

UTAH STATE DEVELOPMENTAL CENTER		
<b>PROTECTION FROM HARM</b>	DIRECTIVE: 30.12	PAGE 1 OF 3
EFFECTIVE DATE: 03-10-99	REVISION DATE: 12-2-09	
REVIEWING ENTITY: Steering Team, Medical Services		
AUTHORITY REFERENCE: CFR: 483.450(d)(1)(iii) W297		

## I. DIRECTIVE

Some supports are considered to be intrusive and restrictive, however, necessary for the health and well being of the individual being served. Protection From Harm procedures may be used in cases where an individual is at risk of permanent injury or death.

## II. PROCEDURE

### A. Approval Process Of Protection From Harm:

1. The individual demonstrates behavior which is considered to threaten his or her health and welfare possibly leading to permanent bodily injury or death.
2. Approval for use of a Protection From Harm Procedure rests with the individual's interdisciplinary team. The interdisciplinary team must meet and thoroughly consider alternatives and less restrictive measures to address the problem, documenting why less restrictive procedures would place the individual at risk. The following people should be included in the team discussion: medial director, parent/guardian, psychologist/psychological assistant, registered nurse, social worker, and where appropriate, the individual needing the service.
3. The Qualified Mental Retardation Professional (QMRP) responsible to the individual needing a Protection from Harm Procedure, must document in the team meeting minutes the following:
  - A. An incident report which supports a need for Protection from Harm Procedure
  - B. Parent/Guardian recommendation/approval
  - C. Physician recommendation/approval
  - D. Description of permanent injury or life threatening condition
  - E. Treatment history addressing less restrictive methods of intervention
  - F. A description of why a person is at risk without the use of a Protection from Harm Procedure
  - G. A detailed explanation of the decision to use Protection from Harm and how it will lead to the elimination of the life threatening situation or risk of permanent injury to include how the program will be implemented and monitored and eventually be faded out.
  - H. Included with the minutes should be supporting evaluations to include:  
A detailed functional assessment with any associated positive behavior support plans, a medical evaluation, and a current person centered plan.
4. The ID team, led by the Qualified Mental Retardation Professional, may authorize temporary use of the Protection from Harm Procedure for thirty (30) days with the approval of the person needing the support, the guardian, QMRP, social worker, psychologist, and physician. The thirty (30) day temporary approval is granted so that enough time is provided to obtain further appropriate approval.
5. The Unit Director must approve or disapprove the teams request for use of the Protection from Harm Procedure.
6. The Unit Director will request the approval or disapproval of the Utah State Developmental Center (USDC) **Steering Team** members to include the USDC Medical Director. A time and date for presentation of the Protection from Harm Procedure will be scheduled by the Unit Director. Presentation of the requested procedure will be done by the Qualified Mental Retardation Professional or designated ID team member. If the **Steering Team** approves the

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POLICY AND PROCEDURE MANUAL**

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requested procedure it will be forwarded for presentation to the USDC Human Rights Committee. If the request for use of the procedure is denied by the **Steering Team**, temporary use of the procedure should be discontinued. Minutes from **Steering Team** should reflect the review of required documentation and a decision which leads to the support or lack of support for use of the Protection from Harm Procedure. The request will then be forwarded to the Center's Human Rights Committee (HRC) for review and approval.

7. The Qualified Mental Retardation Professional will present the request for the Protection from Harm Procedure to the Human Rights Committee for approval or disapproval. The Human Rights Committee will review minutes of meetings and all supporting documentation from ID team and Program Management Meetings. The ID team will respond to requests for the provision of additional data or documentation as specified by the Human Rights Committee. The HRC recommends approval or disapproval of the requested Protection from Harm Procedure. Regardless of approval or disapproval by HRC, the request will be forwarded to the USDC Superintendent for final approval or disapproval. The Center's HRC will provide quarterly oversight and review of the Protection from Harm Procedure which has been approved. (See attachment B)
  8. The USDC Superintendent will approve or disapprove the Protection from Harm Procedure. If approval is granted, notification will be made to the DSPD Director regarding the intent to implement the Protection from Harm Procedure. If the request is denied by the Superintendent, the Protection from Harm Procedure should be discontinued.
- B. Procedural Guidelines: Authorization to implement a Protection from Harm procedure must be thoroughly documented by the Qualified Mental Retardation Professional in the individual's Individual Habilitation Plan. The record must include the following:
1. A description of the impending permanent injury or life-threatening condition necessitating the Protection from Harm Procedure.
  2. A treatment history discussing previous attempts to modify the individual's problem behavior.
  3. An explanation as to why individualized programming, without a Protection from Harm Procedure, would place the individual at risk.
  4. A description of the Protection from Harm Procedure that will be followed, including a service objective or program with the goal that will attempt to eliminate the risk-of-injury and/or life-threatening behavior.
  5. A description of the specific intervention or interventions that will be used in the Protection From Harm Procedure with the interventions which will be used to prevent any physical or mental deterioration of the individual.
  6. An estimate of the length of time the Protection from Harm Procedure may be required.
  7. Specific criteria for determining the conditions under which the Protection from Harm Procedure may be faded or terminated.
  8. Specific criteria for reviewing the consequences of using the procedure.
  9. Review and approval from ID team members.
  10. Review and approval from the Center's **Steering Team**.
  11. Review and approval from Human Rights Committee.

