

IARCA
Indiana Association of Resources & Child Advocacy
“Best Practice” Guidelines for Seclusion & Restraint
Approved by the Board of Directors on April 30, 2001
Revised by the Seclusion & Restraints Task Force
Approved by the IARCA Board of Directors on July 13, 2005

The following recommendations are considered “Best Practice” Guidelines for the use of seclusion and restraint. It is our intention that these recommendations be incorporated into the policy and procedure review process by IARCA member agencies. These guidelines should not be viewed as attempts to meet governmental regulations (member agencies should refer to governing/licensing bodies for compliance and applicable standards related to the use of seclusion and restraints).

Seclusion and restraint are viewed as last resort interventions utilized as a part of an overall behavior management plan. They are viewed as one of the most restrictive behavioral interventions and shall never be used for disciplinary measures nor staff convenience. Seclusion and Restraint shall be utilized only for clients at imminent risk of causing harm to themselves or others, and only after less restrictive measures have been attempted and found to be unsuccessful.

I. Staff Training/ Education

All agency member policies shall include, at a minimum, the following in regard to staff training (at all levels) who may take part in this form of intervention (this would not pertain to ancillary staff such as maintenance, dietary, etc. – unless a portion of their job description includes client care):

- A. Seclusion and/or restraint shall only be applied by staff that are trained and approved to administer a method that is approved/certified and has national acceptance in the field.
 - 1. Staff will receive annual interactive refresher training/re-certification as indicated by the training program protocol.
 - 2. At a minimum, trainers of the recognized training curriculum shall receive training updates and/or re-certification as indicated by the training program protocol.

- B. Initial and on going interactive training for staff members having client contact. At minimum this training should include:
 - 1. Assessment of physical well being including nutrition, hydration, circulation, skin color, respiration, range of motion, and monitoring for injury.
 - 2. Physical management
 - 3. Assessment of individual’s mental status.
 - 4. De-escalation/ behavior management techniques
 - 5. An assessment which allows the trainee to demonstrate competencies in both de-escalation and physical management techniques.

6. Agency policies and procedures of the hierarchy of intervention including least restrictive measures to most restrictive measures.
 7. Debriefing techniques for post intervention processing with both the client and staff involved in the intervention.
 8. Mandatory retraining for any staff member who demonstrates deficiency in seclusion/restraint or has been involved in a client injury.
- C. All staff will be trained in the above prior to being involved in any seclusion and/or restraint.
- D. If feasible, at least one member of the staff taking part in any incident of seclusion and/or restraint shall have direct knowledge of that client's case (presenting issues, contraindications, etc.)

II. Clinical/Emergency Authorization for Seclusion and Restraint

Agency policies shall clearly define and delineate their hierarchy of intervention from lesser measures to the most restrictive measures such as seclusion and restraint. All agency policies shall state, at a minimum, the following in regard to authorization to implement seclusion and restraint:

- A. The agency shall outline the formal process for implementation of seclusion and restraint.
- B. The agency shall state the positions and credentials identified (within the member organization) to authorize seclusion and/or restraint during standard programming hours and off-hours (*evenings/ weekends/ holidays*).
- C. The agency shall state the minimum training/qualifications of the individuals identified to give clinical and/or emergency authorization.
- D. If different from above, the agency shall state the minimum training and qualifications required of the individual(s) identified to perform assessments and reassessments of individuals in seclusion and/or restraint, and the process in which the assessment shall take place. This includes the requirements of the individual(s) identified to cease the intervention.
- E. Seclusion and/or restraint authorization shall include the frequency to which any comfort measures (e.g. biological necessities) are assessed/offered, the maximum time limit for the seclusion and/or restraint, and what is required to end the intervention.

III. Monitoring/ Assessment of Clientele in Seclusion/ Restraint

All member agencies, shall have consistent and clear policies and procedures regarding the manner in which a client is monitored (and attended to) during seclusion and/or

restraint. It is further recommended that these policies and procedures shall include, at a minimum:

- A. The continual assessment of the client's physical well being.
- B. The continual assessment of the client's psychological well being.
- C. The frequency to which continual monitoring is documented.
- D. The staff member and required qualifications of the individuals performing these functions.

IV. Post Face-to-Face Intervention and Debriefing

- A. The client and the staff involved in a restraint or seclusion shall have a face-to-face debriefing of the episode within 1 hour of its occurrence but no later than 24 hours.
- B. The staff who initiated the intervention should be the lead staff when conducting the debriefing process, or as otherwise indicated.
 - 1. Client and designated staff will process circumstances that led to the restraint or seclusion and strategies that might be used by the client and or staff to prevent restraint or seclusion in the future.
 - 2. Other staff and/or the client's parent(s) or guardian(s) shall participate in the discussion when it is deemed appropriate by the facility.
- C. Within 24 hours of the restraint or seclusion episode, all staff involved in the intervention will have a debriefing with appropriate supervisory and administrative staff to review the following:
 - 1. The emergency safety situation that required the intervention, including precipitating factors that led up to the incident.
 - 2. Alternative techniques that may have prevented the use of restraint or seclusion.
 - 3. The outcome of the intervention, including any injuries that may have occurred from the use of restraint or seclusion.
 - 4. Any changes that are necessary in the client's treatment plan as a result of the debriefing.
- D. Member agencies shall make written documentation of client and staff debriefings to be inserted into the client's case record. Documentation shall include the names of staff members participating or excused from the debriefing, who conducted the debriefing, reason for intervention, alternative techniques that could have prevented intervention, any noted injuries to staff and/or client, and changes to client treatment plan as a result of the debriefing.

V. Family Involvement and Notification

- A. The client and family will be notified upon admission of the use of these interventions.

- B. The family shall be involved in the creation of a service plan that identifies alternate interventions that minimize the need for restraint and seclusion.
- C. The parent or guardian shall be notified of the use of an intervention within twenty-four hours (24) or the next business day of its occurrence.
- D. The placing agent shall be notified of the use of an intervention within twenty-four (24) hours of its occurrence or as otherwise directed by placing agent.

VI. Incident Tracking/Quality Assurance

All member agencies shall have in place a defined mechanism for monitoring the utilization of seclusion and restraint taking place within their programs. This review process will be done in specialized committee format, supported by the interdisciplinary team responsible for development of individual treatment plans. The committee recommends that administration, clinical, medical (and/or nursing) and direct care staff takes part in this review process.

- A. It is further suggested that each member agency incorporate, at a minimum, the following items into its review process:
 - 1. A monthly review frequency
 - 2. Number of incidents over a specified time period
 - 3. Time/location of individual incidents
 - 4. Staff members involved
 - 5. Events leading up to the intervention
 - 6. Lesser interventions attempted by staff
 - 7. Length of seclusion and/or restraint
 - 8. Injuries (staff and client)
 - Each member agency shall have some form of internal or external reporting process of client injuries, which take place during seclusion and restraint. This process shall be clearly detailed within their policies and procedures.
 - 9. Trending
- B. Member agencies shall have specific time frames for reviewing seclusion and restraint policies and procedures. The committee recommends that such policies be reviewed on at least an annual basis, or more frequently if indicated.
- C. Member agencies shall have a strategic plan for reducing restraint and seclusion. The plan shall include: goals for reduction and specific strategies for reducing seclusion and restraint frequency.
- D. Member agencies agree to participate in an on-going review of restraint and seclusion trends and practices for improving state-wide best practices.