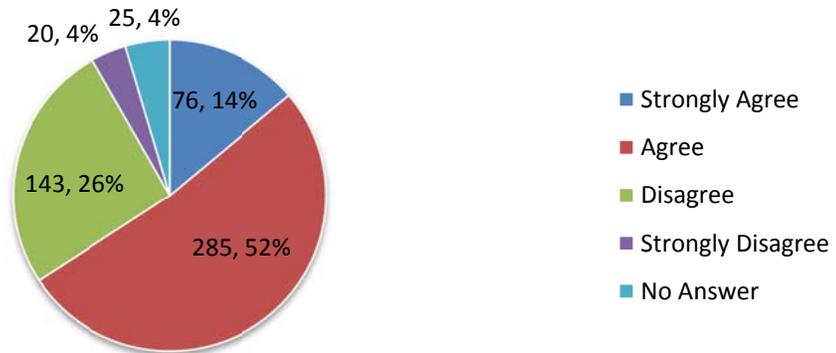
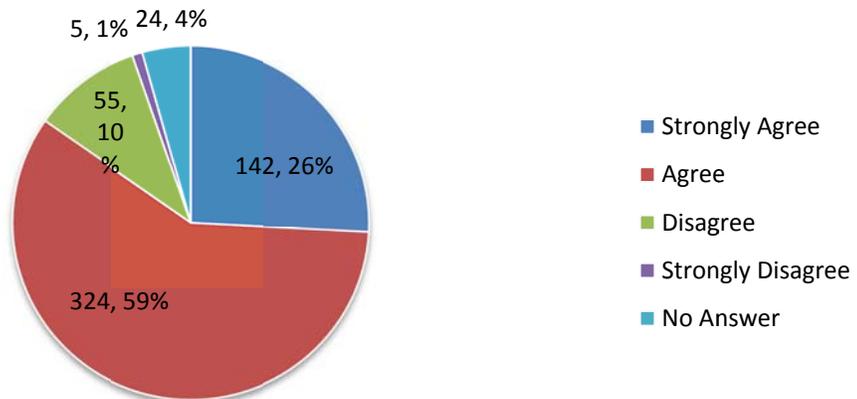


**Beatrice State Developmental Center
2012 Restraint and Restraint Use Survey Summary**

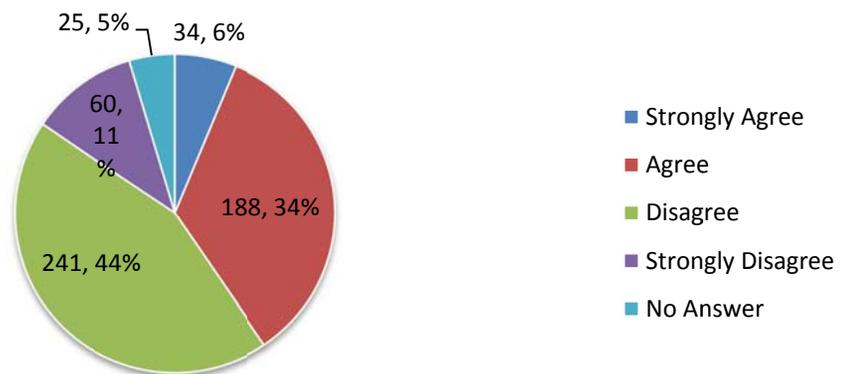
1. Restraints decrease the likelihood of injuries from self-injurious behavior.



