

14.

General Policies

A. Emergency Use of Manual Restraints

1. Policy: It is the policy of this Department of Human Services (DHS) licensed provider Meridian Services, Incorporated to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

2. Positive Support Strategies and Techniques Required

- a. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

Positive Support Strategies:

1. Staff should identify early warning signs that indicate that the individual is becoming agitated.
2. Staff should become aware of their own agitation and emotions, and strive to maintain a calm presence.
3. Staff should be mindful of the communication that they are using with the person, and that they are using verbal and non-verbal communication that matches the style and needs of the Persons served. Generally, the staff should use a slow, soft tone of voice with low volume.
4. Staff should approach the situation with the positive attitude of helping an individual who is having a difficult time.

5. Staff should attempt to eliminate or alter components of the physical and social environment that may be contributing to the person's agitation, such as noise, lighting, heat, and other people.
 6. Staff should listen to the concerns of the individual who is agitated. Staff should help the individual to identify the problems that the individual is experiencing stress with, and talk about possible solutions that may work for the individual.
 7. Staff should redirect the individual to a conversation that would change the individual's focus.
 8. Staff should suggest activities that would be calming for the individual and that would create a new focus, such as listening to music, playing a game, sensory activities, going for a walk, or assembling a puzzle.
 9. Staff should scan the room and eliminate objects that can be used to injure themselves or others.
 10. Staff should follow the individual's PRN medication protocol.
 11. Staff should follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum.
- b. Meridian Services, Incorporated will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each persons served when required in order to:
1. Eliminate the use of prohibited procedures as identified in section 3 of this policy;
 2. Avoid the emergency use of manual restraint as identified in section I of this policy;
 3. Prevent the person from physically harming self or others; or
 4. Phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

3. Permitted Actions and Procedures: Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.
 - a. Physical contact or instructional techniques must be the least restrictive alternative possible to meet the needs of the person and may be used to:
 1. Calm or comfort a person by holding that person with no resistance from that person;
 2. Protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
 3. Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
 4. To block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than sixty (60) seconds of physical contact by staff; or
 5. To redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than sixty (60) seconds of physical contact by staff.
 - b. Restraint may be used as an intervention procedure to:
 1. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
 2. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.
 3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
 4. Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in subdivision 6. Paragraph (b) (section 7 of this policy)
 5. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licenses health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

4. Prohibited Procedures: Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:
 - a. Chemical restraint
 - b. Mechanical restraint
 - c. Manual restraint
 - d. Time out
 - e. Seclusion; or
 - f. Any aversive or deprivation procedure

5. Manual Restraints Allowed in Emergencies:

- a. Meridian Services, Incorporated allows the following manual restraint procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

Allowed Restraints:

1. Standing two-person restraint: Each staff stands on a side of the individual while bracing the individual's arm to his/her torso.
2. Two-person physical escort: Each staff braces one arm of the individual while walking the individual to a safe area.
3. Two-person supine restraint: While the individual is lying on his back, each staff holds one arm to the floor and positioning his/her leg over the individual's leg to secure it to the floor. Staff must not put weight on the individual's torso. The individual's head must be elevated off the ground to assure a safe airway.
4. One person, one-arm restraint: One staff secures one arm of the individual to the lower torso of the individual. The staff can be in a seated or standing position behind the individual
5. One person, two-arm restraint: One staff secures both arms of the individual to the lower torso of the individual. The staff can be in a seated or standing position behind the individual.

A list of the allowed manual restraints is attached that includes a description of each of the manual restraints trained staff are allowed to use and instructions for the safe and correct implementation of those procedures.

