**Section 115.245 Restraints**

a) The following types of restraint are prohibited. If any of the following types of restraint are utilized by a CILA agency employee, the incident must be reported via CIRAS as well as reported to the Office of the Inspector General.

1) Prone restraint (i.e., being restrained, face down against the floor or another surface).

2) Supine restraint (i.e., being restrained, face up).

3) Mechanical restraint. Mechanical restraint does not include any restraint used to treat an individual's medical needs; protect an individual known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness; provide a supplementary aid or service or an accommodation, including, but not limited to, assistive technology that provides proprioceptive input or aids in self-regulation; or promote individual safety in vehicles used to transport individuals.

4) Chemical restraint is prohibited. Chemical restraint does not include medication that is legally prescribed and administered as part of an individual’s regular medical regimen including PRN medication, to manage behavioral symptoms and treat medical symptoms.

b) Restraint identified in the Personal Plan.

1) Restraint shall be used only when:

A) The individual’s behavior presents an immediate threat of serious physical harm to the individual or others and other less restrictive and intrusive measures have been tried and proven ineffective in stopping the immediate threat of serious physical harm;

B) It is included as a modification in an individual’s Personal Plan;

C) The use of restraint has been discussed and approved for inclusion in the individual’s Personal Plan by the individual or guardian and the Provider Support Team;

D) It is included in the individual’s behavior strategy;

E) The use of restraint has gone through the Behavioral Management Committee/Human Rights Committee for approval;

F) The inclusion of restraint in the individual’s Personal Plan and behavior strategy must include a plan to reduce and ultimately eliminate the use of restraint, as appropriate;

G) The staff applying the restraint have been trained in the use of restraint, as described below, as well as the specific type of the restraint to be used on the individual;

H) The CILA agency has reviewed, determined, and documented that there are no known medical or psychological limitations that contraindicate the use of the restraint; and

I) The CILA agency has included in the individual rights documentation, information on the CILA agency’s policies and procedures for the use of restraint and this information has been shared with the individual and guardian.

2) Restraint shall not be used as discipline or punishment, convenience for staff, retaliation, a substitute for appropriate physical or behavioral support, a routine safety matter, or to prevent property damage in the absence of an immediate threat of serious physical harm to the individual or others.

3) Restraint must end immediately when:

A) The immediate threat of serious physical harm ends;

B) The individual indicates that they cannot breathe or staff supervising the individual recognizes that they may be in respiratory distress; or

C) The time period of 15 minutes has expired, unless approved in the individual’s Personal Plan or a supervisor has approved the instance of the restraint going beyond 15 minutes.

4) Restraint must be implemented in the following manner:

A) CILA agency staff must observe and monitor the individual being physically restrained at all times during the use of restraint.

B) The staff involved in physically restraining an individual must halt the restraint every 5 minutes to evaluate if the immediate threat of serious physical harm continues to exist. If the immediate threat of serious physical harm continues to exist, staff may continue to use the restraint and the continued use may not be considered a separate instance of restraint so long as the total time period of the restraint does not exceed 15 minutes.

C) An individual shall be released from the restraint immediately upon a determination by the staff member administering the restraint that the individual is no longer an immediate threat of causing serious physical harm to themselves or others.

D) The restraint shall not impair an individual’s ability to breathe or communicate normally, obstruct an individual’s airway, or interfere with an individual’s ability to speak. If the restraint is imposed upon an individual whose primary mode of communication is sign language or an augmentative mode, the individual shall be permitted to have their hands free of restraint for brief periods, unless the supervising staff determines that this freedom appears likely to result in harm to the individual or others.

5) Reporting requirements. When restraints are used, the CILA agency shall:

A) Create a report specifying why and how the restraint was used. The report shall be included in the individual’s file and be available for assessment by the Bureau of Quality Management during a CILA agency’s review.

B) Review the use of any incident of restraint via the Human Rights Committee.

C) Report the incident to the CILA agency Executive Director/Chief Executive Officer.

D) Notify the individual’s guardian no later than 24 hours after any incident of restraint occurs.

c) Restraint not identified in the Personal Plan.

1) Restraint not identified in the Personal Plan occurs when the requirements of subsection (a) are not in place prior to the use of restraint. Restraint not identified in the Personal Plan:

A) Shall be used only when the individual’s behavior presents an immediate threat of serious physical harm to the individual or others, the CILA agency deems the situation an emergency, and other less restrictive and intrusive interventions have been tried and proven ineffective in stopping the immediate threat of serious physical harm.

