



POLICIES & PROCEDURES MANUAL

EST. 2024



RIGHTS OF PERSONS RECEIVING SERVICES

(SECTIONS 25.5-10-218 THROUGH 231, C.R.S. AND 10 C.C.R. 2505-10 SECTION 8.604.2)

This policy ensures that all individuals receiving services from Gaia Care are aware of their legal rights, and that these rights are respected and upheld in every aspect of their care. The policy complies with C.R.S. 25.5-10-218 and 10 C.C.R. 2505-10 Section 8.604.2, which outline the rights of individuals receiving care and support.

Policy Statement:

Gaia Care is committed to safeguarding the rights of all individuals receiving services. These rights are guaranteed under both federal and state laws and must be respected at all times by all employees and contractors. This policy provides an overview of these rights and details how they will be communicated, protected, and enforced.

Key Rights of Individuals Receiving Services:

1. **Legal Rights:**
 - Individuals receiving services have the same legal rights and responsibilities as any other person under federal and state constitutions unless specific rights have been modified by law.
 - This includes the right to be treated with dignity, respect, and humanity in all aspects of their care.
2. **Notification and Information:**
 - Gaia Care will ensure that individuals and their guardians are informed of their rights at the time of service initiation. Clear, plain language will be used to ensure understanding.
 - Information on rights will be provided in writing and explained to individuals and/or their guardians upon request.
3. **Protection from Retaliation:**
 - No individual, family member, guardian, or authorized representative will face retaliation for exercising their rights or advocating for themselves or others in receiving services.
4. **Ensuring Awareness:**
 - Gaia Care ensures that all employees and contractors are trained on the rights of individuals receiving services. It is their responsibility to uphold these rights in their daily work.
5. **Suspension of Rights:**
 - An individual's rights may only be suspended in situations where there is a clear risk to the person's safety or the safety of others, or where significant property is at risk.
 - Any suspension of rights will be handled in a manner that imposes the least possible restriction and will be documented.
 - A formal process involving clients Team, including but not limited to Client, Client attorney, Case manager, GAL, Case manager, Guardian, and any other party with consent for decision making. We will review and oversee any suspension of rights and follow any applicable laws.

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This policy ensures compliance with state regulations and protects the rights of individuals in Gaia Care's services. It also guarantees that all staff members are trained and accountable for upholding these rights

Detailed List of Rights:

In compliance with C.R.S. 25.5-10-218 and 10 C.C.R. 2505-10 Section 8.604.2, the following rights will be respected and upheld for all individuals receiving services:

1. **Right to an Individualized Plan**
 - Each individual has the right to a personalized care plan tailored to their specific needs and preferences.
2. **Right to Medical Care and Treatment**
 - Individuals have the right to receive appropriate medical care/treatment to maintain/improve their health.
3. **Right to Humane Care and Treatment**
 - All care provided must be humane and respectful, promoting the dignity of the individual.
4. **Right to Religious Belief, Practice, and Worship**
 - Individuals are free to practice their religion without interference or discrimination.
5. **Right to Communication and Visits**
 - Individuals have the right to communicate with and receive visits from family, friends, and others.
6. **Right to Fair Employment Practices**
 - All individuals have the right to fair and equal treatment in any employment opportunities.
7. **Right to Vote**
 - Individuals have the right to vote and participate in the electoral process.
8. **Confidentiality of Records**
 - All information regarding individuals, their health, and their family members will remain confidential unless otherwise required by law.
9. **Right to Personal Property**
 - Individuals have the right to retain and access personal property, which will not be confiscated or restricted without cause.
10. **Right to Influence Policy**
 - Individuals have the right to express their opinions on agency policies and procedures that may affect their care.
11. **Right to Notification**
 - Individuals have the right to be notified of any changes to their services or treatment plans.
12. **Right to Be Free from Discrimination**
 - All individuals have the right to receive services free from discrimination based on race, gender, religion, disability, or other factors.
13. **Reproductive Rights**
 - Individuals have the right to make decisions about their reproductive health without coercion.
14. **Right to informed healthcare decisions**
 - Individuals have the right to make decisions about their providers, healthcare plans, treatment plans and changes to their care.

Enforcement and Oversight:

Gaia Care's Team will ensure continuous oversight of these rights. Any complaints or concerns related to the violation of rights will be investigated immediately, and appropriate action will be taken to resolve the issue.