- b. Meridian Services, Incorporated will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.071, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.
6. Conditions for Emergency Use of Manual Restraint:
- a. Emergency use of manual restraint must meet the following conditions:
 - 1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 - 2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
 - 3. The manual restraint must end when the threat of harm ends.
 - b. The following conditions, on their own, are not conditions for emergency use of manual restraint:
 - 1. The person is engaging in property destruction that does not cause imminent risk of physical harm;
 - 2. The person is engaging in verbal aggression with staff or others; or
 - 3. A person's refusal to receive or participate in treatment or programming.
7. Restrictions When Implementing Emergency Use of Manual Restraint:
Emergency use of manual restraint must not:
- a. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury; as defined in section 626.556, subdivision 2
 - b. Be implemented with an adult in a manner that constitutes abuse or neglect; as defined in section 626.5572, subdivision 2 or 17
 - c. Be implemented in a manner that violates a person's rights and protection; identified in section 245D.04

- d. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations
 - e. Restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing; or any protection required by state licensing standards or federal regulations governing the program
 - f. Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
 - g. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
 - h. Be used for the convenience of staff, as punishment, as a substitute for adequate staffing, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
 - i. Use prone restraint. For purposes of this section, "Prone restraint" means use of manual restraint that places a person in a face-down position. Prone restraint does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
 - j. Apply back or chest pressure while a person is in a prone position as identified in clause (7), supine position, or side-lying position
 - k. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.
8. Monitoring Emergency Use of Manual Restraint:
- a. Meridian Services, Incorporated must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
 - 1. Only manual restraints allowed in this policy are implemented;
 - 2. Manual restraints that have been determined to be contraindicated for a person are not implemented with that person;

3. Allowed manual restraints are implemented only by staff trained in their use;
 4. The restraint is being implemented properly as required; and
 5. The mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.
- b. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
 - c. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

9. Reporting Emergency Use of Manual Restraint:

- a. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in section 245D.06, subdivision 1.

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

- b. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
 1. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
 2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
 3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before

the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;

4. A description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
 5. A description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 6. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 7. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 8. Whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- c. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- d. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 3. Staff must immediately re-implement the manual restraint in order to maintain safety.
10. Internal Review of Emergency Use of Manual Restraint:

- a. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
 - b. The internal review must include an evaluation of whether:
 - 1. The person's service and support strategies need to be revised;
 - 2. Related policies and procedures were followed;
 - 3. The policies and procedures were adequate;
 - 4. There is need for additional staff training;
 - 5. The reported event is similar to past events with the persons, staff, or the services involved; and
 - 6. There is a need for corrective action by the program to protect the health and safety of persons.
 - c. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
 - d. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
 - e. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary: Program Administrator.
11. Expanded Support Team Review of Emergency Use of Manual Restraint: Within five (5) working days after the completion of the internal review, the program must consult with the expanded support team to:
- a. Discuss the incident to:
 - 1. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint: and,
 - 2. Identify the perceived function the behavior served.
 - b. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
 - 1. Positively and effectively help the person maintain stability: and,

2. Reduce or eliminate future occurrences of manual restraint.
 3. Meridian Services, Incorporated must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
 4. Meridian Services, Incorporated had identified the following position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary: Program Administrator
12. External Review and Reporting of Emergency Use of Manual Restraint: Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
 - a. Report of the emergency use of a manual restraint;
 - b. The internal review and corrective action plan; and
 - c. the expanded support team review written summary.
3. Staff Training: Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.
 - a. Meridian Services, Incorporated must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
 1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - a. What constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - b. Staff responsibilities related to ensuring prohibited procedures are not used;
 - c. Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - d. Why prohibited procedures are not safe; and

- e. The safe and correct use of manual restraint on an emergency basis according to the requirements in Minnesota Statute, section 245D.061 and this policy.
2. Within 60 days of hire the program must provide instruction on the following topics:
- a. Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - b. De-escalation methods, positive support strategies, and how to avoid power struggles;
 - c. Simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - d. How to properly identify thresholds for implementing and ceasing restrictive procedures;
 - e. How to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - f. The physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - g. The communicative intent of behaviors; and
 - h. Relationship building.
- b. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.
- c. Meridian Services, Incorporated must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.
14. Description of Manual Restraints: The following are descriptions of each of the manual restraints trained staff are allowed to use and the instructions for the safe and correct implementation of those procedures.

Allowed Restraints

- a. Standing two-person restraint:
 - 1. On staff implements the full "Two Arm Hold"

2. The second staff approaches the Persons served & the restraining staff from either the left or the right side
3. As the second staff arrives next to the Persons served, the second staff spreads his feet to ensure balance, & takes both hands/arms and wraps them around both of the persons served's arm's between the shoulders and the elbows
4. The second staff locks his fingers together, bends at the knees to make use of his weight & pulls tightly
5. The second staff bends his head down behind the Persons served, and restraining staff if possible, to avoid bites or head butting
6. The second staff must watch carefully that the Persons served does not kick or bite him

Two-person physical escort: Each staff braces one arm of the individual while walking the individual to a safe area.

