

CRITICAL INCIDENTS: RESTRAINT EXEMPTION FRAMEWORK

This document outlines for Community Living British Columbia (CLBC) staff and service providers the specific conditions under which exemptions from the *Critical Incidents Policy* requirement to report use of restraints are allowed.

This framework allows exemptions only when sufficient safeguards are in place to ensure that people's rights are protected and that restraints are used only for the intended purpose, reducing the volume of critical incident reports that are required. It provides details on:

- Requirements for a restraint to be considered for exemption
- Applying to CLBC for exemption
- CLBC's approval process
- The review/reporting requirements and process for exemptions that have been approved under the framework

The *Critical Incidents – Restraint Exemption Framework* should be reviewed together with:

- the *Critical Incidents Policy*,
- the *Critical Incidents: Service Provider Requirements Guide* **or** the *Critical Incidents Procedures and Practice Guide for CLBC Staff*,
- the *Behaviour Support and Safety Planning Policy*, and
- *Behaviour Support and Safety Planning: A Guide for Service Providers*.

EXEMPTION FRAMEWORK

CLBC's *Critical Incidents Policy* requires service providers to submit a critical incident report for restricted practices including use of restraints as defined in the *Appendix: Critical Incident Types*. Use of restraints must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

CLBC approves exemptions from this reporting requirement for use of a restraint **only** when the process outlined in this framework is followed. Service providers continue to follow the reporting requirements outlined in the *Critical Incidents Policy* until the formal request for exemption process is completed and the exemption is approved.

Only those restraints that have been approved under the exemption framework are subject to the exemption. Use of all other restraints, included in the Safety Plan must be reported as a critical incident as per the current *Critical Incidents Policy*.

Exemption from reporting use of restraints as a critical incident can be requested **only** under the conditions outlined below.

Requirements for a Restraint to be Considered for Exemption

Category 1: High episodic use of the restraints associated with escalation cycle

When the use of restraints is a planned response to de-escalate unsafe situations and reduce risk of harm. **All conditions listed below must be met** in order to request an exemption under this category:

Required Condition	Yes/No
The critical and unsafe behaviour is of such intensity, frequency or duration that the physical safety of the individual, or others is likely to be placed in serious jeopardy.	
The use of restraints occurs frequently, i.e. 6 or more times during the week.	
The use of the restraints does not cause harm to the individual or others around him/her. Consideration and mitigation of any impact to others around the individual has been demonstrated.	
There is an authorized Safety Plan in place that meets the requirements outlined in the <i>Behaviour Support and Safety Planning Policy</i> and <i>Behaviour Support and Safety Planning: A Guide for Service Providers</i> . This includes but is not limited to: <ul style="list-style-type: none"> - A description of the specific restraint approved for use - Rationale for and scope of the use of the restraint (when, where, by whom) - A plan to reduce, minimize, eliminate the use of the restraint - A description of the methods to gather and report data internally that includes information on the frequency, duration, intensity and antecedents/consequences - An accompanying Behaviour Support Plan. 	
Appropriate data is collected by the service provider on frequency duration and intensity of the use of restraint (internal incident recording/data tracking) in compliance with the <i>Critical Incidents Policy</i> .	

Examples:

- Use of temporary containment
- Use of half door to limit access
- 2-person restraint

Category 2: Frequent use of restraints irrespective of the escalation cycle

When the use of restraints is used frequently to ensure the safety of the individual and is in place irrespective of their escalation cycle. **All conditions listed below must be met** in order to request an exemption under this category:

Required Condition	Yes/No
The critical and unsafe behaviour is of such intensity, frequency or duration that the physical safety of the individual, or others is likely to be placed in serious jeopardy.	
The use of restraints occurs frequently, i.e. 6 or more times during the week.	
The use of the restraints does not cause harm to the individual or others around him/her. Consideration and mitigation of any impact to others around the individual has been demonstrated.	
There is an authorized Safety Plan in place that meets the requirements outlined in the <i>Behaviour Support and Safety Planning Policy</i> and <i>Behaviour Support and Safety Planning: A Guide for Service Providers</i> . This includes but is not limited to: <ul style="list-style-type: none"> - A description of the specific restraint approved for use - Rationale for and scope of the use of the restraint (when, where, by whom) - Minimum training requirements of staff who can utilize the restraint - A plan to reduce, minimize, eliminate the use of the restraint - A description of the methods of gathering and reporting data internally that includes information on the frequency, duration, intensity and antecedents/consequences - An accompanying Behaviour Support Plan. 	
If the restraint is required for behavioural and medical purposes, there is a health care plan or a prescription from a health care professional that supports the need for the restraint.	
The plan includes steps to reduce, minimize or eliminate the use of the restraint when it is not associated with a medical diagnosis and to the extent possible when the restraint is associated with a medical diagnosis (the pace may vary significantly for each case based on individual profile and history of the behaviour).	
Appropriate data is collected by the service provider on frequency duration and intensity of the use of restraint (internal incident recording/data tracking) in compliance with the <i>Critical Incidents Policy</i> .	

Examples of use of restraints for **non-medical** (i.e. behavioural) reasons:

- Daily use of safety vest, buckle boss in vehicles
- The use of door/half-door to limit access to the kitchen 3-4 times a day when staff are unable to supervise an individual who engages in food seeking behaviours and presents with choking hazards, eats uncooked items when unsupervised or has poor toilet hygiene.
- Use of transfer belt for outings to redirect an individual who tends to bolt.

