that the committee believes need to be addressed.

(4) The provisions of paragraph (f)(3)
of this section may be modified only if,
in the judgment of the State survey
agency, Court decrees, State law or
regulations provide for equivalent cli-
ent protection and consultation.

§483.450 Condition of participation:
Client behavior and facility prac-
tices.

(a) Standard: Facility practices—Con-
duct toward clients. (1) The facility
must develop and implement written
policies and procedures for the man-
agement of conduct between staff and
clients. These policies and procedures
must—
(i) Promote the growth, development
and independence of the client;
(ii) Address the extent to which cli-
ent choice will be accommodated in
daily decision-making, emphasizing
self-determination and self-manage-
ment, to the extent possible;
(iii) Specify client conduct to be al-
lowed or not allowed; and
(iv) Be available to all staff, clients,
parents of minor children, and legal
guardians.

(2) To the extent possible, clients
must participate in the formulation of
these policies and procedures.

(3) Clients must not discipline other
clients, except as part of an organized
system of self-government, as set forth
in facility policy.

(b) Standard: Management of inap-
propriate client behavior. (1) The facility
must develop and implement written
policies and procedures that govern the
management of inappropriate client
behavior. These policies and procedures
must be consistent with the provisions
of paragraph (a) of this section. These
procedures must—
(i) Specify all facility approved inter-
ventions to manage inappropriate cli-
ent behavior.
(ii) Designate these interventions on
a hierarchy to be implemented, ranging
from most positive or least intrusive,
to least positive or most intrusive;
(iii) Insure, prior to the use of more
restrictive techniques, that the client’s
record documents that programs incor-
porating the use of less intrusive or
more positive techniques have been
tried systematically and demonstrated
to be ineffective; and
(iv) Address the following:
(A) The use of time-out rooms.
(B) The use of physical restraints.
(C) The use of drugs to manage inap-
propriate behavior.
(D) The application of painful or nox-
ious stimuli.

(E) The staff members who may au-
thorize the use of specified interven-
tions.

(2) Interventions to manage inap-
propriate client behavior must be em-
ployed with sufficient safeguards and
supervision to ensure that the safety,
welfare and civil and human rights of
clients are adequately protected.

(3) Techniques to manage inap-
propriate client behavior must never be
used for disciplinary purposes, for the
convenience of staff or as a substitute
for an active treatment program.

(4) The use of systematic inter-
ventions to manage inappropriate client
behavior must be incorporated into the
client’s individual program plan, in ac-
cordance with §483.440(c) (4) and (5) of
this subpart.

(5) Standing or as needed programs to
control inappropriate behavior are not
permitted.

(c) Standard: Time-out rooms. (1) A cli-
ent may be placed in a room from
which egress is prevented only if the
following conditions are met:

(i) The placement is a part of an ap-
proved systematic time-out program as
required by paragraph (b) of this sec-
tion. (Thus, emergency placement of a
client into a time-out room is not al-
lowed.)

(ii) The client is under the direct con-
stant visual supervision of designated
staff.

(iii) The door to the room is held
shut by staff or by a mechanism requir-
ing constant physical pressure from a
staff member to keep the mechanism
engaged.

(2) Placement of a client in a time-
out room must not exceed one hour.

(3) Clients placed in time-out rooms
must be protected from hazardous con-
ditions including, but not limited to,
presence of sharp corners and objects,
uncovered light fixtures, unprotected electrical outlets.

(4) A record of time-out activities must be kept.

(d) Standard: Physical restraints. (1) The facility may employ physical restraint only—

(i) As an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied;

(ii) As an emergency measure, but only if absolutely necessary to protect the client or others from injury; or

(iii) As a health-related protection prescribed by a physician, but only if absolutely necessary for client protection during the time that a medical condition exists.

(2) Authorizations to use or extend restraints as an emergency must be:

(i) In effect no longer than 12 consecutive hours; and

(ii) Obtained as soon as the client is restrained or stable.

(3) The facility must not issue orders for restraint on a standing or as needed basis.

(4) A client placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints, released from the restraint as quickly as possible, and a record of these checks and usage must be kept.

(5) Restraints must be designed and used so as not to cause physical injury to the client and so as to cause the least possible discomfort.

(6) Opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each two hour period in which restraint is employed, and a record of such activity must be kept.

(7) Barred enclosures must not be more than three feet in height and must not have tops.

(e) Standard: Drug usage. (1) The facility must not use drugs in doses that interfere with the individual client’s daily living activities.

(2) Drugs used for control of inappropriate behavior must be approved by the interdisciplinary team and be used only as an integral part of the client’s individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

(3) Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.

(4) Drugs used for control of inappropriate behavior must be—

(i) Monitored closely, in conjunction with the physician and the drug regimen review requirement at §483.460(j), for desired responses and adverse consequences by facility staff; and

(ii) Gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.

§ 483.460 Condition of participation: Health care services.

(a) Standard: Physician services. (1) The facility must ensure the availability of physician services 24 hours a day.

(2) The physician must develop, in coordination with licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that an individual client requires 24-hour licensed nursing care. This plan must be integrated in the individual program plan.

(3) The facility must provide or obtain preventive and general medical care as well as annual physical examinations of each client that at a minimum include the following:

(i) Evaluation of vision and hearing.

(ii) Immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.

(iii) Routine screening laboratory examinations as determined necessary by the physician, and special studies when needed.

(iv) Tuberculosis control, appropriate to the facility’s population, and in accordance with the recommendations of