Communication of Rights:

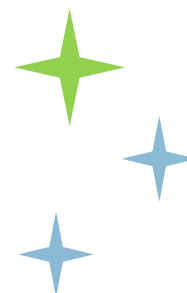
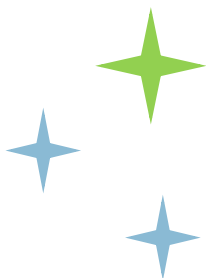
To ensure accessibility, Gaia Care will communicate these rights in plain language, both in written and verbal forms. Handouts summarizing these rights will be provided to individuals and their guardians, ensuring they fully understand their rights and know how to advocate for themselves when needed.

Review Process:

This policy will be reviewed annually or as necessary to reflect any changes in state or federal laws that affect the rights of individuals receiving services.

Approval:

This policy has been approved by Devon Gates on 10/24/2024



Your rights matter!

AT GAIA CARE, YOU HAVE IMPORTANT RIGHTS THAT HELP ENSURE YOU GET THE BEST CARE POSSIBLE. HERE'S A LOOK AT YOUR RIGHTS IN SIMPLE, FRIENDLY LANGUAGE.

1. Right to an Individualized Plan

- Everyone deserves care that is made just for them! You have the right to a care plan that fits your needs and preferences.

2. Right to Medical Care and Treatment

- You have the right to receive the healthcare you need to stay healthy and happy.

3. Right to Humane Care and Treatment

- We believe in treating everyone with respect and kindness.

4. Right to Religious Belief and Worship

You're free to practice your religion, whatever it may be, without interference.

5. Right to Communication and Visits

You can talk to and visit with family, friends, and others when you want.

6. Right to Fair Employment Practices

If you're interested in work, you have the right to fair and equal opportunities.

7. Right to Vote

You have the right to vote and make your voice heard in elections!

8. Confidentiality of Records

Your personal information will stay private and confidential.

9. Right to Personal Property

You can keep and access your personal belongings whenever you want.

10. Right to Influence Policy

You can share your opinions about policies that affect your care.

11. Right to Notification

We'll keep you informed about any changes to your services or care plans.

12. Right to Be Free from Discrimination

Everyone deserves care without discrimination. We ensure equal treatment for all.

13. Reproductive Rights

You have the right to make your own decisions about your reproductive health.

You are in charge of your care because



YOU MATTER



Never forget your voice and choices play a key role in shaping your care and happiness

**Your health, your body,
your choice, your rights!**



DIRECT SUPPORT PROVIDER TRAINING PROCEDURES

(10 C.C.R. 2505-10 SECTION 8.603.9)

Policy Number: TPP102024

Effective Date: 10/24/2024

Review Date: 10/24/2024

Approved By: Devon Gates, Executive Director

Purpose:

To ensure all staff members are thoroughly trained and equipped with the necessary knowledge and skills to provide safe, high-quality care in compliance with state regulations and agency standards.

Training Overview:

At Gaia Care, we are committed to ensuring that all personnel receive comprehensive training to provide safe, high-quality care. In addition to thorough training, extensive background checks will be conducted on all new hires to ensure the safety and security of both clients and staff. This includes CAPS (Colorado Adult Protective Services) background checks as required by S.B. 23-040, as well as Colorado Bureau of Investigation (CBI) background checks. No employee may begin unsupervised work until these checks have been completed and approved.

All staff members must complete the following as part of their orientation and ongoing training:

1. Gaia Care new hire paperwork
2. CAPS Background Check (S.B. 23-040)
3. CBI Background Check
4. CPR and First Aid Certification
5. HIPAA and Confidentiality Training
6. Shadow Days
7. Physical Restraint and Intervention Training
8. Person-Centered Planning
9. Note System Documentation
10. Annual Recertifications:

Training Requirements:

Once the application process is complete and all required checks are approved, new hires must complete the following as part of their training:

1. CBI Background Checks:
 - All employees are required to pass a comprehensive Colorado Bureau of Investigation (CBI) background check as part of the hiring process. This ensures that all direct support providers have a clean record, providing peace of mind to clients and their families.
2. CPR and First Aid Certification:
 - Direct support providers must obtain and maintain current CPR and First Aid certifications before providing unsupervised

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care. This certification ensures that providers are equipped to handle medical emergencies appropriately.

