



DDSN Executive Memo

**TO: Executive Directors of DSN Boards
CEOs of Contracted Service Providers
Residential Directors
Day Program Directors**

**FROM: Kyla Schultz
Risk Management and Compliance Manager**

DATE: June 25, 2020

RE: Restraint Reminders

Purpose

The purpose of this communication is to reiterate and clarify information in directive 600-05-DD (*Behavior Support, Psychotropic Medications, and Prohibited Practices*) issued by the South Carolina Department of Disabilities and Special Needs (DDSN).

Background

DDSN is continuously reviewing directives and standards of practice in order to meet our Vision to provide the very best services to assist all persons with disabilities and their families in South Carolina. To that end, DDSN would like to remind service providers of prohibited practices related to interventions for concerning or problem behaviors. In addition to a general reminder about prohibited practices, DDSN wishes to clarify the use of prone restraints.

Discussion

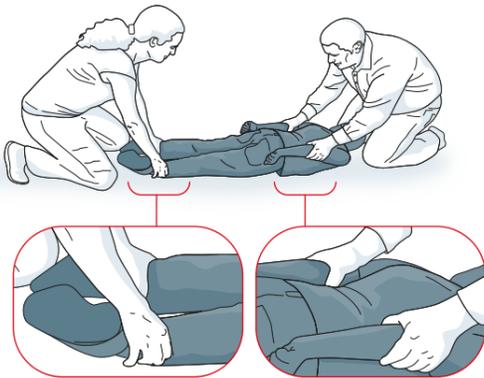
DDSN encourages all providers to review the entire content of directive 600-05-DD (*Behavior Support, Psychotropic Medications, and Prohibited Practices*) in order to fully understand DDSN's philosophy related to interventions used to address concerning or problem behaviors.

The current language in 600-05-DD indicates the following type of prone restraint prohibits "prone basket-hold restraint (i.e. person held face down with arms folded under the chest)". DDSN has recognized the limitation of this language in supporting the health and safety of people receiving services. Current best-practices and research indicates that ALL prone position restraints are considered dangerous and should not be implemented.

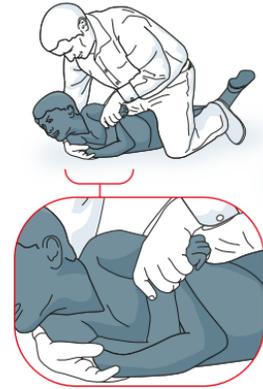
If a prone restraint is part of a behavior support plan or taught as an acceptable emergency management technique, providers must immediately explore alternative options to support the person during a crisis. In addition, if a prone restraint (of any type) is used DDSN will ensure the restraint is reported as abuse and investigated as appropriate.

Below are two examples of the most common types of prone restraints. However, any technique that requires a person to be face down to the floor would be considered prone and therefore too dangerous to be implemented.

Two Man Face-Down Prone Restraint



Basket Hold Prone Restraint



DDSN will officially revise 600-05-DD to include updated information about prone restraints in the upcoming months. Until this occurs, providers are to follow the directive and use this communication for guidance related to prone restraints.

As a reminder, DDSN prohibits the following practices (As outlined in 600-05-DD):

- Procedures or devices used for disciplinary purposes, for the convenience of staff, or as a substitute for needed supports;
- The use of medication for disciplinary purposes, for the convenience of staff, as a substitute for training or engagement, or in quantities that interfere with someone's quality of life;
- Seclusion which is defined as placing someone alone in a locked room;
- Enclosed cribs;
- Interventions that result in a nutritionally inadequate diet or the denial of a regularly scheduled meal;
- Encouraging/using someone supported to discipline a peer;
- Prone basket-hold restraint (i.e., person held face down with arms folded under the chest);
- Time out rooms;
- Aversive consequences which are defined as the use or threatening the use of startling, unpleasant or painful consequences;
- As needed (PRN) orders for psychotropic medications or mechanical restraint except when prescribed by a physician while treating the person in a hospital setting or prescribed as part of the palliative care provided by Hospice;
- Use of psychotropic medications in the absence of a Behavior Support Plan for problem behavior and/or psychiatric symptoms that pose a risk to the person, peers, or the environment and interfere with the person's daily functioning;

- The planned use of restrictive procedures and/or restraint (manual or mechanical) prior to the exhaustion of less intrusive measures;
- The use of restraint (manual or mechanical) for more than one (1) continuous hour (60 continuous minutes);
- The use of restraint (manual or mechanical) when not necessary to protect the person or others from harm;
- Coercion/use of intimidation or use of force to gain compliance.

Questions- Please email: [_qualitymanagement@ddsn.sc.gov](mailto:qualitymanagement@ddsn.sc.gov)