

**MIDWAY TRAINING SERVICES AND MIDWAY TRANSPORTATION
INDIVIDUAL SUPPORTS
POLICY 305 - BEHAVIOR MANAGEMENT POLICY**

Procedure:

A. Philosophical overview

MTS believes that each consumer should have the opportunity to initiate and to be responsible for positive behaviors which are instrumental to their individual growth and development. To facilitate this process, it is our goal to systematically present opportunities for consumers to develop adaptive skills that enable them to have the greatest self-dependence in the least restrictive environment. It is also our belief that people may be more competent than their adaptive or psychological testing demonstrates, and that if we *assume* competence, we can establish relationships based upon mutual respect and shared responsibility. It is also our belief that a positive and supported approach is the best method of controlling the environment so that individual growth and development may occur.

B. Use of positive, proactive strategies that are listed as exempted procedures in Minnesota Rules, 9525.2720.

MTS endeavors to utilize positive proactive strategies to assist consumers in being successful. These supports may include, but not be limited to, the use of:

1. Positive reinforcement to develop new behaviors or increase the frequency of existing positive behaviors;
2. Corrective feedback or prompts to assist a consumer in performing a task or exhibiting a response;
3. Presentation of alternative choices in activities;
4. Re-direction to other activities;
5. Physical contact to facilitate a consumer's completion of a task or response and directed at increasing adaptive behavior when the person does not resist or the person's resistance is minimal in intensity and duration as determined by the expanded interdisciplinary team;
6. Physical contact or a physical prompt to redirect a person's behavior when (a) the behavior does not pose a serious threat to the consumer or others; (b) the physical contact is used to escort or carry a person to safety when the person is in danger; (c) the behavior is effectively redirected with less than 60 seconds of physical contact by employees;
7. Temporary interruption in instruction or ongoing activity in which a person is removed from an activity to a location where the person can observe the ongoing activity and see others receiving positive reinforcement for appropriate behavior. Return of the person to normal activities is contingent upon the person's demonstrating more appropriate behavior.
8. Temporary withdrawal or withholding of goods, services or activities to which a person would otherwise have access as a natural consequence of the person's inappropriate use of the good services, or activities. Temporary withdrawal or withholding is meant to be a brief period lasting no more than several minutes until the person's behavior is redirected and normal activities can be resumed;
9. Token fines or response cost procedures such as removing objects or other rewards received by a person as part of a positive reinforcement program;
10. Manual or mechanical restraint to treat a person's medical needs, to protect a person known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness or to position a person with physical disabilities in a manner specified in the person's individual program plan.

The consumer's individual program plan must address the use of these procedures.

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C. Emergency Controlled Procedures (ECPs)

In spite of our best efforts, there may be occasions, however, when consumers display behaviors which require an emergency use of a controlled procedure.

1. A controlled procedure means an aversive or deprivation procedure that is permitted under state rules or statutes which may be implemented under strict standards. They include:
 - a. Exclusionary and room time out procedures;
 - b. Positive practice overcorrection;
 - c. Restitutive overcorrection;
 - d. Manual restraint;
 - e. Mechanical restraint such as mittens, straps, restraint boards, or papoose boards to limit a person's movement or hold a person immobile.
 - f. Removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response, known as deprivation.
2. MTS **DOES NOT** allow the following controlled procedures to be used in an emergency situation:
 - a. Room time out;
 - b. Positive practice overcorrection;
 - c. Restitutive overcorrection;
 - d. Partially restricting a person's senses at a level of intrusiveness that does not exceed placing a hand in front of a person's eyes as a visual screen or playing music through earphone worn by the person at a level of sound that does not cause discomfort.

Room time out is prohibited (can NOT be used) unless it is included in an approved, planned Rule 40 IPP. See below for planned use of controlled procedure IPP (CPIPP).

3. MTS **DOES PERMIT** the following controlled procedures to be used in an emergency situation:
 - a. Manual restraint;
 - b. Mechanical restraint, such as the use of clothing, seat belts or other common objects to facilitate a safe emergency intervention, while discouraged, is allowed only when grave danger to person is likely;
 - c. Exclusionary time out, such as, removing a person from an ongoing activity to a location where the person cannot observe the ongoing activity.
4. Emergency use of controlled procedures may only be used under the following conditions:
 - a. Immediate intervention is needed to protect the person or others from physical injury or to prevent severe property damage that is an immediate threat to the physical safety of the person or others.
 - b. The individual program plan of the person demonstrating the behavior does not include provisions for the use of the controlled procedure.
 - c. The procedure used is the least intrusive intervention possible to react effectively to the emergency situation.
5. When consumers display behavior which is dangerous to themselves, others, or property, staff may need to implement controlled procedures to protect persons or prevent serious damage to property.
6. Prior to using any of the permitted controlled procedures that could be used in an emergency situation, staff should attempt "less intrusive" strategies, such as, those identified in paragraph B,

"Use of positive, proactive, strategies." When a consumer requires the use of the strategies identified, the consumer's primary MTS staff should be made aware of the situation and should become involved.