3. Initial Orientation:

- Maltreatment and Abuse Training: Staff will receive training on preventing, identifying, and reporting instances of mistreatment, neglect, abuse, exploitation, and the rights of individuals.
- Health and Safety Training: Providers will undergo instruction on health and safety practices, including the use of emergency protocols and safety procedures specific to community and home-based settings.
- HIPAA and Confidentiality Training: All employees must complete training on the Health Insurance Portability and Accountability Act (HIPAA) to understand how to protect client privacy and maintain confidentiality in all interactions.

4. Shadow Days:

- New hires will participate in "shadow days," where they will shadow experienced staff members in real work settings. This process allows new employees to observe daily practices, understand client interactions, and familiarize themselves with agency procedures.
- The number of shadow days will vary based on the employee's comfort and proficiency, but will typically consist of a minimum of 3 full shifts.

5. Physical Restraint and Intervention Training:

- Nonviolent Crisis Intervention Training: Employees will receive training on recognizing the signs of escalating behaviors and will learn de-escalation techniques to prevent situations from reaching the point where restraint is necessary.
- Proper Implementation of Physical Restraint: Employees will be trained on how to implement safe, approved physical restraint methods when necessary to protect the individual or others from serious harm. This training will focus on minimizing the use of restraint and ensuring the safety and dignity of the individual.
- Restraint Protocol: Staff will be instructed on the procedures to follow when determining if a restraint is necessary, how to document the event, and the importance of obtaining proper authorization and notifying supervisors.

6. Person-Centered Planning:

- Training will include an in-depth review of person-centered principles, ensuring that staff members understand how to plan and implement services based on the individual needs and preferences of each client.

7. Note System Documentation:

- Direct support providers will be trained on how to use the note-taking system for documenting daily services. This training will include proper procedures for recording activities, interventions, client progress, and any incidents that occur during the day. Accurate and timely documentation is critical for tracking client care and ensuring compliance with regulatory requirements.

8. Training Format and Frequency:

- Training Delivery: Gaia Care training will be conducted both formally and in person, as well as through online modules. This allows staff to receive hands-on, practical training while also having the flexibility to complete certain required certifications and modules online.
- Annual CPR Re-certification: All direct support providers must complete annual CPR and First Aid recertification to ensure their skills are up-to-date.
- DSP Recertification: Providers must also complete online re-certification of Direct Support Provider (DSP) training annually. This recertification ensures that all staff maintain a comprehensive understanding of policies, procedures, and best practices in caregiving.

New Hire Process:

1. CAPS Background Check (S.B. 23-040):

- All new hires are subject to a Colorado Adult Protective Services (CAPS) background check as required by S.B. 23-040. This ensures that any potential employees who have a substantiated case of mistreatment, abuse, or exploitation of at-risk adults in the CAPS system are identified prior to employment.

- This check is conducted in addition to the Colorado Bureau of Investigation (CBI) background check to further ensure the safety and well-being of the clients we serve.

2. Gaia Care Application:

- Before moving forward with any training, new hires must complete an official Gaia Care employment application. This includes providing all necessary documentation, such as:

- Personal identification
- Education history
- Employment references
- A signed

acknowledgment of the required background checks (CBI and CAPS)

- Proof of eligibility to work

- The application, along with all background check results and certifications, must be reviewed and approved by Gaia Care management before the employee proceeds to any formal training or shadowing.

New hires must receive appropriate training to meet the specific demands of their roles. This includes not only clinical training but also training in patient privacy laws (HIPAA), workplace safety, and patient interaction protocols.

Ongoing Training:

1. Annual Re-certification and Refresher Training:
 - All direct support providers are required to participate in annual refresher courses on CPR, First Aid, HIPAA, and physical restraint techniques to maintain certification and ensure continued competency.
2. Specialized Training:
 - Additional training will be provided based on specific client needs or regulatory changes. Providers will be informed of new procedures or best practices to ensure the highest quality of care is maintained.

Monitoring and Evaluation:

1. Periodic Evaluation:
 - Supervisors will conduct regular performance evaluations of staff, focusing on the application of skills learned during training. Feedback will be provided to ensure continuous improvement.
2. Compliance Audits:
 - Gaia Care will conduct internal audits to ensure that all staff are current on their required certifications and are applying training principles effectively in their day-to-day work.

Review Process:

This training procedure will be reviewed annually or as needed to remain compliant with updated regulations and to ensure it meets the evolving needs of Gaia Care and its clients.

