SAMPLE POLICY

Sample policy from the CareRulebook Minnesota assisted living manual. Fictional facility. Rule-verified on November 17, 2026.

This is Policy 3.6 of the 48 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional facility, Sample Assisted Living, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

Your copy is filled in with your own facility's details and choices: https://www.carerulebook.com/us/minnesota/assisted-living/manual

POLICY 3.6

Restraints (from January 1, 2027)

Minn. Stat. 144G.85, subds. 1-4 (from January 1, 2027) · Minn. Stat. 144G.65, subds. 1-5 (from January 1, 2027) · Minn. Stat. 144G.08, subds. 26a, 28, 54a, 61a · Minn. Stat. 144G.41, subd. 1(10) · Minn. Stat. 144G.72, subds. 3-4 · Minn. Stat. 144G.42, subd. 8(a)(2) · Laws 2026, chapter 95, article 3, sections 10 to 12, 22 and 23 · MDH, 2026 Assisted Living Legislative Update (July 30, 2026) (guidance) · Office of Ombudsman for Long-Term Care, Contact Us (guidance)

Purpose

From January 1, 2027, Minnesota law sets out, for the first time, when a restraint may be used in an assisted living facility. Minn. Stat. 144G.85 prohibits restraints except in two situations, and says how any use is reported. Minn. Stat. 144G.65 requires training for staff who may apply an emergency manual restraint, unless the licensee has a policy prohibiting the use of restraints. Both sections were added by Laws 2026, chapter 95, and take effect on January 1, 2027.

This policy sets out Sample Assisted Living, LLC's position on restraints and what staff do in practice: how they keep everyone safe when a resident is distressed, what happens if a resident or family asks for a bed rail or similar device, what happens if a practitioner orders a restraint, and how any use is recorded and reported. Sample Assisted Living, LLC adopts it on November 1, 2026, so that it is in place and staff are trained before January 1, 2027.

In short: **Sample Assisted Living, LLC does not use restraints.** Staff keep residents and others safe by calm, person-centered de-escalation, and call 911 when there is an imminent risk of physical harm they cannot address safely.

The forms are at the end of the Procedure section: the bed rail or other device informed choice record (Form A), the restraint event record (Form B) and the restraint review log (Form C).

Scope

This policy applies to every resident and to everyone who works at Sample Assisted Living, LLC: employees, regularly scheduled volunteers, individual contractors and temporary staffing agency staff (Policy 4.1). It covers chemical, manual and mechanical restraints and any other form of restraint, whoever asks for it and whatever the reason.

It does not cover a restraint used by law enforcement officers or other emergency personnel acting in a licensed capacity. The law does not require Sample Assisted Living, LLC to follow the documentation and notification steps for those (144G.85, subd. 3(e)), although staff still record the event in the resident's record and tell the registered nurse.

What the words mean (Minn. Stat. 144G.08; the definitions of restraint, prone restraint and imminent risk take effect January 1, 2027):

- **Restraint** means chemical restraint, manual restraint or mechanical restraint, each as defined in section 245D.02, or "any other form of restraint that limits the free and normal movement of body or limbs" (subd. 61a).
- **Emergency manual restraint** is how this policy refers to a manual restraint used under the exception in 144G.85, subd. 2(a) (144G.08 does not define the term).
- **Prone restraint** means a manual restraint that places a resident in a face-down position. It does not include the brief holding of a resident who rolls into a prone position during an emergency use of a manual restraint and is restored as quickly as possible to a standing, sitting or side-lying position (subd. 54a).
- **Imminent risk** means "an immediate and impending threat to the health, safety, or rights of an individual" (subd. 26a).
- **Legal representative** means, in this order of priority, a court-appointed guardian, a conservator, a health care agent or an attorney-in-fact acting within their powers (subd. 28). A legal representative is not the same person as a designated representative or a designated support person (Policy 2.9).