2. I can identify several alternatives to restraints.

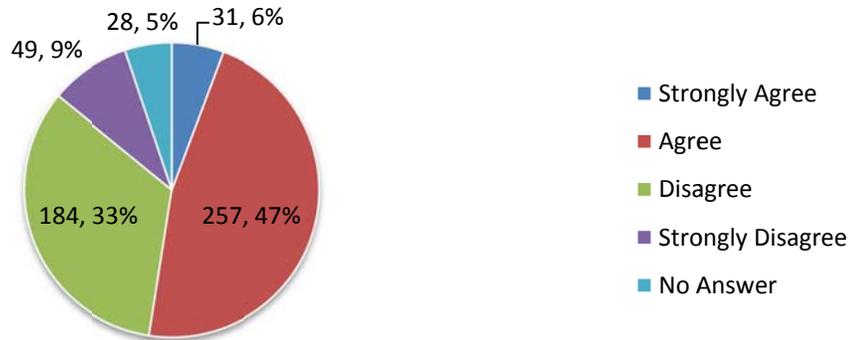


3. Restraints reduce agitation or violent behavior that individuals exhibit.

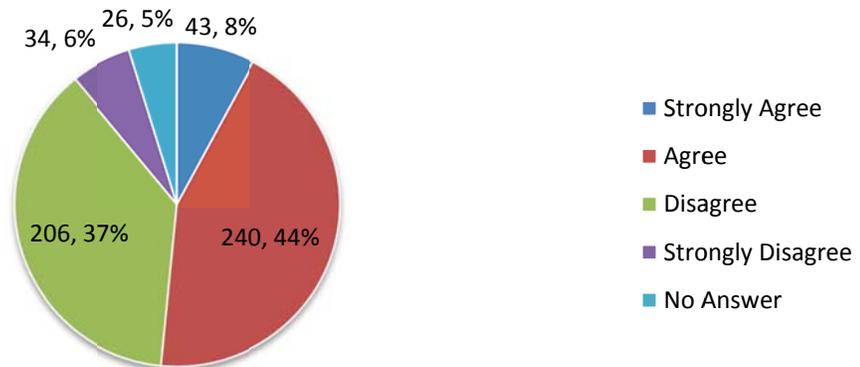


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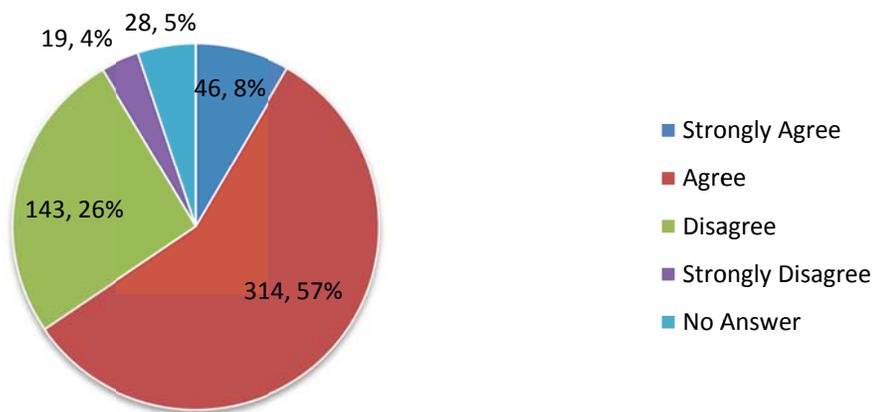
4. BSDC and its employees are the decision makers for restraint use.



