



RESTRICTIVE INTERVENTIONS

Restrictive interventions are prohibited by the Agency. These prohibited interventions include:

- A. any intervention which would be considered corporal punishment under G.S. 122C-59;
- B. the contingent use of painful body contact;
- C. substances administered to induce painful bodily reactions;
- D. electric shock;
- E. insulin shock;
- F. unpleasant tasting foodstuffs;
- G. contingent application of any noxious substances which include but are not limited to noise, bad smells, or splashing with water; and
- H. any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.

Restrictive intervention means an intervention procedure, which presents a risk of mental or physical harm to the client and, therefore, requires additional safeguards. Such interventions include the emergency or planned use of seclusion, physical restraint (including manual restraint or holding a client in a manner that restricts his or her movement), the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof.

Physical guidance, gentle physical prompting techniques, and escorting a client who is walking are not considered restrictive interventions. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a client to walk to a safe location.

Consistent with G.S. 122C-66 any staff who uses reasonable force to protect himself or others from a violent client is not in violation of this or other Agency procedures.

The following intervention procedures will be used only when clinically or medically indicated as a method of therapeutic treatment:

- A. planned non-attention to specific undesirable behaviors when those behaviors are health threatening;
- B. contingent deprivation of any basic necessity;
- C. other professionally acceptable behavior modification procedures that are not prohibited by Section 14R or covered by Section 14R.0104. The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by either a physician or licensed psychologist who has been formally trained and, if required by policy, privileged in the use of the procedure.

This form meets these standards

Authority: 10A NCAC 27E .0104(e)(1-19)