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12. Review and administrative approval of the Protection from Harm Procedure by the Superintendent.
13. The Qualified Mental Retardation Professional responsible to the individual will review and document in the individual's chart the status of the approved Protection from Harm Procedures on a monthly note.
14. The Qualified Mental Retardation Professional and the rest of the Team will review and document the current status of Protection from Harm plans in the individual's chart on a quarterly basis. They will re-authorize the use of Protection from Harm procedures with documentation in the individual's chart, and formal quarterly approval from the USDC Human Rights Committee. (See attachment B)

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Karen A. Clarke, Superintendent

**INITIAL PROTECTION FROM HARM (PFH) CHECKLIST**

- 1. Date of Protection From Harm Team Meeting (PFH) \_\_\_\_\_ Yes No  
(Attach attendance Roll)
- 2. Individual present: Yes No
- 3. Parent or Guardian present: Yes No
- 4. Physician present: Yes No
- 5. Psychologist present: Yes No
- 6. Unit Director Present: Yes No
- 7. Social Worker Present: Yes No
- 8. RN Present: Yes No
- 9. Team voted unanimously for implementation of Protection From Harm Yes No  
(If No, please explain the dissenting view)
- 10. Approval from Steering Team: Yes No
- 11. Approval form Human Rights Committee: Yes No
- 12. Approval from Superintendent: Yes No
- 13. Check list for the Service Objective
  - a. A description of the impending permanent injury and/or life-threatening behavior. Yes No
  - b. A detailed relevant treatment history (Medical & Programmatic). Yes No
  - c. An explanation why programming without PFH places individual at risk. Yes No
  - d. Specific procedures and criteria defining the PFH procedure to be used. Yes No
  - e. Specific criteria for documenting the review of the PFH procedure. Yes No
  - f. An estimate of the length of time PFH may be required. Yes No
  - g. Specific criteria for determining the conditions under which the PFH procedure may be faded or terminated. Yes No
  - h. The service objective includes a description of the program designed to eliminate the risk-or-injury and/or life-threatening behavior Yes No
- 14. Team Comments:

\_\_\_\_\_  
QMRP Signature Date

=====

I agree that the proposed Protection From Harm procedure should be implemented as discussed by the team, and should be implemented as soon as possible.

\_\_\_\_\_  
Steering Team Member Approval Date

\_\_\_\_\_  
USDC Medical Director Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
HRC Chairperson Date

\*Procedure will be reviewed Quarterly by the Human Rights Committee

**PROVIDER HUMAN RIGHTS COMMITTEE**

**INITIAL / QUARTERLY REVIEW OF APPROVED PROTECTION FROM HARM**

Date of Provider Human Rights Committee Review: \_\_\_\_\_

Date of Initial Provider Human Rights Committee Approval: \_\_\_\_\_ Last Reviewed? \_\_\_\_\_

Procedure Approved: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_ Age: \_\_\_\_\_ Building: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Medications (include psychiatric and neurologic medications): \_\_\_\_\_

Legal Status/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
QMRP / Date

\_\_\_\_\_  
Unit Director / Date:

\_\_\_\_\_  
Behavioral Specialist / Date

\_\_\_\_\_  
Nurse / Date:

\_\_\_\_\_  
Social Worker / Date:

\_\_\_\_\_  
Steering Team Member / Date:

List Attached Material/Data:

**Human Rights Committee Recommendations**

Approved

Next Review Date:

Disapproved

Comments:

Signature of Chairperson: \_\_\_\_\_ Approval Date: \_\_\_\_\_