5. Families/Guardians are the decision makers for restraint use.

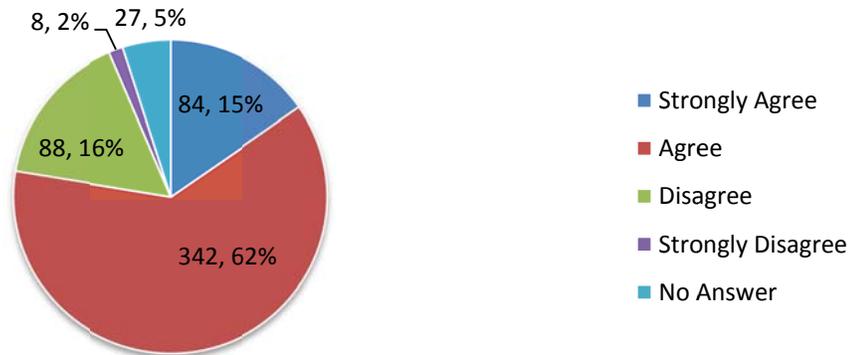


6. Restraints can save lives.

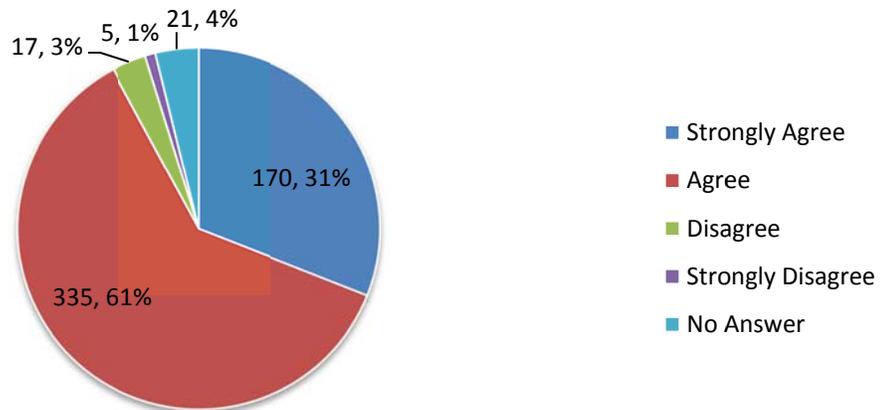


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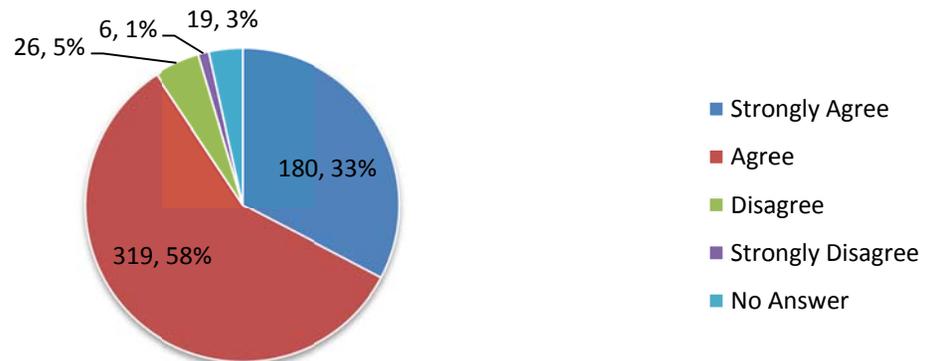
7. Individuals should participate in the decisions on their restraint use.



