2015 ICF/IID Surveyor Guidance – Elements related to Behavior Support

(b) Standard: Management of inappropriate client behavior
§483.450(b)(1) The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior
Guidance §483.450(b)(1)
At a minimum, the facility must have written policies and procedures regarding the management of maladaptive behaviors addressing the following:
483.450(b)(1) (W 275 – W284).
- *the use of a functional behavior assessment in the development of behavior management programs;*
- *a hierarchy of least to most intrusive measures; and*
- *incorporation of behavior management programs into the IPP.*

§483.450(b)(1) These policies and procedures must be
§483.450(b)(1) consistent with the provisions of paragraph (a) of this section.
§483.450(b)(1) These procedures must
§483.450(b)(1)(i) Specify all facility approved interventions to manage inappropriate client behavior;
All interventions for the management of inappropriate client behaviors which are approved for use in the facility are clearly stated and described in its policy. Examples of positive interventions include, but are not limited to, verbal praise reward systems, and prompting. Examples of negative interventions include, but are not limited to, removal of a privilege, implementation of restraint, and/or the use of exclusionary time out.

§483.450(b)(1)(ii) Designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive;
Policies and procedures must include a clear progression as to how staff implement interventions to manage inappropriate client behavior.
Facility policy and procedures must define the entire hierarchy of possible interventions from the most positive, functionally appropriate approaches to most intrusive approaches authorized. The facility determines at what level in the hierarchy the IPP will begin for each client based on their individual assessment. The plan must still begin at the least intrusive technique shown effective for that client. Individual plans should specify the specific techniques that have been determined through assessment to be least restrictive for each client.
The facility policy for unexpected behavioral incidents must provide direction for the staff in the utilization of the hierarchy. For clients not on a behavior plan, staff must apply the appropriate level of intervention per the established hierarchy, including emergency measures to prevent harm to self or others.

§483.450(b)(1)(iii) Insure prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective; and
Policies must be implemented to ensure that all restrictive procedures begin at the lowest level of the hierarchy unless there is documented evidence that less intrusive interventions have been tried and have been found to be ineffective.

The facility is not required to justify discontinuing the use of a more restrictive technique before initiating a less restrictive technique, since the intent of the regulation is to use the most positive, least intrusive technique possible.
In emergency situations where an unanticipated behavior requires immediate protection of the client or others, the technique chosen is the least restrictive appropriate technique possible.
§483.450(b)(1)(iv) Address the following:
§483.450(b)(1)(iv)(B) The use of physical restraints;
"Physical restraint" is defined as any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of, normal functioning of, or normal access to a portion or portions of a client's body. Examples of mechanical devices may include arm splints and mittens.
Policies and Procedures must address:
- *the types of physical restraint that are allowed in the facility;*
- *the persons who apply such restraints;*
- *the parameters for duration of application;*
- *the methods that assure the health and safety of clients while in restraints; and*
- *the specific training required for staff allowed to apply such restraints.*

§483.450(b)(1)(iv)(C) The use of drugs to manage inappropriate behavior;
Guidance §483.450(b)(1)(iv)(C)
Applicable policies may include a discussion of:
- *When a drug can be used to manage inappropriate behavior;*
- *Consistency with diagnosis;*
- *Alternatives tried before a drug is used;*
- *Precautions that must be followed prior to and during the use (lab values, monitoring of side effects);*
- *Implementation of a plan to address the behaviors for which the drug was prescribed; and*
- *Plan to reduce the medication as appropriate.*

Drugs to manage inappropriate behavior are defined as any medication prescribed and administered for purposes of modifying the maladaptive behavior of a client.

