

9530.6535 PROTECTIVE PROCEDURES.**Subpart 1. Use of protective procedures.**

A. Protective procedures may be used only in cases where a less restrictive alternative will not protect the client or others from harm and when the client is in imminent danger of causing harm to self or to others. The procedures must end when the client is no longer dangerous.

B. Protective procedures may not be used:

- (1) for disciplinary purposes;
- (2) to enforce program rules;
- (3) for the convenience of staff;
- (4) as a part of any client's health monitoring plan; or
- (5) for any reason except in response to specific current behaviors which threaten the safety of the client or others.

Subp. 2. **Protective procedures plan.** A license holder and applicant must have a written plan that establishes the protective procedures that program staff must follow when a client's behavior threatens the safety of the client or others. The plan must be appropriate to the type of facility and the level of staff training. The protective procedures plan must include:

A. approval signed and dated by the program director and medical director prior to implementation. Any changes to the plan must also be approved, signed, and dated by the program director and the medical director prior to implementation;

B. which protective procedures the license holder will use to prevent clients from harming self or others;

C. the emergency conditions under which the protective procedures are used, if any;

D. the client's health conditions that limit the specific procedures that can be used and alternative means of ensuring safety;

E. emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in the plan;

F. the training staff must have before using any protective procedure;

G. documentation of approved therapeutic holds; and

H. the use of law enforcement personnel.

Subp. 3. **Records.** Each use of a protective procedure must be documented in the client record. The client record must include:

- A. a description of specific client behavior precipitating a decision to use a protective procedure, including date, time, and program staff present;
- B. the specific means used to limit the client's behavior;
- C. the time the protective procedure began, the time the protective measure ended, and the time of each staff observation of the client during the procedure;
- D. the names of the program staff authorizing the use of the protective procedure and the program staff directly involved in the protective procedure and the observation process;
- E. the physician's order authorizing the use of restraints as required by subpart 6;
- F. a brief description of the purpose for using the protective procedure, including less restrictive interventions considered prior to the decision to use the protective procedure and a description of the behavioral results obtained through the use of the procedure;
- G. documentation of reassessment of the client at least every 15 minutes to determine if seclusion, physical hold, or use of restraint equipment can be terminated;
- H. the description of the physical holds or restraint equipment used in escorting a client; and
- I. any injury to the client that occurred during the use of a protective procedure.

Subp. 4. **Standards governing emergency use of seclusion.** Seclusion must be used only when less restrictive measures are ineffective or not feasible. The standards in items A to G must be met when seclusion is used with a client.

- A. Seclusion must be employed solely for the purpose of preventing a client from harming self or others.
- B. Seclusion facilities must be equipped in a manner that prevents clients from self-harm using projections, windows, electrical fixtures, or hard objects, and must allow the client to be readily observed without being interrupted.
- C. Seclusion must be authorized by the program director, a licensed physician, or registered nurse. If one is not present in the facility, one must be contacted and authorization obtained within 30 minutes of initiation of seclusion according to written policies.
- D. Clients must not be placed in seclusion for more than 12 hours at any one time.
- E. Clients in seclusion must be observed every quarter hour for the duration of seclusion and must always be within hearing range of program staff.

F. Program staff must have a process for removing a client to a more restrictive setting in the facility or have other resources available to the facility if seclusion does not sufficiently assure client safety.

G. Seclusion areas may be used for other purposes, such as intensive observation, if the room meets normal standards of care for the purpose and if the room is not locked.

Subp. 5. **Physical holds or restraint equipment.** Physical holds or restraint equipment may only be used in cases where seclusion will not assure the client's safety and must meet the requirements in items A to C.

A. The following requirements apply to the use of physical holds or restraint equipment:

(1) a physical hold cannot be used to control a client's behavior for more than 30 minutes before obtaining authorization;

(2) the client's health concerns will be considered in deciding whether to use physical holds or restraint equipment and which holds or equipment are appropriate for the client;

(3) the use of physical holds or restraint equipment must be authorized by the program director, licensed physician, or a registered nurse;

(4) only approved holds may be utilized; and

(5) the use of restraint equipment must not exceed four hours.

B. Restraint equipment must be designed, used, and maintained to ensure client protection from self-harm with minimal discomfort.

C. A client in restraint equipment must be checked for circulatory difficulties every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to allow change of position unless loosening the restraints would be dangerous to the client or others. If the restraint equipment is not loosened every hour, the client's behavior that prevented loosening the restraints must be documented in the client's file.

Subp. 6. [Repealed, 32 SR 2268]

Subp. 7. [Repealed, 32 SR 2268]

Subp. 8. **Use of law enforcement.**

A. Law enforcement shall only be called for a violation of the law by a client.

B. If a law enforcement agent uses any force or protective procedure which is not specified in the protective procedures plan for use by trained staff members the client must be discharged, according to part 9530.6525, subpart 4.

Subp. 9. **Administrative review.** The license holder must keep a record of all protective procedures used and conduct a quarterly administrative review of the use of protective procedures. The record of the administrative review of the use of protective procedures must state whether:

- A. the required documentation was recorded for each use of a protective procedure;
- B. the protective procedure was used according to the protective procedures plan;
- C. the staff who implemented the protective procedure were properly trained;
- D. any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of protective procedures;
- E. any injuries resulting from the use of protective procedures;
- F. actions needed to correct deficiencies in the program's implementation of protective procedures;
- G. an assessment of opportunities missed to avoid the use of protective procedures; and
- H. proposed actions to be taken to minimize the use of protective procedures.

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 254A.03; 254B.03; 254B.04*

History: *29 SR 129; 32 SR 2268*

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