Approval:

This training procedure has been written by Summer Zera, and approved by Devon Gates on 10/22/2024

Non Discrimination policy

Just as Gaia care cares about its client, safety, we care equally about our employees. We are committed to creating and maintaining a work environment free of discrimination and harassment. We adhere to Colorado state laws which prohibit discrimination in employment practices based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability, or genetic information.

Non-Discrimination: Employment practices must adhere to Colorado's anti-discrimination laws, ensuring that hiring decisions are made without regard to race, color, religion, national origin, sex, age, disability, creed, sexual orientation, or marital status.

These guidelines are designed to protect patients and ensure that the medical staff are qualified and capable of providing high-quality care.





POLICY AND PROCEDURES FOR M.A.N.E.

MISTREATMENT, ABUSE, NEGLECT AND EXPLOITATION
(SECTION 25.5-10-221 C.R.S. AND 10 C.C.R. 2505-10 SECTION
8.608.8)

Gaia Care Abuse Prevention Policy

We unequivocally prohibit abuse, mistreatment, neglect, or exploitation of any person under our care.

Gaia Care is committed to the highest standards of care and safety for all individuals receiving our services. This policy outlines our comprehensive approach to preventing and addressing such incidents.

Definitions

- Abuse: Any action that causes physical, emotional, or psychological harm to an individual.
- Mistreatment: Improper or inadequate care that can lead to harm or distress.
- Neglect: The failure to provide necessary care or assistance, resulting in harm or risk to an individual's well-being.
- Exploitation: Taking advantage of an individual for personal or financial gain.

Monitoring

Gaia Care will implement ongoing training, supervision, and regular audits to detect and prevent instances of abuse, mistreatment, neglect, or exploitation.

Reporting Procedure

All allegations must be reported immediately. The agency administrator must be contacted within 24 hours, along with the guardian or parent of a minor, and the relevant Community Centered Board Foothills Gateway.

Investigation Protocol

All alleged incidents will be investigated promptly and thoroughly. The agency will conduct internal investigations, even when external authorities are involved. Documentation of all actions taken during investigations will be maintained and reviewed by the Department of Human Services.

Immediate Actions

Upon an allegation, immediate personnel actions will be taken to ensure the safety of the individual, and follow-up actions will be documented if the allegation is substantiated.

Safety Measures

We will prioritize the safety of individuals involved and provide necessary victim support services, resources, plan of action and immediate termination and reporting of any report staff who have violated this a policy under MANE.

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Employee Training

All employees and contractors will receive training on applicable state laws and our agency policies regarding the reporting and investigation of abuse.

Reporting to Authorities

Gaia Care will collaborate with external authorities, including police, Department of human services and the Community Center board, Foothills gateway, as appropriate.

Non-Retaliation Statement

No individual will face coercion, intimidation, threat, or retaliation for making a good faith report of suspected abuse, mistreatment, neglect, or exploitation, or for participating in any investigation in accordance with Section 8.608.8 D.

By adhering to these principles, Gaia Care ensures a safe and respectful environment for all individuals in our care.



Under Colorado CRS 25.5-10-221, the definitions are as follows:

1.) Mistreatment:

This refers to any act that causes harm or distress to an individual, particularly vulnerable persons, often through neglect or poor treatment. This includes a range of behaviors that result in harm to a vulnerable person. It can manifest as physical harm, emotional distress, or a failure to provide necessary care. Mistreatment may also involve a lack of respect for the individual's dignity and rights, leading to significant distress or harm

2.) Abuse:

This encompasses actions that cause physical, emotional, or psychological harm, including but not limited to physical violence, verbal intimidation, or coercion. This is typically categorized into several forms:

- Physical Abuse: Inflicting physical pain or injury through actions such as hitting, slapping, or other forms of physical violence.
- Emotional or Psychological Abuse: Actions that cause mental suffering, including threats, intimidation, humiliation, or verbal assaults.
- Sexual Abuse: Any non-consensual sexual contact or exploitation.
- Financial Abuse: Unauthorized use of an individual's financial resources or property, often involving coercion or manipulation.

3.) Neglect:

This involves the failure to provide necessary care, supervision, or protection, leading to harm or risk of harm to an individual.

It may include inadequate food, shelter, medical care, or personal hygiene. It can be:

- Active Neglect: Intentional failure to provide necessary care, leading to harm or the risk of harm.
- Passive Neglect: Unintentional failure to provide care, often due to a lack of knowledge or ability, resulting in harm.