§483.450(b)(2) Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected.
§483.450(b)(3) Techniques to manage inappropriate client behavior must never be used §483.450(b)(3) for disciplinary purposes,
No intervention, whether as a part of a formal program or in emergency situations (see W289) may be used as punishment, retaliation or retribution. A staff member cannot employ a behavior management technique simply because a client refuses to follow a staff request.
The implementation of all interventions, except in emergency situations, must be administered consistent with the IPP and the specific behaviors identified in the IPP requiring the intervention.
Instances where an intervention is done as a punishment because the client did not comply with staff instructions and not associated with the IPP include:
- *Personal property confiscated for behavior at staff discretion;*
- *Rights restricted without approved plans; and*
- *Punitive house rules, such as prohibiting reentry into the kitchen for snacks if a meal is not eaten completely.*

W287

(Rev.)
§483.450(b)(3) for the convenience of staff
Guidance §483.450(b)(3)
Inadequate numbers of staff, inefficient deployment of staff, and insufficient training of staff can lead to restrictive practices used for staff convenience.
Examples of techniques used to manage client behavior for staff convenience including, but are not limited to:
- *Clients allowed to discipline other clients;*
- *Clients restricted to one area of the home; and*
- *Unauthorized use of restraints (e.g., lap trays, bean bags, gait belt, and merry walkers for the purpose of restricting movement)*

W288
***(Rev.)*§483.450(b)(3) or as a substitute for an active treatment program.**
Substitutions for active treatment programming occur when the staff utilizes interventions and restrictive techniques on their own, either because there is not a formal behavioral program to address the client's behaviors or because the staff do not follow the plan as written.
§483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.
The use of behavior interventions are expected to be incorporated into the IPP and be based upon the results of the functional behavioral assessment.
However, there may be isolated and rare instances when a client exhibits unexpected behavior that requires immediate intervention on the part of the staff. In these instances, the least restrictive intervention must be employed and removed as soon as the client is no longer an immediate threat to self or others. The IPP team must then discuss the need for adding a behavioral plan into the clients program.
§483.450(b)(5) Standing or as needed programs to control inappropriate behavior are not permitted.
The staff of the facility may not maintain or use, outside of the IPPs, any list of "as needed" interventions that can be used with any client at any time. With the exception of isolated and rare emergency situations, all restrictive behavior interventions must be incorporated into the formal IPP and individualized for the client.

(d) Standard: Physical restraints
§483.450(d)(1) The facility may employ physical restraint only- -
§483.450(d)(1)(i) As an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied;
The use of physical restraint is specified within the IPP. The plan must address:
1) The specific type of client behavior to be managed by this plan;
2) The less restrictive behavioral approaches which were previously used, but were unsuccessful;
3) The hierarchy of measures that must be utilized prior to the application of physical restraint;
4) The type of physical restraint;
5) The type of client behavior that would indicate that the patient is calm and can be released from the restraint; and
6) The replacement behavior being taught to the client to reduce the need for future restraints.

§483.450(d)(1)(ii) As an emergency measure, but only if absolutely necessary to protect client or others from injury; or

Guidance §483.450(d)(1)(ii)

Physical restraint may be used as an emergency intervention only in situations where the client is exhibiting behaviors which:

1) the client has not exhibited before;

2) were not identified in the functional analysis of behavior; or

3) are harming other people or themselves.

When there are repeated episodes of the use of physical restraint as an emergency safety measure, these episodes should be assessed for their predictability by the IDT, and revisions to the IPP considered addressing the behaviors through a formal behavior plan in order to reduce/eliminate the use of physical restraint.

W297

(Rev.)

§483.450(d)(1)(iii) 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 only if absolutely necessary for client protection during the time that a medical condition exists.

Guidance §483.450(d)(1)(iii)

Physical restraint during medical procedures must be utilized only when absolutely necessary and be used as a last resort in order for the facility or practitioners to deliver needed medical care to the client. The restraint must be released as soon as the medical procedure is completed unless it is necessary to continue restraint for a longer period of time to continue to deliver care or to prevent the client from displacing tubes or dressings. These restraints may only be used as long as the physician indicates them to be necessary.