7. If the consumer does not respond by calming down, and continues to display behavior, which is or could be dangerous, staff may need to implement an emergency use of controlled procedure (ECP). The decision to intervene physically is a staff judgment that must take into account that the integrity and dignity of all persons may be abridged, but that safety is crucial. The intervention should also follow the criteria of the "Least to Most" model of intrusive intervention:
 - a. Immediate intervention is needed to protect the person or others from physical injury or to prevent severe property damage that is an immediate threat to the physical safety of the person or others.
 - b. Provisions for the use of the controlled procedure have not been written into the IPP. (If there were provisions for the use of the procedure within the IPP then it would not be considered an emergency use.)
 - c. The least restrictive procedure possible is implemented to diffuse the situation.
 - d. Within seven (7) calendar days after the date of receipt of the incident report, the case manager shall confer with members of the expanded interdisciplinary team (EIDT) to discuss the incident, and to determine what modifications should be made to the existing individual program plan as to not require the use of a controlled procedure. (See more detailed information on this written below.)
 - e. An EIDT meeting must be conducted within 30 calendar days from the date that the controlled procedure was implemented on an emergency basis, if it is determined that the behavior should be identified in the IPP for reduction/ elimination.
8. Prior to applying an emergency controlled procedure, staff should ask these questions of themselves:
 - Is immediate intervention needed to protect people from injury?
 - What is the least intrusive intervention possible for this situation?
 - Are there modifications in the environment, which may de-escalate the situation?
 - Can I successfully communicate with this person?
 - Have I completed a course on physical intervention in the past 2 years?
9. The preferred method of crisis intervention at MTS is includes components of techniques promoted by the Crisis Prevention Institute (CPI), MANDT and other emergency intervention courses. Prior to implementing a controlled procedure, a staff person must be trained and have completed an approved emergency intervention course within the past 2 years.
10. An emergency use of **Manual Restraint** must meet the following standards:
 - a. The consumer's primary care physician must be consulted to determine whether implementing the procedure is medically contraindicated.
 - b. The consumer must be given an opportunity for release from the manual restraint and for motion and exercise of the restricted body parts for at least ten minutes out of every 60 minutes.
 - c. Efforts to lessen or discontinue the manual restraint must be made at least every 15 minutes, unless contraindicated. The time each effort was made and the consumer's response to the effort must be noted in the consumer's permanent record.
 - d. The procedures must comply with other standards in parts 9525.2700 to 9525.2810.
11. An emergency use of **Mechanical Restraint** must meet the following standards:

- a. The consumer's primary care physician must be consulted to determine whether implementing the procedure is medically contraindicated.
 - b. Staff must check on the consumer every 30 minutes and document that each check was made.
 - c. The consumer must be given an opportunity for release from the mechanical restraint and for motion and exercise of the restricted body parts for at least ten minutes out of every 60 minutes that the mechanical restraints are used.
 - d. Efforts to lessen or discontinue the mechanical restraint must be made at least every 15 minutes. The time each effort was made and the consumer's response to the effort must be noted in the consumer's permanent record.
 - e. A staff member shall remain with a consumer during the time the consumer is in mechanical restraint.
 - f. The procedures must comply with other standards in parts 9525.2700 to 9525.2810.
12. An emergency use of **Exclusionary Time Out** must meet the following standards:
- a. Exclusionary time out procedures must be implemented in another area commonly used as living space rather than in a room used solely for time out.
 - b. When possible, the consumer must be returned to the activity from which the consumer was removed when the time out procedure is completed.
 - c. Consumers in time out must be continuously monitored by staff.
 - d. Release from time out is contingent on the consumer's stopping or bringing under control the behavior that precipitated the time out and must occur as soon as the behavior that precipitated the time out abates or stops. If the precipitating behavior has not abated or stopped, staff members must attempt to return the consumer to an ongoing activity at least every 30 minutes.
 - e. If time out is implemented contingent on repeated instances of the target behavior for longer than 30 consecutive minutes, the consumer must be offered access to a bathroom and drinking water.
13. The staff person who served as the lead staff person must complete an "MTS Incident/ Controlled Procedures Form," and submit it to an MTS Program Manager or Director within 3 days (preferably within 24 hours). PLEASE SEE INCIDENT REPORTING POLICY FOR DETAILS.
14. Within **7 days**, the MTS, Program Manager or Director (who are QMRPs) will review the incident report and will assure that the report is **sent to the Expanded IDT** and the case manager.
15. **If the emergency use involved manual restraint, mechanical restraint, or use of exclusionary time out exceeding 15 minutes at one time or, a cumulative total of 30 minutes or more in a 24 hour period, the Director or Program Manager must ensure the report is sent to the Internal Review Committee (IRC)/Human Rights Committee (HRC) within 7 calendar days of the emergency use of the controlled procedure.**
16. Within **7 calendar days** after the date of receipt of the emergency report, the case manager shall confer with members of the expanded interdisciplinary team to:
- a. Discuss the incident reported to;
 - b. Define the target behavior for reduction or elimination in observable and measurable terminology;
 - c. Identify the antecedent or event that gave rise to the target behavior;
 - d. Identify the perceived function the target behavior served; and
 - e. Determine what modifications should be made to the existing individual program plan so as to not require the use of a controlled procedure.