4.) Exploitation:

This refers to the improper use of an individual's resources or finances for personal gain, often through manipulation or deceit. It often involves:

- Financial Exploitation: Misappropriating funds or property, such as forging signatures, using someone's financial resources without permission, or coercing individuals into financial transactions that are not in their best interest.
- Emotional Exploitation: Manipulating an individual's emotions or relationships to gain control or advantage.



INCIDENT REPORTING POLICY AND PROCEDURES

(10 C.C.R. 2505-10 SECTION 8.608.6)

Step 1: Immediate Response

- Ensure the safety of all individuals involved in the incident.
- Provide necessary medical assistance if required.

Step 2: Document the Incident

- Record all relevant details, including date, time, location, and individuals involved.
- Note the nature of the incident and any actions taken in response.

Step 3: Notify Supervisors

- Inform the immediate supervisor or designated authority about the incident as soon as possible.

Step 4: Complete an Incident Report Form

- Fill out the CCB Foothills Gateway incident reporting form with accurate and detailed information. Form available at: <https://www.foothillsgateway.org/for-pasas/pasa-general-forms/incident-report/>
- Include witness statements and any other supporting documentation.

Step 5: Submit the Report

- Submit the completed incident report to the designated review committee or authority within the required 24 hour timeframe, as outlined in agency policies.

Step 6: Review and Follow-Up

- The incident will be reviewed by the appropriate team (e.g., Interdisciplinary Team).
- Follow up on any recommended actions or changes to prevent future incidents.

Step 7: Maintain Confidentiality

- Ensure that all information related to the incident is kept confidential and shared only with authorized personnel.

Step 8: Record Keeping

- Maintain a copy of the incident report and any related documentation in accordance with agency policies and regulatory requirements.

Step 9: Training and Improvement

- Review the incident with staff to identify any areas for improvement in procedures or training.
- Implement changes as needed to enhance safety and prevent recurrence.

By following these steps, Gaia Care ensures compliance with regulatory requirements while promoting a culture of safety and accountability.

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DISPUTE RESOLUTION POLICY

(SECTION 25.5-10-212 C.R.S. AND 10 C.C.R. 2505-10 SECTION 8.605.2)

Gaia Care's Agency Dispute Resolution Policy ensures that all individuals receiving services are aware of and can exercise their rights effectively. This policy adheres to Sections 25.5-10-212 C.R.S. and C.C.R. 2505-10 Section 8.605.2, providing a structured process for handling disputes related to service eligibility, modifications, or terminations. The policy outlines a three-step dispute resolution process: starting with informal negotiations, moving to formal negotiations if necessary, and culminating in a review by the Department of Health Care Policy and Financing if further escalation is needed. Gaia Care is committed to transparency, non-retaliation, and the continual provision of services during the dispute resolution process, ensuring that all individuals are treated fairly and with respect throughout their care.

This policy applies to all disputes concerning:

1. Ineligibility of an applicant for services or supports.
2. Termination of an individual's eligibility for services or supports.
3. Proposed termination of services or supports.
4. Modifications, reductions, or denials of services detailed in the Individualized Plan.

Notification of Rights:

- **Informing Individuals/Guardians:** Individuals receiving services or their guardians will be informed of their right to dispute resolutions at the onset of services and upon any proposed change to service provision.
- **Notice of Proposed Action:** As required by Section 8.600.4, notice of any proposed action will be provided at least 15 days before the date of action.
- **Emergency Exceptions:** Actions may be implemented without prior notice only in emergency situations as determined by the Department.

Protection of Rights:

- **Continuation of Services:** No intended action concerning services will occur until after reasonable notice has been provided and the individual/guardian has had an opportunity to engage in the dispute resolution process.
- **Non-Retaliation:** Individuals shall not be coerced, intimidated, threatened, or retaliated against for filing a complaint or participating in the dispute resolution process.
- **Impartiality and Fairness:** Using the dispute resolution procedure will not prejudice the future provision of services to the individual.

