICAL ISOLATION**
- **MECHANICAL RESTRAINT**
- **PHYSICAL RESTRAINT**
- **CHEMICAL RESTRAINT**
- **PHYSICAL ESCORT THAT IS MET WITH RESISTANCE**
- **RESPONSE COST**
- **RESTITUTION**
- **OVER-CORRECTION**

A chemical or physical intervention may be employed in an emergency by a physician or a caregiver if it is determined that immediate intervention is necessary to protect an individual from harming him/her self or others. An incident report must be completed and submitted to DMR if a paid staff person is involved in such an intervention.

BEHAVIOR DEFINITIONS

Physical Isolation: The process by which an individual is separated from others and is physically not allowed to leave (i.e., prevented through physical means such as physically blocking the door) that area until defined criteria are met. (This does not include occasions when an individual is sent to a room with verbal prompts and is not physically prevented from leaving.)

Mechanical Restraint: Any device used to restrict movement, including any device (e.g. helmets, mitts, and bedrails) used to prevent self-injury. This does not include mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance, protective devices that are approved by a physician for specified medical conditions (e.g. helmet used to protect an individual from injury due to a fall caused by a seizure), and mechanical devices if they can be removed by the individual at their choosing (e.g., helmets, mitts).

Physical Restraint: Any physical hold used to restrict individual's movement or to protect an individual from harming him or herself or others. This does not include physical interventions that are met with little or no resistance from the individual such as 'guide along techniques' or holds that are used as guidance to teach an individual a skill, e.g. hand over hand techniques.

Chemical Restraint: Psychotropic medications are administered in an emergency situation, usually after other interventions have failed to result in calm behavior and the individual is still in danger of harming him/herself or others. (This does not include medications used for pre-sedations for medical or dental procedures.)

Physical Or Mechanical Restraint Employed As A Medical Restraint: There are two types of medical restraint (A and B). Type A is physical, mechanical, or chemical restraint that is used to safely administer medical or dental services. For example: physically holding a person's arm to draw blood, suture, etc; or, chemical sedation prior to dental or MD appointment. Type B is physical, mechanical, or chemical restraint that is used to aid a healing process and prevent an otherwise acceptable behavior. For example: use of chair with tray to prevent person from walking while a sprained/broken ankle heals.

Response Cost: A response cost is essentially a "toll" or "fine" imposed in response to the display of 'negative' behavior. It can be considered a penalty assessed for the person having shown inappropriate behavior. For example, if you were to take away a point/token/raffle ticket/candy piece away from a youngster's collection because of a rude remark or failure to stay on task, that would be response cost (a cost that is imposed for that response). Another example, is a student who earns stickers for good classroom conduct having one sticker removed from her sticker chart for each episode of misbehavior.

Restitution And Restitution With Over-Correction: The individual assume responsibility for the disruption of the environment caused by his/her inappropriate behavior by restoring the environment to better than it's original condition. For example, a person in an angry outburst, destroys a vase or other object. He/she is must clean up the environment. In 'Restitution Over-Correction' the person is required to return the environment to a state better than before his behavioral episode. Another example, if a person is caught stealing an object, he/she must return the object and apologize for the behavior. If 'over-correction' is being used than the person may also provide another service or object to the person whose object was stolen or destroyed.

These techniques must not be used without prior approval unless an emergency situation occurs and incident report is required for emergency use.

