BENEFICIARY BEHAVIOR

Written Policies and Procedures

Staff and Beneficiary Interactions and Conduct

Facilities must have written policies and procedures for the management of conduct between staff and beneficiaries. These policies and procedures will:

1. Specify allowable and non-allowable conduct by the staff and the beneficiaries;

2. Provide for beneficiary choice and self-determination to the extent possible;

3. Be readily available to all beneficiaries, parent(s), staff, and legal guardians; and

4. Be developed with the participation of beneficiaries to the extent possible.

Management of Inappropriate Beneficiary Behavior

A facility must develop and implement written policies and procedures for the management of inappropriate beneficiary behavior. These policies and procedures must:

1. Specify all facility approved interventions to manage inappropriate beneficiary behavior;

2. Designate these interventions on a hierarchy ranging from the most positive and least restrictive to the least positive and most restrictive;

3. Insure that, prior to the use of more restrictive techniques, the beneficiary's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried and were ineffective;

4. Address the use of extraordinary and least restrictive measures such as time-out rooms, physical restraints, drugs used to manage inappropriate behavior, and the application of painful or noxious stimuli; and

5. Identify the staff members who may authorize use of a particular intervention, and a mechanism for monitoring and controlling use of the intervention.

Interventions to Manage Inappropriate Behavior

Safety and Supervision

Interventions to manage inappropriate beneficiary behavior must be used with sufficient safeguards and supervision to insure that the safety, welfare, and civil and human rights of beneficiaries are adequately protected. These interventions must never:

1. Be used for disciplinary purposes, for the convenience of staff or as a substitute for an active treatment program;

2. Include corporal punishment; nor

3. Include discipline of one beneficiary by another except as part of an organized system of self-government as set forth in facility policy.

Behavior Management Plan

Individual programs to manage inappropriate beneficiary behavior such as time-out rooms, restraints, etc. must be incorporated into the beneficiary's individual habilitation plan (IHP) and must be reviewed, approved, and monitored by the specially constituted Human Rights Committee. Written informed consent by the beneficiary or responsible party is required prior to implementation of a behavior management plan involving any risks to beneficiary's rights. See Section 26.4 Beneficiary Rights in this manual chapter, which addresses informed consent.

Standing Programs

Standing or as needed programs to control inappropriate behavior are not permitted. Sending a beneficiary to their room to control inappropriate behavior is not acceptable unless it is a part of a systematic program of behavioral interventions for that beneficiary.

Time-out Rooms

Use of time-out rooms is **not** permitted in group or community homes.

In institutional settings (over 16 beds), emergency placement in time out rooms is allowed. Time-out is **only** permitted when professional staff is on-site and only under the following conditions:

1. The placement in a time-out room is part of an approved systematic behavior program as required in the IHP to manage inappropriate behavior;

2. The beneficiary is under constant, direct visual supervision of designated staff;

3. If the door to the room is closed, it must be held shut only by use of constant physical pressure from a staff member;

4. Placement in time-out room does not exceed one hour;

5. Beneficiaries are protected from hazardous conditions while in time-out rooms; and

6. A record is kept of time-out activities.

Physical Restraint

Physical restraint is defined as any manual method, physical or mechanical device that the beneficiary cannot remove easily and that restricts free movement.

Examples of manual methods include:

1. Holds:
    a. Therapeutic, or
    b. Basket.
2. Containment:
    a. Prone; or
    b. Supine containment.

Examples of physical or mechanical devices include:

1. Barred enclosure that is no more than three feet in height;
2. Chair with a lap tray, to keep an ambulatory beneficiary seated;
3. Wheelchair tied to prevent movement of a wheelchair mobile beneficiary; and
4. Straps to prevent movement while the beneficiary is in a chair or bed.

Physical restraints can be used only:

1. When absolutely necessary to protect the beneficiary or others from injury in an emergency situation;

2. When part of an individual program plan intended to lead to less restrictive means of managing the behavior the restraints are being used to control;

3. As a health related protection prescribed by a physician, but only if absolutely necessary during a specific medical, dental, or surgical procedure or while a medical condition exists; and

4. When the following conditions are met:

    a. Restraints are designed and used so as not to cause physical injury and to cause the least possible discomfort;

    b. Restraints are applied only by staff who have had training in the use of these interventions;

    c. Orders for restraints shall not be obtained for use on a standing or on an as needed basis;

    d. Restraint authorizations are not in effect longer than 12 consecutive hours and are obtained as soon as possible after restraint has occurred in emergency situations;

    e. Beneficiaries in restraints shall be checked at least every 30 minutes and released by staff trained in the use of restraints, as soon as the behavior has subsided. Record of restraint checks and usage is required; and

    f. Opportunities for motion and exercise are provided for not less than 10 minutes during each two-hour period and a record is kept.

Medications

Medications used for the control of inappropriate behavior may be used only under the following conditions:

1. In doses that do not interfere with the beneficiary's daily living activities; and

2. With approval from the interdisciplinary team (IDT), the beneficiary, or legal representative, and the specially constituted committee.

Prescribed medications must be directed toward eliminating the inappropriate behavior, and used only as part of the beneficiary's IHP.

Prior to the use of any program involving a risk to beneficiary protection and rights, including the use of prescribed medications to manage inappropriate behavior, written informed consent must be obtained from:

1. The beneficiary; or
2. Family, legal representative, or advocate if beneficiary is a minor or beneficiary is unable to understand the intended program or treatment.

Informed consent consists of permission given voluntarily by the beneficiary or the legally appropriate party, on a time limited basis not to exceed 365 days after having been informed of the following:

1. Specific issue, treatment or procedure;
2. Beneficiary's specific status with regard to the issue;
3. Attendant risks regarding the issue;
4. Acceptable alternatives to the issue;
5. Right to refuse; and
6. Consequences of refusal.

Medication must not be used until it can be justified that the beneficial effects of the prescribed medication on the beneficiary's behavior outweigh the potentially harmful effects of the medication. Prescribed medication must be monitored in conjunction with the physician, the pharmacist, and facility staff.

If clinical evidence justifies that a medication used for control of inappropriate behavior is a contraindication, it must be gradually reduced at least annually in a carefully monitored program conducted in conjunction with the IDT.