Examples of use of restraints for medical **and** behavioural use:

- Locked fridge or pantry (Prader Willi, PICA, choking hazard, diabetes)
- Restricted water access due to polydipsia (turning off the water)
- Transfer belt (for drop seizures and for uneasy gait, risk of falling as a result of walking away from support staff)

Restraints Used for Medical Purposes Only

The *Critical Incidents: Restraint Exemption Framework* **does not apply to restraints used for medical purposes only**. Restraints that are required for **medical purposes only** as prescribed by a health care professional (i.e. not required for behavioural purposes) are not considered restricted practices as defined in the *Behaviour Support and Safety Planning Policy* and do not need to be reported as critical incidents.

Examples:

- Use of bedrails for an individual who is at risk of falling
- Use of wheel chair when in the community for an individual who has difficulty with mobility.
- Use of safety vest in vehicles for an individual who has seizures

NOTE: Use of medically required restraints must be used only as prescribed in a health care plan/or by a medical professional. If applied beyond their prescribed medical purpose, use of these restraints becomes prohibited practice as defined in the Critical Incidents Policy. For example, leaving a person in a wheel chair or in bed with bedrails for extended periods of time beyond what was intended in the health care plan.

Exemption Process

Service providers work with Behavioural Consultants to apply for an exemption by submitting a request for exemption to CLBC as part of the safety planning process outlined in the *Behaviour Support and Safety Planning Policy* and *Guide*. The request must be accompanied by a Safety Plan and other supporting documentation as described below and submitted to CLBC for review and final authorization by the Integrated Services Manager (ISM).

Requests for Exemption – Documentation

There are two types of request for exemption:

- Initial request for exemption, and
- Request for renewal of exemption.

Both types of requests can be submitted using either the *Critical Incidents: Request for Exemption Form* or another format containing the following:

- Brief description of the specific restraint for which the exemption is being requested
- Category of the exemption request (category 1 or category 2)
- Type of request (initial or renewal)
- Anticipated frequency and/or duration of use of each restraint for which an exemption is being requested
- Confirmation that an in-house data tracking system is in place
- Confirmation that each one of the required conditions listed above under the appropriate category have been met for each exemption included in the request
- Option for either Behaviour Consultant or CLBC to request additional review/reporting
- Signature of the Behavioural Consultant and the Service Provider Agency completing the request
- A space for CLBC ISM to
 - approve or deny each exemption included in the request form
 - Confirm the reporting expectation

A request for exemption must be accompanied by either:

- A Safety Plan being submitted for CLBC's authorization, **or**
- A report on the 6-Month review of an existing Safety Plan **and** a copy of the authorized Safety Plan.

If the exemption is under category 2 and is needed for medical and behavioural purposes, a health care plan or a prescription from a health care professional that supports the need for the restraint must also be submitted along with the request for exemption.

NOTE: When the request for exemption pertains to more than one restraint, only one request needs to be completed. The request must include required information for each of the restraints.

Review of Exemptions

Exemptions are valid only for the period identified in the approved exemption request. At the end of the approved review/reporting period service providers and Behavioural Consultants review exemptions as part of the Safety Plan review process (as required in the *Behaviour Support and Safety Planning Policy and Guide*) to determine if:

- renewal requests are needed for any exemptions,
- any exemptions are no longer required, **or**
- any new requests for exemption are needed.

Review of exemptions should include consideration of the following:

- The frequency and/or duration of use during the period

- Progress on the Behaviour Support Plan goals that will eventually help reduce, minimize or eliminate the use of the restraints that are not associated with a medical diagnosis.
- Rationale for requesting to continue or discontinue the exemption status, e.g.:
 - Behaviour Support Plan is working and there is decreased need to use to the restraint
 - The current restraint is not effective in ensuring safety
 - Use of the restraint has increased so the approach needs to be altered

The purpose of Safety Plan reviews is to evaluate the effectiveness of the overall plan (including any exempt restraints) and its implementation, and to allow for adjustments as required. Once a review of the exemptions and Safety Plan has been completed the service provider must submit documentation of this review to CLBC including requests for renewal of any exemptions that need to be continued. The information in this report will inform CLBC's decision about approval or renewal of exemption requests.

*Note: If a request for initial or renewal of exemption is **not** received and/or approved by CLBC within the specified timeframe, the exemption is no longer valid and the service provider must report use of the restraint as per the Critical Incidents Policy.*

Additional Reporting

The standard reviewing/reporting timeframe for exemptions is 6 months (to align with the 6-month Safety Plan reviews), unless more frequent review/reporting is recommended by the Behavioural Consultant or requested by CLBC.

Additional Reporting may be requested by CLBC or recommended by the Behavioural Consultant at any time. This may require reporting on reviews with increased frequency, or it may involve providing additional information on the use of exempted restraints as the situation dictates. Additional reporting on the exemptions and other restraints included in the safety plan can be completed using the same format as the 6-month Safety Plan review document. The intention of additional reporting is to ensure CLBC has sufficient information to facilitate timely support and follow-up to ensure quality care for the individual (e.g. making a referral to PAC, CAYA, or the Mental Health team or considering alternative service options, additional medical assessment etc.).

Tracking Restraints Approved for Exemption Under the *Critical Incidents: Restraint Exemption Framework*

Service providers are required to track, review and analyze the use of all restraints (excluding those required for medical purposes only as defined above) with guidance from a Behavioural Consultant. This requirement ensures these practices are being monitored closely and are being used only for the intended purpose which is to protect the individual and others around from harm in situations involving critical or unsafe behaviour as defined in *Behaviour Support and Safety Planning: A Guide for Service Providers*.