Policy Title: BEHAVIORAL INTERVENTION & EMERGENCY USE OF MANUAL RESTRAINT	Effective Date	1-1-14
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I. Purpose

A. It is the policy of PAI to promote the rights of persons served by this program and to protect their health and safety during manifestations of challenging behavior or in the event that the emergency use of manual restraints should become necessary. To develop and implement positive support strategies in compliance with the requirements as set forth in Licensing Statutes 245D, 245A, Rule 9544 and the Vulnerable Adults Act.

II. Revision History

Date	Rev. No.	Change	Reference Section(s)
12-17-15	1	Per revisions to Statute 245D and implementation of Rule 9544	III., 1,2 VI. A.,1, d & e 2, 1, i B. 2, a-m C. D. 2 E. 2, a-y F., 2, xi, C VI. F, 7, b 8 9, a, i, ii b. i

III. Persons Affected

All Persons receiving services at PAI

1. A review of the parameters of PAI's policy, service rights under Rule 9544 and Minnesota Statutes, section 245D.04 will be provided for the person at the time of service initiation.
2. Persons receiving services and/or their legal representative will be notified in writing of changes in this policy and their service rights in accordance with MN Rule 9544 and MN statutes 245D.04. Written acknowledgement of receipt of the information will be requested.

IV. Persons Responsible

All Direct Support Staff at PAI.

V. Definitions

"Expanded Support Team" – The service planning team, i.e., the person, the person's legal representative, their case manager, and a licensed health or mental health professional or other licensed certified, or qualified professionals or consultants working with the person and included in the team at the request of the person or the person's legal representative.

"Aversive procedure" - The application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.

"Aversive stimulus"- An object, event, or situation that is presented immediately following a behavior in an attempt to suppress the behavior. Typically, an aversive stimulus is unpleasant and penalizes or confines.

"Chemical restraint" - The administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.

"Coordinated service and support plan addendum" – The documentation that Statute 245D requires of the license holder for each person receiving services.

"Deprivation procedure" - The removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

"Emergency use of manual restraint" – The use of a manual restraint when a person poses an imminent risk of physical harm to self or others and is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

Single Incident of "Emergency use of manual restraint" -

1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
3. Staff must immediately re-implement the restraint in order to maintain safety.
   Note: Each single incident of emergency use of manual restraint must be reported separately

"Manual restraint" - Physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.

"Mechanical restraint" - The use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury. Mechanical restraint does not include the following:

1. devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement; or
2. the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.

"**Seclusion"** - (1) Removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or (2) Otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.

"Time out" - The involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. For the purpose of this policy, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior; nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.

VI. Policy

A. Permitted Actions and procedures

1. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used:
   a. to calm or comfort a person by holding that person with no resistance from that person;
   b. to protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
   c. to facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
   d. to block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff; or
   e. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
2. Restraint
   a. Restraint may be used as an intervention procedure to:
      i. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional;
      ii. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
      iii. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

   Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in subdivision 6, paragraph (b).
3. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

B. Positive Support Strategies and Techniques Required

1. The following positive support strategies must be utilized to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:
   a. The least restrictive alternative possible to meet the needs of the person must be used.
   b. The following are acceptable physical contact or instructional techniques:
      i. to calm or comfort a person by holding that person with no resistance from that person;
      ii. to protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
      iii. to facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration;
      iv. to block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff; or
      v. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
2. The following techniques are intended to reduce the need to implement an emergency use of a manual restraint should a challenging behavior that is potentially dangerous to

self, others, or may lead to significant property destruction occur. These guidelines are less intrusive and restrictive than the ones required for an emergency use of a controlled procedure and must be attempted when possible:

a. Shift the focus by verbally redirecting the person to a desired alternative activity;
b. Model desired behavior;
c. Reinforce appropriate behavior
d. Offer choices, including activities that are relaxing and enjoyable to the person;
e. Use positive verbal guidance and feedback;
f. Whenever possible, ask the person to communicate what is wrong and actively listen to the person.
g. Acknowledge that you recognize they are upset, and be empathetic to their situation.
h. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
    i. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication.
    ii. Continue to attempt to redirect and calm the agitated person. Give them space and time to process your requests and to relax.
    iii. Ask a neutral or preferred staff to attempt redirection if the individual is resistive to your requests.
i. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
j. Respect the person's need for physical space and/or privacy.
    i. Encourage them to move away from close proximity to others; or
    ii. Move others in the proximity to another area.
k. Do not discuss the challenging behaviors in front of the person with others.
l. Take responsibility for becoming familiar with antecedent behaviors that could indicate stress and follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum.
m. If these techniques are not successful in de-escalating the person's challenging behavior and you need to intervene immediately to prevent injury to the person or others, then an Emergency Use of Manual Restraint is indicated.