8. BSDC uses restraints primarily for safety reasons.

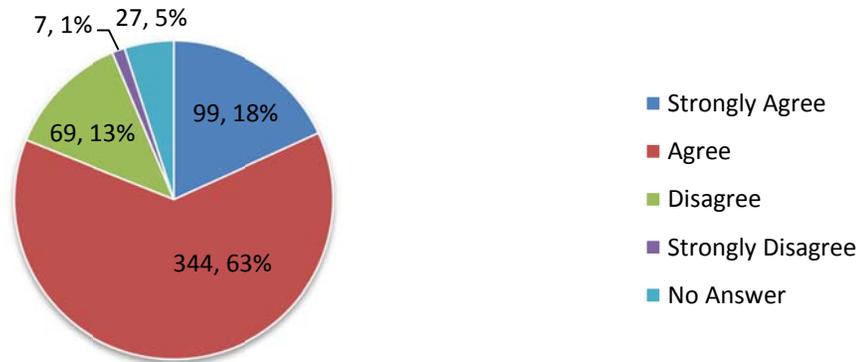


9. BSDC Administration supports a restraint-free environment.

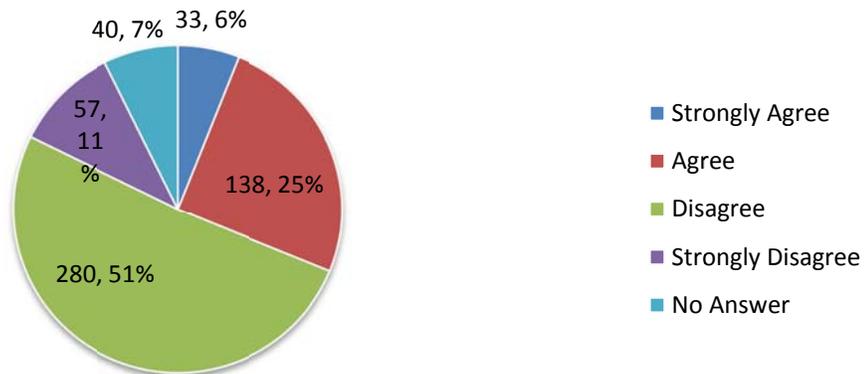


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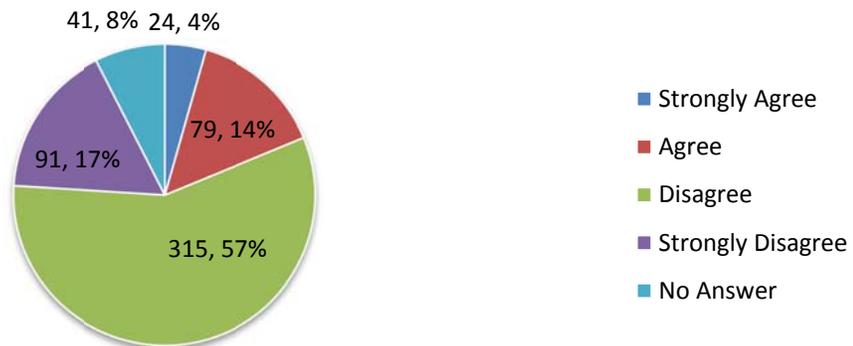
10. Individuals' conditions at BSDC support a restraint free environment.



11. If an individual attempts to hit another individual, it is necessary to restrain the aggressor for safety reasons.

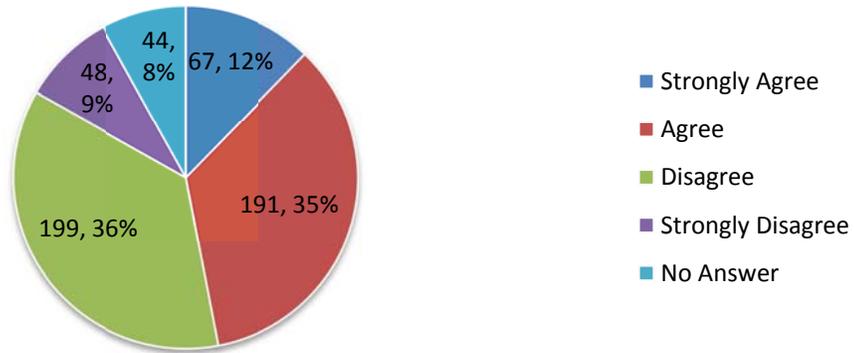


12. BSDC should eliminate the use of PHYSICAL / MANDT RESTRAINTS.

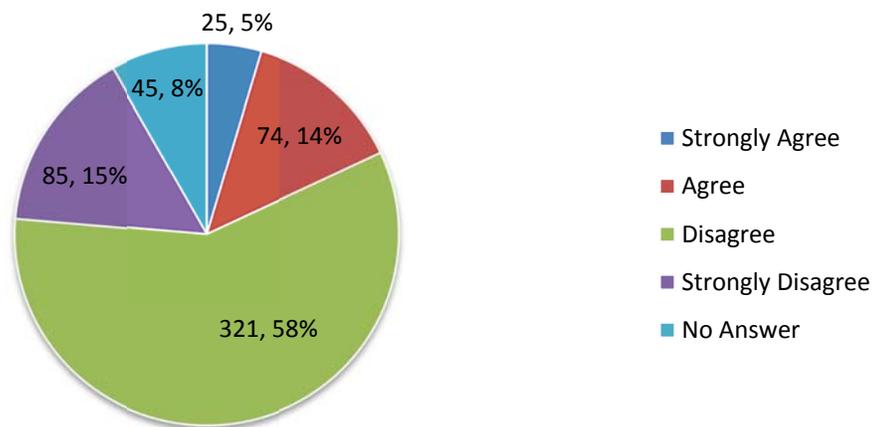


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13. BSDC should eliminate the use of MECHANICAL RESTRAINTS.



