

**STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL RETARDATION**

***DIRECTIVE:*** Requirements for the Use of Prone Restraints

No.: I.E.DIR. 001

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Leadership Director

Contact Persons:  
Regional Program Review  
Committee Liaisons

Employee Groups for Review and Implementation:

Regional Directors and Assistant Regional Directors, Private Providers, all public and private staff responsible for the design and/or implementation of behavior support plans.

Manual Section: Service Deliver, Section E. Health and Safety

***Purpose***

The purpose of this directive is to clarify and affirm the Department of Mental Retardation's (DMR's) position that prone (face down) restraint may only be used in conjunction with an approved behavior support plan that meets the requirements listed below. **Prone restraint shall not be used as a general restraint procedure.**

***Applicability***

This Directive applies to all clients of the department and to all DMR and private sector staff who support them.

***Information***

Prone (face-down) restraint is not a standard restraint procedure and **prone restraint shall not be used as a general restraint procedure.**

1. Prone restraint may not be used unless the following criteria have been met:
  - a. The Planning and Support Team (including guardian) recommends the use of the prone restraint procedure based on a written summary that clearly documents "risk/benefit" factors (i.e., that all less risky intervention procedures have been unsuccessfully attempted, that the individual's behavior

justifies the risks associated with using prone restraint, or an existing medical/behavioral condition that contraindicates supine (face-up) restraint).

- b. The individual's Primary Care Practitioner approves the prone restraint technique as safe and appropriate.
  - c. No prone technique shall allow the individual's hands or arms to be under or behind his or her body (arms must be at the individual's side).
  - d. No prone technique shall allow staff to straddle or bear weight on the individual's torso while applying the restraint (no downward pressure may be applied that may compromise the individual's ability to breath).
  - e. Staff must be facing toward the individual's head to ensure that they are able to determine that the individual is breathing properly.
  - f. No soft device (such as a pillow) shall be used to cushion the client's head, since such a device may restrict the individual's ability to breath.
  - g. An individualized prone restraint plan has been developed by a trainer certified in an approved crisis management curriculum who is qualified to develop prone restraint procedures.
  - h. All staff who will implement the restraint procedure have been trained in the individualized prone restraint plan by a trainer certified in an approved crisis management curriculum who is qualified to teach the use of prone restraint techniques.
  - i. The individualized prone restraint plan shall include monitoring techniques to ensure safety and identify early signs of distress, and shall specify clear criteria for releasing the individual if any sign of distress occurs.
  - j. All planned use of prone restraint is to be reviewed by PRC/HRC at least annually.
  - k. Any emergency use of prone restraint shall be in strict accordance with the regulations governing the use of aversive procedures as defined in DMR regulations (Sections 17a-238-7 through 17a-238-13).
2. All incidents of emergency use of prone restraint must be reported to the PRC Liaison and in accordance with DMR incident reporting procedures (including the submission of copies of the DMR 255 and notes of the follow up Planning and Support Team review meeting).
  3. The Regional Program Review Committee liaisons will contact provider agencies to schedule a review of each behavior support plan that incorporates the use of prone restraint, to ensure that it complies with the requirements. These reviews will be completed by June 30, 2007.
  4. In each program or service location where prone restraint may currently be used in emergency situations, provider agencies must retrain all staff in the use of appropriate alternate techniques **no later than July 15, 2007**.