C. Determination of Support Strategies

PAI will work with the person's support team to determine strategies within the required timelines using the required forms in order to:

1. assess if the supports that fall within the scope of PAI's services are adequate to ensure the individual's safety and the safety of others;
2. eliminate the potential for an unauthorized use of prohibited procedures as identified in 245D.06 and this policy;
3. avoid the emergency use of manual restraint as identified in this policy;
4. prevent the person from physically harming self or others; or
5. phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures in accordance with the time lines stipulated in MN Statutes Chapter 245D and MN Administrative Rules Chapter 9544.

D. Restricted Procedures

1. The use of instructional techniques and intervention procedures identified as permitted, i.e., involving any use of physical contact, when used on a continuous basis, must be:
    a. Identified in a person's positive support transition plan and addressed in their coordinated service and support plan addendum.
    b. Implemented in compliance with all of the standards governing their use.
    c. Emergency use of manual restraint subject to the requirements in VI, F of this document.

2. Reporting Use of Restrictive Interventions and Incidents
    a. PAI is required to use the behavior intervention report form mandated by the commissioner to report the following to the commissioner:
        i. an emergency use of manual restraint;
        ii. a medical emergency occurring as a result of the use of a restrictive intervention with a person that leads to a call to 911 or seeking physician treatment or hospitalization for a person;
        iii. a behavioral incident that results in a call to 911;
        iv. a mental health crisis occurring as a result of the use of a restrictive intervention that leads to a call to 911 or a provider of mental health crisis services as defined in Minnesota Statutes, section 245.462, subdivision 14c;
        v. an incident that requires a call to mental health mobile crisis intervention services;
        vi. a person's use of crisis respite services due to use of a restrictive intervention;
        vii. use of pro re nata (PRN) medication to intervene in a behavioral situation.
            a. This does not include the use of a psychotropic medication prescribed to treat a medical symptom or a symptom of a mental illness.
        viii. an incident that the person's positive support transition plan requires the program to report; or
        ix. use of a restrictive intervention as part of a positive support transition plan as required in the plan.

E. Prohibited Procedures Governed by Statute 245D.06, Subdivision 5 and Identified Under Minnesota Administrative Rules 9544.0060
    1. Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by PAI:
        a. chemical restraint;
        b. mechanical restraint;
        c. manual restraint;
        d. time out; or
        e. seclusion;
    2. Additionally, PAI prohibits the following prohibitions as identified in Minnesota Administrative Rules 9544.0060:
        a. using prone restraint, metal handcuffs, or leg hobbles;
        b. using faradic shock;
        c. speaking to a person in a manner that ridicules, demeans, threatens, or is abusive;
        d. using physical intimidation or a show of force;
        e. containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person;
        f. denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning.
            i. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed;
        g. using painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation;
        h. hyperextending or twisting a person's body parts;
        i. tripping or pushing a person;
        j. using punishment of any kind;

k. requiring a person to assume and maintain a specified physical position or posture;
l. using forced exercise;
m. totally or partially restricting a person's senses;
n. presenting intense sounds, lights, or other sensory stimuli;
o. using a noxious smell, taste, substance, or spray, including water mist;
p. depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services
q. using token reinforcement programs or level programs that include a response cost or negative punishment component;
r. using a person receiving services to discipline another person receiving services;
s. using an action or procedure which is medically or psychologically contraindicated;
t. using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints;
u. interfering with a person's legal rights, except as allowed by Minnesota Statutes, section 245D.04, subdivision 3, paragraph (c).
    i. For purposes of this item, "legal rights" means rights afforded in federal regulation or state licensing standards governing the program;
v. mechanical restraint, in accordance with Minnesota Statutes, section 245D.06, subdivision 5;
w. chemical restraint, in accordance with Minnesota Statutes, section 245D.06, subdivision 5;
x. manual restraint, except in an emergency in accordance with Minnesota Statutes, section 245D.061; and
y. using any other interventions or procedures that may constitute an aversive or deprivation procedure.