B) Shall not be used as discipline or punishment, convenience for staff, retaliation, a substitute for appropriate physical or behavioral support, a routine safety matter, or to prevent property damage in the absence of immediate threat of serious physical harm to the individual or others.

2) The use of restraint not identified in the Personal Plan shall be subject to the following requirements and limitations:

A) Restraint not identified in the Personal Plan may only be employed when:

i) The staff applying the restraint not identified in the Personal Plan have been trained in the use of restraint;

ii) The CILA agency assessed the medical and psychological welfare of the person and there are no known medical or psychological limitations that contraindicate the use of the restraint; and

iii) The CILA agency has included, in the individual rights documentation, information on the CILA agency’s policies and procedures for the use of restraint and this information has been shared with the individual and guardian.

B) Restraint not identified in the Personal Plan must end immediately when:

i) The immediate threat of serious physical harm ends;

ii) The individual indicates that they cannot breathe or staff supervising the individual recognizes that they may be in respiratory distress; or

iii) The time period of 15 minutes has expired, unless a supervisor has approved the instance of the restraint going beyond 15 minutes.

C) Restraint not identified in the Personal Plan must be employed as follows:

i) CILA agency staff must observe and monitor the individual being physically restrained at all times during the use of restraint.

ii) The staff involved in physically restraining an individual must halt the restraint every 5 minutes to evaluate if the immediate threat of serious physical harm continues to exist. If the immediate threat of serious physical harm continues to exist, staff may continue to use the restraint not identified in the Personal Plan and the continued use may not be considered a separate instance of restraint not identified in the Personal Plan so long as the total time period of the restraint not identified in the Personal Plan does not exceed 15 minutes.

iii) An individual shall be released from the restraint not identified in the Personal Plan immediately upon a determination by the staff member administering the restraint not identified in the Personal Plan that the individual is no longer an immediate threat of causing serious physical harm to themselves or others.

iv) The restraint not identified in the Personal Plan shall not impair an individual’s ability to breathe or communicate normally, obstruct an individual’s airway, or interfere with an individual’s ability to speak. If the restraint not identified in the Personal Plan is imposed upon an individual whose primary mode of communication is sign language or an augmentative mode, the individual shall be permitted to have their hands free of restraint for brief periods, unless the supervising staff determines that this freedom appears likely to result in harm to the individual or others.

v) After restraint not identified in the Personal Plan has been used, the CILA agency shall work with the ISC to determine whether restraint should be included in the individual’s Personal Plan and behavior strategy moving forward.

D) Reporting requirements. In incidents of restraint not identified in the Personal Plan, the CILA agency shall:

i) Create a report on the use of restraint not identified in the Personal Plan. The Report shall be included in the individual’s file and be available for assessment by the Bureau of Quality Management during a CILA agency’s review.

ii) Review any use of restraint via the Human Rights Committee.

iii) Report the incident to the CILA agency Executive Director/Chief Executive Officer.

iv) Send a report of each incident of restraint not identified in the Personal Plan via a report from the Critical Incident Reporting and Analysis System (CIRAS). BQM will send all incidents of restraint not identified in the Personal Plan to the Director of DDD or their designee.

v) Notify the individual’s guardian no later than 24 hours after any incident of restraint not identified in the Personal Plan occurs.

d) All CILA agency employees are required to receive the following:

1) Developmentally appropriate training at hire and annually thereafter, that shall include, but not be limited to:

A) Crisis de-escalation;

B) Trauma-informed practices;

C) Behavior management practices; and

D) Alternatives to the use of restraint.

2) If the CILA agency is utilizing restraint, the CILA staff should receive developmentally appropriate training at hire and annually thereafter, that shall include, but not be limited to:

A) Restraint techniques;

B) Restrictive interventions;

C) Restorative practices; and

D) Identifying signs of distress during restraint.

3) If CILA agency staff are involved in restraint not identified in the Personal Plan, the CILA agency may require them to complete remediation training on restraint.

4) A copy of the CILA agency’s policies on the use of restraint.

e) Any individual, guardian, organization, or advocate may file a signed, written complaint with the Director of the Division of Developmental Disabilities, alleging that the CILA agency serving the individual has violated this Section.

(Source: Added at 47 Ill. Reg. 8485, effective May 31, 2023)