17. Within **30 calendar days** after the emergency use, an expanded IDT meeting must be conducted **if** it is determined that a controlled procedure is necessary and that the target behavior should be identified in the individual program plan for reduction or elimination.
18. Within **15 calendar days** after the expanded IDT meeting, the emergency use of a controlled procedure as well as changes made to the adaptive skill acquisition portion of the plan must be incorporated in the individual program plan. During this time, the QMRP will document all attempts to use less restrictive alternatives including:
 - a. Adaptive skill acquisition procedures currently being used and why they were not successful;
 - b. Attempts made at less restrictive procedures that failed and why they failed; and
 - c. Rationale for not attempting the use of other less restrictive alternatives.
19. The QMRP must ensure a copy of the report is sent to the internal review committee (IRC) and the regional review committee (RRC) within five working days after the expanded interdisciplinary team meeting.
20. A summary of the interdisciplinary team's decision must be added to the consumer's permanent record. In such instances a Rule 40 program will be developed according to paragraph D.
21. MTS has the following procedures for the monitoring and controlling the use of ECPs. MTS has each of the ECP reviewed by the IRC/HRC. At the time of the incident report review, the QMRP will review the content of the report to see that the ECP was implemented according to policy. All ECPs are also reviewed by the Program Director to determine if it was appropriate to implement the ECP to ensure the safety of people involved. In the unlikely event, that the Program Director determined the ECP was not implemented according to policy, MTS may take corrective action.

D. Planned Use of Controlled Procedures

1. In the event it is determined that the program consumer requires the **planned** use of a controlled procedure, the Director will forward a "Doctor's Sign off on Contraindication" to the physician of the consumer involved in the Controlled Procedure usage. This form is mandated. When signed and returned, it should be placed into the consumers' permanent file.
2. MTS uses an approved format in the construction of Controlled Procedures Rule 40 IHP's. For a format of Rule 40 IHP and Informed Consent, please talk to the Director who facilitates the Human Rights Committee. Rule 40 programs are only implemented as a last resort; after all other less intrusive procedures have been tried and demonstrated to be ineffective. The plan shall be developed by an appropriate Director who shall be responsible for obtaining approval from the consumer's team and in training key branch personnel.
3. Upon being assigned to work in any particular Branch, staff must ascertain which, if any, of the consumers in that Branch have Rule 40 programs. A Director, Program Manager or Designated Program Coordinator (DPC) will provide new staff with an overview of each consumer's program, and provide new staff with the full program to read. It is important that all staff understand and follow these programs, and sign-off that they have read and understand to programs.
4. Upon completion of a programmed intrusive intervention, the staff person who implemented the procedure must complete the appropriate form within three days, preferably within 24 hours. Staff must have been generally trained in the application of Intrusive Procedures previous to implementation. Prior to implementing programmatic intrusive procedures, staff should have undergone training specific to that consumers' Controlled Procedures IPP. The staff person designated as authorized to train others has signed off as to perceived competence to implement

E. The following interventions are PROHIBITED for use at MTS:

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1. Seclusion (i.e., locking a person in a room to control that is non-contingent on the person's behavior);
2. Faradic Shock;
3. Room Time-Out or Separation, unless under an approved Rule 40 Program;
4. The purposeful application of Postural Punishment (requiring a person to maintain a stature or posture as an aversive procedure), restricting a persons senses, or aversive stimulus such as noxious smell, taste, substance or spray.
5. Any sort of "Corporal" Punishment (e.g., hitting, spanking, pinching) or the planned denial of a persons access to equipment and devices such as walkers, wheelchairs, hearing aides and communication devices.
6. Speaking to a person in a manner that ridicules, demeans, threatens or is any way abusive.
7. Restricting a person's access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities or necessary clothing.
8. Denying ordinary access to legal counsel, legal representatives or next of kin.

F. Suspension and termination

NOTE: MTS has a Policy on Admission, Suspension & Termination which may be used as a "behavioral intervention." Please refer to that Policy as needed.

G. Application

This policy statement was initially approved by the MTS Board of Directors on March 21, 1990 and is reviewed and approved regularly. Upon request, it shall be made available to caregivers, guardians and other interested parties.

It is the intention of MTS to provide services that are as minimally intrusive or invasive or disruptive-to the consumer as is feasible.

Signed Statement:

By signing this statement, I accept my responsibilities in understanding and implementing this policy. If I have questions about the policy, I know the person that I will ask to get answers. If questions come up in the future, I will ask and get answers to my questions.

Signature: _____
 Staff Person

 MM/DD/YYYY