Ohio | Department of Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

#57 -10-13

Health and Welfare Alert
Mechanical Restraints-Enclosed Beds

Purpose

The purpose of this Alert is to provide critical information to caregivers on the use of Enclosed Beds.

This alert addresses the safety risk that have been associated with the use of Enclosed Beds and when they are considered a mechanical restraint.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents and Unusual Incidents prior to unsupervised contact. This training includes the review of any **Health and Welfare Alerts** released since the previous calendar year's training.

For questions / comments, please contact the MUI/Registry Unit at (614) 995-3810.

The Ohio Department of Developmental Disabilities has discovered cases of enclosed beds in which the person is unable to open the door panels in order to the leave the structure. The use of enclosed beds put individuals at risk.

Please see the FDA Public Health Notification regarding the use of Enclosed Bed Systems

Medical Devices/Safety/Alerts and Notices

The ISP teams should be very clear about the use of enclosed beds whether they are used for behavioral or medical concerns. Many times these beds will be considered mechanical restraints and/or time-out:

- "Mechanical restraint" means a device that restricts an individual's movement "or function applied for purposes of behavior support, including a device used in any vehicle, except a seat belt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat.
- "Time-out" means confining an individual in a room and preventing the individual from leaving the room by applying physical force or by closing a door or other barrier, including placement in such a room when a staff person remains in the room with the individual.

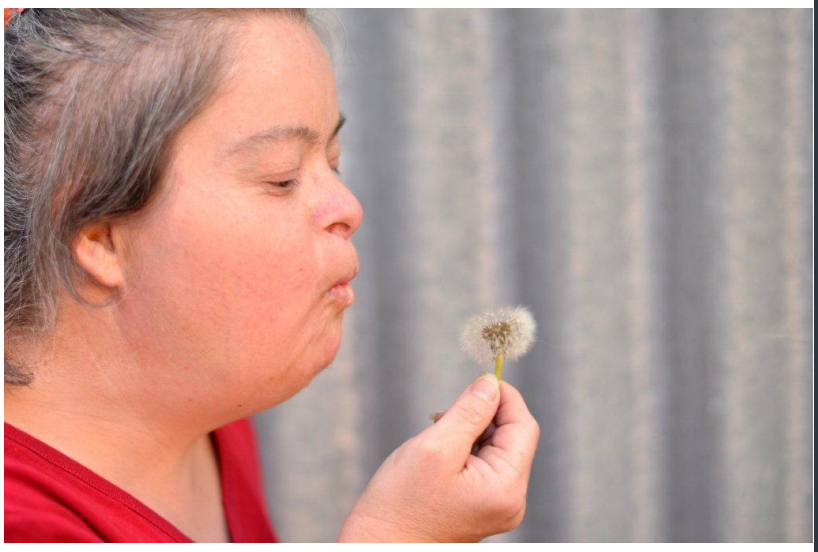
The following must be addressed in regards to these structures:

Medical use should list specific reasons and have data that supports the use of an enclosed bed. Example: A person with a seizure disorder uses an enclosed bed to prevent them from falling out of the bed. This might be a very sound reason for the use. Suppose data shows that the individual has not experienced a seizure for the last 5 years. The purpose of the enclosed bed is no longer valid. A blanket doctor's order does not support the use of a mechanical restraint and/or time-out. The team should also have evidence that shows how less aversive measures (bed side rails, a concave mattress, etc…) were not sufficient to meet this person's medical need.

Behavioral use of the enclosed beds must have a plan to be decreased and eventually eliminated.

Behavior support processes and procedures must be employed to use a mechanical restraint and/or time-out for behavioral purposes. These needs must be clearly identified. The team will need to demonstrate that less restrictive alternatives failed. Behavior Support and Human Rights Committees must approve the use of restraints and/or time-out to control behavior. The use of enclosed beds for behavior control must have a plan to be decreased and eventually eliminated.

The use of enclosed beds for staff or family convenience is strictly prohibited and must be eliminated.



Behavior supports shall be provided in a positive, systematic, whole-person approach that promotes dignity, respect, and trust and recognizes that individuals with developmental disabilities are equal citizens with the same rights and personal freedoms granted to Ohio's citizens without developmental disabilities. Behavior support shall be based on an understanding of the individual and the reasons for his or her behavior and evidence-based practices for promotion of positive behavior and reduction of inappropriate and unsafe behavior. The foundation of this approach is the creation of supportive and caring environments that enhance individuals' quality of life.

Steps to take to ensure health and safety and reduce the use of restraints

Tips to reduce unnecessary restraint:

- **Work with the individuals, families, physicians, nurses and providers to reduce and eliminate the use of enclosed beds.**
- **Evaluate options of replacing restraints with personal interactions.**
- **Ensure ISPs are accurate and reflective of the needs of the individuals involved.**
- **Review the use of the current restraint and determine if the person's need have changed.**
- **Ensure the restraint is appropriate for the target behavior displayed.**
- **Ensure the restraints are approved by the Human Rights and/or Behavior Support Committees as the team works through making decisions.**

More Info

For further resources regarding reducing restraint usage, please refer to:

Learn more about creating a Positive Culture Initiative at http://dodd.ohio.gov/pci

Disability Scoop- information on curbing restraint

http://www.disabilityscoop.com/2013/05/30/new-campaign-curb-restraint/18059/

For Questions or Comments

For questions or comments regarding this alert, please contact the MUI/Registry Unit.

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