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Dispute Resolution Process:

Step 1: Informal Negotiation

- *Initiation: Upon receipt of a complaint, the agency will offer an opportunity for resolution through informal negotiation.*
- *Meeting Schedule: A meeting of all parties will be scheduled within 15 days of receiving the complaint.*
- *Waiver Option: Informal negotiation may be waived by mutual consent of all parties.*

Step 2: Formal Negotiation

- *Notification: Notification of the formal negotiation meeting will be sent at least 10 days prior to the meeting unless waived by the objecting parties.*
- *Representation: The objecting party may be represented by counsel, an authorized representative, or another individual.*
- *Meeting and Evidence Presentation: An opportunity to present information and evidence to an impartial decision maker.*
- *Response to Questions: The objecting party will have the opportunity to respond to questions during the meeting.*

Step 3: Review by the Department of Health Care Policy and Financing

- *Submission of Review Request: The request to review the outcome of the dispute resolution process must be submitted to the Department within 15 days from the date the decision was postmarked.*
- *Contents of the Request: The request for review shall include a statement of the matters in dispute and all information relevant to a thorough review.*
- *Response Opportunity: The community-centered board, regional center, program approved service agency, or other party will be afforded the opportunity to respond within 15 working days.*
- *Additional Information: The Department has the right to request additional information or may request an oral argument or a hearing.*
- *Final Decision: The Department shall render a decision within 10 working days of the submission of all relevant information. The decision of the Department shall constitute final agency action on the dispute.*

Documentation and Continuity:

- *Written Record: The agency will maintain a written record of all proceedings.*
- *Service Continuity: No person receiving services will be terminated from such services or supports during the resolution process.*

Review and Amendments:

- *Annual Review: This policy will be reviewed annually to ensure compliance with current laws and regulations.*
- *Amendments: Any amendments to this policy will be made in accordance with changes in legislation or as needed to better serve the individuals.*

At Gaia Care we strive to maintain an inclusive and inviting environment for any and all staff, clients, and associates. We adhere strictly to our policies and views on integration, community and care and take complaints and resolution thereof very seriously. Any and all disputes will be handled with professionalism and the highest standard of diligence and care, always resulting in a resolution





GRIEVANCE/COMPLAINTS

(10 C.C.R. 2505-10 SECTION 8.605.5)

The following outlines the process for clients, families, and staff to voice concerns or complaints regarding services provided by Gaia Care. Our goal is to address grievances promptly and fairly, ensuring that all parties feel heard, seen and respected.

This policy applies to all clients, families, and staff associated with Gaia Care. It covers grievances related to service delivery, staff conduct, and agency practices.

Gaia Care is committed to maintaining an open and responsive environment. All grievances will be overseen without fear of retaliation, and all parties involved will be treated with respect throughout the process.

Step 1: Informal Resolution

- Clients or families are encouraged to first discuss their concerns directly with the staff member involved. This discussion may occur in a meeting within fifteen days of the date that the issue arises or in writing.
- Staff should document in writing the discussion and any agreed-upon resolutions.

Step 2: Formal Grievance Submission

- If the issue is not resolved informally, clients or families may submit a formal grievance. This can be completed using the "Grievance Form," available provided to clients and families in the welcome packet and upon request. The grievance must include:
 - The name of the client or family member filing the grievance. (anonymous complaints can be filed directly through foothills gateway, other CCB, Clients Case manager, or CDPHE directly)
 - A description of the issue, including dates and relevant details.

Step 3: Acknowledgment of Grievance

- Upon receiving a formal grievance, the agency will acknowledge receipt within 5 business days and assign a designated staff member to investigate the complaint.

Step 4: Investigation

- The Executive Director and/or CEO will investigate the grievance by gathering information, interviewing relevant parties, and reviewing documentation.
- This investigation will be completed within 15 business days of the grievance receipt.
- If the complaint is in reference to the Executive director, CEO, or any standing authority complains can be filed directly to the CCB, (Community Center board) Case manager, or directly with the CDPHE.

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USE OF PHYSICAL RESTRAINTS POLICY AND PROCEDURE

(10 C.C.R. 2505-10 SECTION 8.608.3)

At Gaia Care, we believe in maintaining the highest standards of respect, dignity, and safety for all individuals. Physical restraints are only considered under Last case scenario, emergency circumstances when a client is at substantial risk of causing serious injury to themselves or others. Even in these extreme cases, the use of physical restraint is a last resort. However, under no circumstances do we use mechanical restraints.

A physical restraint for a special needs child would only be used in emergency situations where the child poses an immediate and substantial risk of causing serious harm to themselves, others, or property. In some cases, this may involve blocking potential injury with a soft object, such as a pillow or a mat, or using bear hug holds to provide deep pressure, which can help calm the child while ensuring their safety. The restraint would be applied only after other interventions such as redirection or calming strategies, have failed and would be used for the shortest time necessary to restore safety, always prioritizing the child's dignity and well-being.