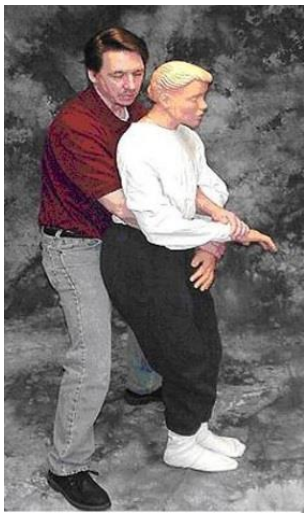
3. Staff having knowledge that a prohibited or restricted procedure has been used at PAI must report the occurrence verbally to their PAI program director as soon as possible but no later than the close of the program day.
    a. The reporter will submit a PAI Incident Report detailing the circumstances of the use.
    b. The program director must notify a PAI vice president upon receiving notification of the incident.
        i. Ensure all applicable reports will be made to persons and agencies per licensing requirements and
        ii. Complete an internal review detailing recommendations for any disciplinary or training follow-up as warranted.

F. Emergency Use Of Manual Restraint Requirements
1. Manual Restraints Allowed in Emergencies
    a. Conditions for Emergency Use of Manual Restraint
        i. Emergency use of manual restraint must meet the following conditions:
            A.) Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.
            B.) The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety.
            C.) The manual restraint must end when the threat of harm ends.
        ii. The following conditions, on their own, are <u>not</u> conditions for emergency use of manual restraint:
            A.) A person is engaging in property destruction that does not cause imminent risk of physical harm.
            B.) A person is engaging in verbal aggression with staff or others.
            C.) A person’s refusal to receive or participate in treatment or programming.

2. Restrictions When Implementing Emergency Use of Manual Restraint
    a. Emergency use of manual restraint must not:
        i. be implemented with an adult in a manner that constitutes abuse or neglect;
        ii. be implemented in a manner that violates a person's rights and protection;
        iii. be implemented in a manner that is medically or psychologically contraindicated for a person;
        iv. restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
        v. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing PAI;
        vi. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
        vii. be used for the convenience of staff, as punishment, as a substitute for adequate staffing, or as a consequence if the person refuses to participate in the treatment or services provided by PAI;
        viii. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, if the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
        ix. apply back or chest pressure while a person is in a prone or supine meaning a face-up, or side-lying position; or
        x. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

xi. The following interventions are allowed on an emergency basis

A.) Standing cross arm hold.



1) When standing make sure your feet are positioned using a staggered stance, having one foot in front of the other. This offers a better position of power. This position affords you more stable footing and better balance which helps decrease the chance of back strain should the person's position change unexpectedly.

2) When using this intervention staff should insert their arms under the individual's arms and grasp their forearms with their hands as shown. Staff should make sure their hands are placed above the person's wrist joint and that only enough pressure is applied to secure the person's arms. The staff should keep the individual close and make sure their face and head are to the side of the person's head to avoid injury from head tossing.

B.) Seated cross arm hold

1) This intervention typically occurs when an individual drops to the floor during a standing cross arm hold. Staff should be aware that the individual in a standing hold could drop to the floor at any time. It is important to remain alert and be ready to lower the person at any point during the intervention. Using the above power position and arm hold positioning will decrease the potential for injury to both the staff and the person being held.

C.) Call 911 for law enforcement assistance if the allowed manual intervention cannot be safely implemented as required above or proves to be ineffective in achieving safety for the person and/or others.

3. Monitoring Emergency Use of Manual Restraint
   a. Staff will monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
      i. only manual restraints allowed in this policy are implemented;
      ii. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
      iii. allowed manual restraints are implemented only by staff trained in their use;
      iv. the restraint is being implemented properly as required; and
      v. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.
   b. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
   c. A monitoring form, as approved by the Department of Human Services Commissioner, must be completed for each incident involving the emergency use of a manual restraint.
4. Reporting Emergency Use of Manual Restraint
   a. Notify the vice president as soon as possible after an emergency use of manual restraint.
   b. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence.
      i. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless PAI has the consent of the person.

b. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to their designated coordinator the following information about the emergency use:
    i. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
    ii. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
    iii. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
    iv. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
    v. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
    vi. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
    vii. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
    viii. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident.
        A.) Include the outcome of the debriefing or
        B.) If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
c. A copy of this report must be maintained in the person's record.
d. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
    i. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
    ii. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
    iii. staff must immediately re-implement the manual restraint in order to maintain safety.