For instances where physical restraint are used by the facility or a practitioner during a medical procedure, the client record and interviews should verify that less restrictive measures were attempted before using physical restraint and verify whether any injuries occurred during the use of the physical restraint. Written orders by medical personnel for the application of a physical restraint should include the reason that the restraint is necessary, the type of restraint to be used and the length of time the restraint will be applied.

A restraint device used to prevent a client engaging in self-injurious behavior is not considered a restraint for medical condition.

§483.450(d)(2) Authorizations to use or extend restraints as an emergency measure must be:

§483.450(d)(2)(ii) Obtained as soon as the client is restrained or stable.

§483.450(d)(3) The facility must not issue orders for restraint on a standing or as needed basis.

§483.450(d)(4) A client placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints,

§483.450(d)(4) released from the restraint as quickly as possible, and

"As quickly as possible" means as soon as the client is no longer a danger to self or others. Documentation should support that the client was released from restraint as soon as they became calm.

§483.450(d)(4) a record of these checks and usage must be kept.

§483.450(d)(5) Restraints must be designed and used

§483.450(d)(5) so as not to cause physical injury to the client

Physical restraints to include mechanical devices must be the correct size for the client and be applied with the correct amount of pressure according to manufacturer's directions. In addition to observation of any physical mechanical restraint in use at the time of the survey, review incident reports for any injuries as a result of restraint use.

§483.450(d)(5) and so as to cause the least possible discomfort.
§483.450(e)(2) Drugs used for control of inappropriate behavior must
§483.450(e)(2) be approved by the interdisciplinary team and
Guidance §483.450(e)(2)
The physician and other team members discuss the risks and benefits of the medication to address the target behavior/symptoms, and approve the use of the drug as being consistent with the active treatment program. Decisions about the necessity of the use of drugs to manage inappropriate behavior should be made by the IDT. It is the responsibility of the IDT members to provide the physician with sufficient information regarding the need for a client to receive a drug for inappropriate behavior. The physician will make the ultimate decision to order the use of the drug. The IDT should document any disagreement with the physician's order. In those instances where a client returns from a physician's visit with an order for an unsolicited drug to manage client's inappropriate behaviors, there must be evidence (e.g. IDT meeting notes or clients record) that the team concurred with the necessity for the order without trying less restrictive measures first and discussed any concerns with the physician.

§483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.
Guidance §483.450(e)(2)
All medications to manage behavior must be integrated into the IPP and the IPP must specify how the specific target behavior for which the medication is prescribed will be reduced or eliminated. This includes medications which are typically used for medical conditions that may be used to manage behavior (e.g. 1. propranolol (Inderal), an antihypertensive used for self-injurious behavior, and 2. carbamazepine (Tegretol), an anticonvulsant, used for aggression).
Drugs for behavior management must not be ordered on a PRN basis for a client. The facility staff must contact the physician to obtain a one-time order if the situation necessities the use of medication. The facility policy must address the maximum number of times a medication can be used as an emergency prior to being incorporated in the IPP, side effects of such medications, and the frequency of re-evaluation of ongoing behavior and its treatment.
Clients or their legal guardian have the right to choose sedation for medical and dental procedures. However, the facility cannot do routine administration of medication for sedation for medical and dental procedures without the agreement/consent of the client or their parent/legal guardian and they must follow the specific orders of the healthcare practitioner who will be providing services to the client. Decisions to order medications prior to medical and dental procedures must be made on an individual basis. Clients who demonstrate severe anxiety around these procedures should be considered for desensitization programs.

§483.450(e)(3) Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.
Guidance §483.450(e)(3)
The risk(s) associated with the drug being used is consistent with the type and severity of the behavior/symptoms it is intended to affect.
At the time the drug was started and incorporated into the IPP, the behaviors were discussed and presented to team members. It was the documented decision of the team that the behaviors were of such a severity that pharmacological intervention was required and the physician was provided with the team information to assist him in his decision to prescribe the medication.