Our approach prioritizes positive behavioral support and compassionate redirection techniques that foster trust, independence, and emotional growth. We work to identify the underlying causes of challenging behaviors and implement personalized interventions such as sensory engagement, communication tools, and calming strategies and redirection. By cultivating a nurturing environment, we help individuals manage their emotions and address self-injurious and aggressive behaviors in a constructive manner, through redirection and hands off calming techniques; ensuring their well-being and empowering them to thrive in a supportive setting.

In accordance with regulatory guidelines, this policy outlines the acceptable use of physical and mechanical restraints under applicable law. These guidelines are designed to ensure the safety and dignity of individuals receiving services, as well as protect staff and others from harm.

1. **Definitions:**

- Please see page two for definitions of Physical restraint and Mechanical restraints.

2. **Permissible Situations:**

- Restraints may only be used in situations where there is an imminent risk of physical harm to the individual or others. The use of restraints must not serve as a convenience for staff or as a substitute for comprehensive services and supports.

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3. **Emergency Use:**
 - Restraints may be employed only in emergency circumstances when all alternative interventions have been exhausted and proven ineffective.
4. **Oversight and Review:**
 - Any use of mechanical restraints must be subject to ongoing review and oversight to ensure that it is used appropriately and in a manner that minimizes discomfort.
5. **Design and Safety:**
 - Any mechanical restraint used should be designed in such a way that it does not cause harm and limits discomfort as much as possible.
6. **Monitoring:**
 - When an individual is placed in a mechanical restraint, they must be monitored at least every 15 minutes by staff trained in the appropriate use of such devices. Regular checks should ensure the individual's safety and prevent any restriction of circulation.
7. **Relief Periods:**
 - At least once every hour, individuals in mechanical restraints must be given relief periods of at least 10 minutes. This excludes periods when the individual is asleep.
8. **Release from Restraints:**
 - Restraints must be removed immediately once the situation no longer warrants their use or the emergency condition has been resolved.
9. **Review Process:**
 - All uses of physical or mechanical restraints must be reviewed by an Inter-disciplinary Team (IDT) and, where necessary, the Human Rights Committee (HRC).

Procedure for Implementing Restraints

1. **Prevention First:**
 - Before considering restraints, staff should first attempt **ALL** available alternative interventions designed to de-escalate the situation.
2. **Training:**
 - Only staff trained in the proper techniques for applying and monitoring restraints may administer them. Training should focus on ensuring the safety and dignity of the individual.
3. **Emergency Use of Restraints:**
 - If the use of restraint becomes necessary, it must be applied in a manner that does not restrict the individual's ability to breathe or impede circulation.
 - Continuous assessment of the individual's condition must be carried out throughout the period of restraint to ensure there are no adverse effects.
4. **Documentation:**
 - A detailed record of any use of restraint must be maintained. This should include the justification for use, the type of restraint applied, the duration, and the outcomes of regular monitoring checks.
5. **Follow-Up and Review:**
 - Following the use of restraints, the incident must be reviewed by the IDT and any further actions, including modifications to the individual's care plan, must be determined.
6. **Release from Restraint:**
 - Once the emergency situation has de-escalated, the individual must be released from the restraint as quickly as possible.

These policies prioritize safety, respect, and the least restrictive use of interventions, ensuring compliance with the guidelines while promoting the well-being of individuals in care.

Definitions Under CCR 20 505-10 Section 8.608.3:

1. **Physical Restraint:**
 - A physical restraint is the use of direct physical contact by a caregiver or staff member to restrict the movement or normal functioning of an individual's limbs or body. Physical restraints are typically used to prevent harm to the individual or others when no other intervention has been successful. It does not involve the use of any devices or tools but rather the application of physical force to control or limit the individual's behavior.
2. **Mechanical Restraint:**
 - A mechanical restraint refers to the use of any device or equipment designed to limit an individual's movement or restrict their normal range of motion. These restraints are applied externally and may include items such as straps, belts, or specialized equipment. Mechanical restraints must be employed only in cases of emergency, and their use should be limited to situations where alternative interventions have failed and the restraint is necessary to prevent harm. Mechanical restraints should not interfere with the individual's circulation or ability to breathe and should cause the least possible discomfort.

Both types of restraints are subject to strict oversight and should only be used in emergency situations where there is an immediate risk of harm to the individual or others.