14. BSDC should eliminate the use of ALL RESTRAINTS.



Beatrice State Developmental Center 2012 Restraint and Restraint Use Survey Summary

Comments: *Please provide any recommendations, comments, or concerns that you may have regarding use of physical, Mandt, mechanical, and chemical restraints to assist the people we serve to have a better quality of life &/or use this space to share your comments about one of the 14 statements above.*

BSDC has greatly reduced the use of all types of restraints. I do believe there a "few" times that some type of restraint may be needed as a last resort for protection from harm. I feel mechanical is less dignified and more traumatic than given a medication.
Continue to reduce restraints at BSDC.
Don't work with any of the clients. This does not pertain to me.
Feel that BSDC in on the right track with restraints. Adapting at our own pace with the end goal of being restraint free.
For if done safely not only protects the individual, it will protect other individuals as well as staff that can become injured while protecting others.
How BSDC Administration thinks that we don't need restraints, I disagree. They are not getting beat up by the residents or getting bit like all the DT staff are.
I believe BSDC is doing well in decreasing restraints and I have seen improvements in individual behaviors.
I believe that Mandt training/positive behavioral supports need to be expanded across campus.
I believe the goal is to use no restraints, but I feel we are foolish to banish it from being used on the ICFs. At some times it is the only way to get control of the situation to keep everyone safe.
I do feel like we are going in the right direction with reducing restraints, but very interested to see the statistics on the increase in staff injuries due to the lack of restraint usage.
I don't feel qualified to answer some of these questions.
I don't work with the individuals on a daily basis so can't answer some of the questions.
I have never physically restrained anyone. I have never used mandt on anyone. The only physical mandt I have done is for lifting.
I have worked in areas with severe negative behaviors for many, many years - As always attempts at minimal intervention first, but I've seen the mechanical save many people so much pain! After chemical and all physical have been attempted, it is a necessary evil. More emphasis on training and expertise to the people that decide if it's necessary.
I like chemical restraints more than mechanical due to creating trauma situations and it is less "hands on".
I think there are times that restraints need to be used for safety. The Mandt program is a good tool when used right and helps for a calm down time os no one is hurt, only used when it's a have to thing.
I would love to see BSDC restraint free but with the people who we support are extreme cases, it is a necessary means for safety.
If staff and individuals had a mission statement to follow, it would be more of a joint effort. We all need that to know where we are going.
Line 10 a lot of times BSDC can add people or things to the environment that agitate our individuals, make them uncomfortable and/or cause an unwanted behaviors.
Mandt should be used if someone is physical with staff or individual. Not let them keep hitting.
Mandt should still be used as a pre-caution.
Most facilities of this size no longer use mechanical restraints, chemical restraints should not be used to control behavior.
Nice to see less restraints.
No mechanical restraints at BSDC for many months!
No mechanical restraints.
None as long as it is only used for safety or prevention from harm to self or someone else.
Relationship skills and positive behavior support should be the focus of training with restraints being a small portion. Our Mandt training does this well.

Beatrice State Developmental Center 2012 Restraint and Restraint Use Survey Summary

Restraint use should be minimized as much as possible and should only be used to protect from harm on an individualized basis.
Restraints have a purpose, but use should be minimized as much as possible.
Staff members still need support/training responding to potential threats.
The elimination of approximately 10 individuals that weren't appropriate for BSDC has reduced the need for mechanical restraints. Institutional thinking and communication about restraints has really improved in the past 2 years.
The people who make the decisions on BSP plans need to be there to see how they are working. They need to listen to the direct support staff not everything is in a book, everyone is an individual.
To eliminate use of physical restraint is to recklessly endanger the individuals and staff. Mechanicals can go but physicals are needed to truly provide for overall safety.
We need to continue some restraints for the safety of the clients or staff or to facilitate medical treatments.
Well managed.
When is the facility going to protect staff from individuals? Individuals can harm staff at will with no consequences. All I hear is the individual doesn't know right from wrong so get over it.
Why are Nurse Practitioner's not mentioned in facility staffing?