Two-person supine restraint:

1. One staff will approach the Persons served on the persons served's right side, and the other will approach the Persons served on the left side. Both staff will be facing the persons served's anterior.
2. Each staff will grasp the persons served's wrist on their perspective sides with his/her outside hand.
3. While holding the persons served's arm out 90 degrees from the persons served's body, each staff will hook his/her arm under the persons served's arm pit while pulling the persons served's arm toward his or her torso.
4. Each staff will take one step with his/her inside foot and position that foot behind the persons served's closest leg.
5. When ready, each staff will take a large step with his/her outside foot. While doing so, the staff will gently guide the Persons served to the ground until the Persons served is sitting on her buttocks.
6. Each staff will then place his/her inside hand on the persons served's shoulder, guide the shoulder to the floor.

7. While the Person served is lying on the mat, both staff should approach the Person served from each side, then turn toward her head.
8. Each staff should drop to one knee at her waistline, approximately six inches away from her body. They should continue facing the person served's head.
9. With his/her hand furthest away from the Person served, each staff should gain control of the person served's arm. Each staff should form a "C" with his/her hand and place it on the person served's shoulder. The thumb of the hand should be in the person served's armpit.
10. Each staff should gently push the person served's shoulder toward the floor until it is secured to the floor. Continue to hold the shoulder tightly to the floor. If staff need to re-position themselves to maintain the hold they may lean on their elbow which will be on the floor next to the person served's and not on the Person served her/himself.
11. Each staff should move the person served's arm to the position where it is extended, flat on the floor, and at a 45-degree angle from her body. The palm should be facing down. Each staff should hold the forearm tightly to the floor.
12. Each staff should place his/her knee that is closest to the Person served approximately six inches away from the outside of his/her knees.
13. Each staff should then rotate that leg so that each foot is positioned between her legs. Their knees should remain on the outside of her legs.
14. Each staff should shift his/her weight to the leg that is lying across the person served's leg so that her leg is pinned to the ground.
15. Each staff should maintain even pressure on the shoulder, the hand, and the legs.
16. The Person served will often spit at staff while he is being held. Staff should turn their heads away from him or down in order to avoid him spitting in their eyes or mouth.
17. If there is a third staff available to assist with the manual restraint, the staff person could assist by gently holding the person served's

head. The third staff may assist by taking over the restraint for one of the staff.

18. Do not talk to the Persons served while he/she is being held to the floor.
19. When the Persons served has gone one minute without struggling, one staff should ask, "*insert name*, are you okay?"
20. If the Persons served does indicate that he/she is calm, the same staff should reply, "Okay, we are going to let you go. Show me calm" Staff will then count to five using direct eye contact. The Persons served will rest his/her hands while he/she is being released. Staff should gradually release their pressure and let go of the persons served's arms and back away from the Persons served.
21. If the Persons served makes a sudden struggle or attempt to grab at staff, each staff should reapply the pressure.

One person, one-arm restraint:

b. Basic One Arm Hold

1. Move behind the Persons served with chest touching the persons served's back
2. Adopt a natural stance
3. Place right hand on persons served's right shoulder
4. Slide the right hand over the persons served's shoulder & down the persons served's upper right arm to just above the persons served's right elbow
5. DO NOT GRAB AHOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW- CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM
6. Push the persons served's right arm across the persons served's chest
7. As the persons served's right arm moves across the chest, push the left hand between the persons served's lest arm & rib case, then grab the persons served's right arm with this left hand on the forearm (between wrist & elbow)

8. DO NOT GRAB THE PERSONS SERVED'S WRIST-THIS IS NOT THE "GASKET HOLD!"
9. When the persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the persons served's right arm & ribcage.
10. Grab hold of the persons served's right arm (held by the left hand) with the right hand and hold the forearm with both hands
11. Rotate the persons served's right forearm down a quarter turn, so that the weak points of your grip, (i.e. between the fingers & thumb), are against the persons served's stomach.
12. Match intensity of effort with the persons served's response, i.e. Hold tightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests.
13. Re-impose hold when Persons served begins to struggle again, often signaled with an intake of breath.