5. Internal Review of Emergency Use of Manual Restraint
    a. Within 5 business days after the date of the emergency use of a manual restraint, PAI's vice president and the site's program director will complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
    b. The internal review must include an evaluation of whether:
        i. the person's service and support strategies need to be revised;
        ii. related policies and procedures were followed;
        iii. the policies and procedures were adequate;
        iv. there is need for additional staff training;
        v. the reported event is similar to past events with the persons, staff, or the services involved; and

vi. there is a need for corrective action to be taken by PAI to protect the health and safety of persons.

c. Based on the results of the internal review, PAI will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

d. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

e. Under the direction of the vice president, the program director is responsible for conducting an internal review and for ensuring that corrective action is taken when determined necessary.

6. Expanded Support Team Review of Emergency Use of Manual Restraint
   a. Within 5 working days after the completion of the internal review, the program director must consult with the expanded support team to discuss the incident to:
      i. define the antecedent or event that gave rise to the behavior resulting in the manual restraint;
      ii. identify the perceived function the behavior served; and
      iii. determine whether the person's coordinated service and support plan addendum needs to be revised to:
         A.) positively and effectively help the person maintain stability, and
         B.) reduce or eliminate future occurrences of manual restraint.
   b. PAI will maintain a written summary of the expanded support team's discussion and decisions.
      i. The site program director under the direction of the vice president is responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.
7. External Review and Reporting of Emergency Use of Manual Restraint
   a. Within 5 working days after the completion of the expanded support team review, The site program director under the direction of the vice president will finalize and submit the following report information to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities the online behavior intervention reporting form at: https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-5148-ENG
   b. All documentation of emergency use of manual restraint as well as all other related required positive support strategy documents will be retained in the person's permanent record for at least five years from the date they were created or collected including:
      i. the report of the emergency use of a manual restraint;
      ii. the internal review and corrective action plan; and
      iii. the expanded support team review written summary.
8. Positive support transition plan requirement
   a. Any person who has had three incidents of emergency use of manual restraint within 90 days or four incidents of emergency use of manual restraint within 180 days is required to have a positive support transition plan.
      b. PAI in consultation with the individual's support team will determine how to pursue the development of positive support transition plan that is in accordance with Minnesota Statutes, 245D.06, subdivision 8.
9. Staff Training
   a. Before staff may have unsupervised direct contact with persons served by PAI or implement manual restraint on an emergency basis, PAI will provide orientation and annual training as required in Rule 9544.0090 and Minnesota Statutes, section 245D.09.

i. Instruction will be provided on positive practices and prohibited procedures that address the following:
   A.) de-escalation techniques and their value;
   B.) principles of person-centered service planning and delivery as identified in Minnesota Statutes, section 245D.07, subdivision 1a, and how they apply to direct support services provided by staff;
   C.) principles of positive support strategies such as positive behavior supports, the relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the person's behavior;
   D.) what constitutes the use of restraint, including chemical restraint, time out, and seclusion;
   E.) the safe and correct use of manual restraint on an emergency basis according to Minnesota Statutes, section 245D.061;
   F.) staff responsibilities related to prohibited procedures under Minnesota Statutes, section 245D.06, subdivision 5; why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe;
   G.) staff responsibilities related to restricted and permitted actions and procedures under Minnesota Statutes, section 245D.06, subdivisions 6 and 7;
   H.) the situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others;
   I.) the procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan;
   J.) the procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person;
   K.) understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the license holder;
   L.) cultural competence; and
   M.) personal staff accountability and staff self-care after emergencies.

ii. Additional function specific training will be provided based on the staff's level of responsibility as detailed in their job description.

b. PAI will provide additional instruction on the following topics per Minnesota Statute 245D.061:
   i. alternative positive support strategies to avoid the use of manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
   ii. de-escalation methods, positive support strategies, and how to avoid power struggles;
   iii. simulated experiences of administering and receiving manual restraint procedures allowed by PAI on an emergency basis;
   iv. how to properly identify thresholds for implementing and ceasing restrictive procedures;
   v. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
   vi. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
   vii. the communicative intent of behaviors; and
   viii. relationship building.

c. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
d. PAI maintains documentation of the training received and of each staff person's competency in each staff person's PAI personnel record.

XIII. Forms

Report of Emergency Use of Manual Restraints/Monitoring Report
Internal Review of Emergency Use of Manual Restraint