

**RIGHTS: Physical Restraint**

**OAR 309-049-0170**

**POLICY:**

It is the policy of this agency to utilize physical restraint (the restriction of the movement of an individual or restricting the movement of a normal function of a portion of the individual's body) only under the following conditions:

- As outlined in an approved Behavior Support Plan (BSP) as part of the individual's Individual Support Plan (ISP) intended to lead to less restrictive means of intervening in and altering the behavior for which the physical restraint is applied
- As an emergency measure but only if absolutely necessary to protect the individual or others from immediate injury
- As a health-related protection prescribed by a physician, but only if absolutely necessary, during the conduct of a specific medical or surgical procedure, or for the individual's protection during the time a medical condition exists.

**PROCEDURE:**

Staff who reasonably anticipate needing to apply physical restraint as part of an individual's ongoing training program shall be trained by the Behavior Specialist/Agency Program Trainer, the Program Representative 1, or other Division approved trainer. Documentation of successful completion of the Oregon Intervention System (OIS), quarterly reviews, and re-certification every two (2) years shall be maintained in the individual's personnel file.

**AS PART OF AN APPROVED PLAN**

When the use of physical restraint has been approved by the ISP Team, it shall be designed to avoid physical injury to the individual and minimize physical and psychological discomfort.

## EMERGENCY PHYSICAL RESTRAINT

- Shall be utilized only if absolutely necessary to protect the individual or others from immediate injury
- Shall be authorized within one (1) hour by the Program Administrator or physician

## AS A HEALTH-RELATED PROTECTION

- Shall be prescribed by the physician
- Shall be utilized only if absolutely necessary
- Ongoing use of splints, helmets, or other health-related devices shall be outlined in the ISP and do not require the completion of an Incident Report

The use of physical restraint shall be documented on an Incident Report (IR) and include:

- The name of the individual to whom the physical restraint was applied
- The date, type, and length of time the physical restraint was applied
- The name of the staff member(s) applying the physical restraint
- A description of the incident
- As an emergency measure or as a health-related protection, the name and position of the person authorizing the physical restraint as well as the date and time the authorization was obtained.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Jon Cooper, Director