c. One Arm Hold with a Trap

1. Move behind the Persons served with chest touching the persons served's back.
2. Adopt a natural stance.
3. Place right hand on persons served's right shoulder.
4. Slide the right hand over the persons served's shoulder & down the persons served's upper right arm to just above the persons served's right elbow.
5. DO NOT GRAB AHOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW- CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM.
6. Push the persons served's right arm across the persons served's chest.
7. As the persons served's right arm moves across the chest, push the left hand between the persons served's left arm & rib cage, then grab the persons served's right arm with his left hand on the forearm (between wrist & elbow).

8. DO NOT GRAB THE PERSONS SERVED'S WRIST-THIS IS NOT THE "BASKET HOLD!"
 9. When the persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the persons served's right arm & ribcage.
 10. Grab hold of the persons served's right arm (held by the left hand) with the right hand & hold the forearm with both hands.
 11. If the persons served's left arm (free arm) begins to cause trouble, then remove the left hand from the persons served's right forearm, use the "crawl" swimming stroke over the persons served's left shoulder, & return the left hand to its original spot on the persons served's right forearm-the persons served's left arm should be "trapped" between the crook of your left elbow & the persons served's body.
 12. If the Persons served manages to maneuver the persons served's left arm out from the trap-repeat the swimming crawl motion & move quickly.
 13. Rotate the persons served's right forearm down a quarter turn, so that the weak points of the grip, i.e. Between the fingers & thumb, are against the persons served's stomach.
 14. Match intensity of effort with the persons served's response—i.e. hold tightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests.
 15. Re-impose hold when Persons served begins to struggle again, often signaled with an in intake of breath.
- d. One person, two-arm restraint:
1. Move behind the Persons served with chest touching the persons served's back and belly up against buttocks.
 2. Adopt a natural stance.
 3. Place right hand on persons served's right shoulder.
 4. Slide the right hand over persons served's shoulder & down the persons served's upper right arm to just above the persons served's right elbow.

5. DO NOT GRAB AHOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW— CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM.
6. Push the persons served's right arm across the persons served's chest.
7. As the persons served's right arm moves across the chest, push the left hand between the persons served's left arm & rib cage, then grab the persons served's right arm with this left hand on the forearm (between wrist & elbow).
8. DO NOT GRAB THE PERSONS SERVED'S WRIST—THIS IS NOT THE "BASKET HOLD!"
9. When the persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the persons served's right arm & ribcage.
10. Grab hold of the persons served's right arm (held by the left hand) with the right hand & hold the forearm with both hands.
11. If the persons served's struggles are too strong to be contained with either the "Basic One Arm Hold" or the "One Arm Hold with a Trap," remove the left hand from the persons served's right forearm & place it on the persons served's left shoulder, then slide the left hand over the persons served's left shoulder & down the persons served's upper left arm to just above the persons served's left elbow—continue to hold the persons served's right forearm with the right hand.
12. DO NOT GRAB THE PERSONS SERVED'S LEFT WRIST OR ANYWHERE BELOW THE LEFT ELBOW.
13. Push the persons served's left arm across the persons served's chest.
14. As the persons served's left arm approaches the right hand that is holding the persons served's right forearm, quickly switch the right

hand to the persons served's left forearm & grab the persons served just released right forearm with the left hand.

15. If done correctly, the left hand must be holding the persons served's right forearm and the right hand must be holding the persons served's left forearm.
 16. Rotate both the persons served's right & left forearms down a quarter turn, so that the weak points of the grip, i.e. Between the fingers & thumb, are against the persons served's stomach.
 17. Match intensity of effort with the persons served's response—i.e., hold lightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests.
 18. Re-impose hold when Persons served begins to struggle again, often signaled with an intake of breath.
15. Assignment of Best Qualified Employees: In order to insure the safety of individuals we serve, as well as other people served and employees present in a behavioral situation which requires physical restraint, those employees who are best qualified to respond, in terms of training, prior work experience, strength, size, etc. should be assigned and/or must otherwise be prepared to respond as necessary.