

Mechanical Supports Guidelines

All children and adults receiving services from community-based providers that are funded entirely or in part by the Developmental Disability Program must be afforded protections for their health and safety. Mechanical supports are used for medical reasons and are meant to provide for the health and safety for each person who has needs for such supports. Mechanical supports include postural supports, protective restraints, and safety devices.

The use of any type of mechanical support has risks associated with its use. In order to use any type of mechanical support (which includes postural supports, protective restraints or safety devices) there must be a specific medical symptom or reason that would require such use. There must be in place documentation of how these devices would treat the symptoms and assist the person in reaching and/or maintaining his or her highest level of physical and psychological health and welfare.

The application or use of a postural support, protective restraint, or safety device is prohibited except to treat a person's medical symptom(s) and may not be imposed for purposes of coercion, discipline, or staff convenience.

DEFINITIONS:

1. Mechanical Support:

A mechanical support is any appliance or device that is used as a postural support, protective restraint, or safety device. A description of many types of mechanical supports is included as appendix A.

2. Medical Practitioner:

A medical practitioner is an individual who is legally licensed to practice medicine. This includes physicians, physician assistants, and nurse practitioners.

3. Medical Reason:

A medical reason refers to the need to reduce the risk of physical or psychological harm to the person.

4. Medical Symptom:

A medical symptom refers to any subjective evidence of a physical or psychological condition or of a physical or psychological need expressed by the person including the expressed fear of falling.

5. Normal Movement:

Normal movement means voluntary or involuntary movements specific to the individual's medical condition (i.e., seizures, spasticity, athetosis [involuntary slow movements], and abnormal reflexes).

6. Postural Support:

Postural support means an appliance or device used to achieve proper body position, balance, or alignment and is part of an established treatment plan as recommended by a physical therapist, occupational therapist or medical provider to address a person's physical impairment and if possible, increase mobility and

independent functioning. Postural supports are not considered restraints when a medical reason for their use is identified.

7. Restraint:

A restraint means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the individual’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.

- a. **Protective restraint** is a device, including but not limited to a wristlet, anklet, body/limb holder, or other type of device that is intended for medical purposes and that limits the patient’s normal movements to the extent necessary for treatment or examination.
- b. **Emergency restraint** is a restraint that can only be used as an emergency procedure for challenging behaviors in accordance with ARM 37.34.1420.

8. Safety Device:

A safety device is any device used to maximize independence and the maintenance of health and safety of an individual by reducing the risks of falls and injuries associated with the person’s medical symptom(s). These include alarms, side rails (half-length only), tray tables, seat belts, gait belts, and other similar devices.

POSTURAL SUPPORTS

Postural supports may only be used to achieve proper body position, balance, or alignment of any part of the body. The following procedure is recommended for the use of any postural support:

- 1. There must be an order for the use of a specific postural support by a medical practitioner who may also order physical therapy or occupational therapy evaluation(s). Routine reevaluations for the device may be ordered by the medical practitioner when necessary.
- 2. There should be a written description of the postural support(S) with a protocol for use which includes:
 - a. Identification of the support(s) and instructions for proper use.
 - b. Reason for the support(s).
 - i. Include a brief description of the person’s medical needs.
 - c. Schedule of use.
 - i. Include schedule for position changes.
 - d. Monitoring the person using the support(s) including:
 - i. Monitoring for such things as pressure marks and skin breakdown.
 - ii. Guidelines for such things as tightness of straps.
 - e. General maintenance and monitoring of the support(s).
 - i. Cleaning schedule.
 - ii. Monitoring for wear and tear.
 - iii. Contact information regarding questions or problems with the device.

3. Staff Training should be done to ensure that the support(s) is being used correctly and safely.
4. Review of the protocol should be conducted annually as part of the PSP.

PROTECTIVE RESTRAINTS

Protective restraints may be used for brief periods when needed to complete medical examinations, procedures, tests, and/or medical treatments.

- A. When protective restraints are needed for ongoing medical treatment(s):
 1. There must be an order from the medical practitioner for use of any protective restraints which must include:
 - a. A description of the device and reason for use.
 - b. Circumstances in which it can/should be used.
 - c. Duration of use (if applicable).

SAFETY DEVICES

A concern for a person's physical safety or a person's fear of falling may provide a medical reason for warranting the use of a safety device. The use of a safety device may also enable a person to have more independence and be able to do activities that would otherwise be limited. However, safety devices may be considered a form of restraint; therefore documentation of the need and benefit for using the device should be present. Before adopting the use any safety device, a device decision guide should be completed by the provider.

A. Device decision guide:

1. Determine restraining effect:
 - a. Does the person have the cognitive and functional ability to remove the device?
 - i. If yes, the device is not a restraint.
 - ii. If no, proceed to b.
 - b. Does the device restrict or prevent the person from performing movement that he/she is otherwise capable of performing or restrict access to his/her body?
 - i. If no, the device is not a restraint.
 - ii. If yes, the device would be considered a restraint. Proceed to step 2 and 3 for determination of need.
2. Determine the enabling effect:
 - a. Does the device allow the person to do something that improves quality of life?
 - b. Does the device allow the person to participate in activities otherwise not possible?
 - c. Does use of the device improve the person's health and welfare?
 - d. Does the device increase the person's independence?
3. Determine safety hazards:

- a. What safety risks could be associated with use of the device? These risks could include but are not limited to:
 - i. Entrapment, entanglement, strangulation.
 - ii. Decreased mobility.
 - iii. Skin injuries: tears, pressure sores, scrapes, bruises.
 - iv. Injury from the device especially if not fitted to the individual properly or the device is defective.
 - v. Development of agitation, depression, confusion, or other psychiatric symptoms when the device is used.
 - b. If safety hazards or potential for safety hazards are identified, evaluate the hazard and weigh against the benefit of using the device.
 - i. Document alternatives to using this device.
 - ii. Document rationale for use.
4. After answering questions 1 through 3, set up a plan of care to be approved by the individual's treatment team for use of the device or devices, if more than one is appropriate, by following the procedure below.

B. Procedure – Safety Device:

1. There must be an order for use of a specific safety device or devices by a medical practitioner who may also order physical therapy or occupational therapy evaluation(s). Routine reevaluations for the device may be ordered by the medical practitioner when necessary.
2. There should be a written description of the safety device(s) with a protocol for use which includes:
 - a. Identification of the device(s) and instructions for proper use.
 - b. Reason for the device(s).
 - i. Include a brief description of the person's medical needs, enabling effects and safety hazards associated with the use of the safety device.
 - c. Schedule of use.
 - i. Include position changes.
 - d. Monitoring of person using the device(s).
 - i. Monitoring for such things as pressure marks and skin breakdown.
 - ii. Guidelines for such things as tightness of straps.
 - e. General maintenance and monitoring of the device(s).
 - i. Cleaning schedule.
 - ii. Monitoring for wear and tear.
 - iii. Contact information regarding questions or problems with the device.
3. Staff training should be done to ensure that the device(s) is being used correctly and safely.
4. Review of the protocol should be conducted annually as part of the PSP.