Policy

What the law allows from January 1, 2027

1. **Restraints are prohibited, with two exceptions.** From January 1, 2027, restraints are prohibited except as 144G.85, subdivisions 2 and 4 describe (144G.85, subd. 1):
    1. **emergency use of a manual restraint**, only when immediate intervention is needed to protect the resident or others from imminent risk of physical harm and it is the least restrictive intervention to address the risk (subd. 2(a)); and
    2. **a restraint used as an ordered treatment**, which must be the least restrictive option and comply with the requirements for an ordered treatment under 144G.72 (subd. 4).
2. **A choice the law treats differently.** 144G.85 does not apply when a resident or the resident's legal representative, after being informed of the facility's policy prohibiting the use of restraints, chooses to use a bed rail or other device that may constitute a

restraint. The facility must document that the resident or representative received information about the policy and the risks of using the device, and voluntarily elected to use it (subd. 2(b); items 10 to 12).

3. **Training.** From January 1, 2027, staff who are authorized to apply an emergency use of a manual restraint complete at least four hours of training from a qualified individual before assuming that responsibility, and two hours of refresher training every year (144G.65, subds. 1-2). That training section "does not apply to licensees who have a policy prohibiting the use of restraints" (144G.65, subd. 5).

Our policy prohibiting the use of restraints

4. **Sample Assisted Living, LLC has a policy prohibiting the use of restraints.** No one at Sample Assisted Living, LLC uses any restraint on any resident, at any time: no chemical restraint, no manual restraint, no mechanical restraint, and no other form of restraint that limits the free and normal movement of a resident's body or limbs. This includes an emergency manual restraint: no staff member is authorized to apply one. This item is the policy prohibiting the use of restraints that Minn. Stat. 144G.65, subd. 5 and 144G.85, subd. 2(b) refer to.
5. **The restraint training does not apply.** Because of item 4, the emergency manual restraint training in 144G.65 does not apply to Sample Assisted Living, LLC (144G.65, subd. 5). Every staff member still learns this policy at orientation and in annual training, including how to de-escalate and when to call 911 (Policy 2.3), and every direct-care staff member and supervisor completes the de-escalation and crisis training in Policy 2.5.
6. **Restraints a practitioner orders are not carried out.** If a practitioner orders a restraint for a resident as a treatment (144G.85, subd. 4), Sample Assisted Living, LLC does not carry it out. The clinical nurse supervisor tells the practitioner, the resident and the legal representative that Sample Assisted Living, LLC has a policy prohibiting restraints, asks the practitioner about other ways to meet the resident's need, and records the order and the outcome on the restraint event record (Form B). Our reading: a policy that prohibits every restraint, including ordered ones, is the clearest "policy prohibiting the use of restraints" under 144G.65, subd. 5. The law does not say whether a facility that carries out ordered restraints keeps that exemption, so Sample Assisted Living, LLC does not rely on it.

Keeping everyone safe without restraint

7. **When a resident is distressed or at risk of harming themselves or others,** staff follow these steps, in this order, adapted to the resident's service plan and individual abuse prevention plan (Policies 2.8 and 2.1):
    1. **Stay calm and look for the cause.** Pain, fear, noise, hunger, the need for the bathroom, an unfamiliar person or a change in routine are common causes. Staff speak slowly and kindly, use the resident's preferred name, and offer what the service plan says helps.

2. **Give space and reduce demands.** Staff stop the task that is causing distress, step back, lower noise, and offer a quieter place. Staff never block the resident in or hold them.
3. **Protect others.** Staff guide other residents, visitors and themselves away from the area and keep exits clear.
4. **Call for help.** Staff call the on-call registered nurse (Call the on-call RN cell phone, (651) 555-0199) and any other staff on duty. If there is an imminent risk of physical harm to the resident or others that staff cannot address safely by these steps, staff call 911 at once and stay nearby until help arrives.

8. **If a restraint is used despite this policy.** If anyone restrains a resident in any way despite item 4, they release the resident as soon as possible and call the director and the on-call registered nurse at once. Sample Assisted Living, LLC then treats it as an emergency use of a manual restraint for reporting: it makes the notices in item 13 and completes the restraint event record (Form B) with every item 144G.85, subd. 3(b) lists. Restraining a resident against this policy may be maltreatment (Minn. Stat. 626.5572, subd. 2), so the staff member and anyone who saw it also follow Policy 2.1 and report as it says, within its time limits; nothing in this policy delays that report. The staff member is retrained (Policy 2.3) before working alone again.
9. **No staff convenience, no discipline.** No restraint, device, locked door or medication is ever used to manage staffing, as punishment, or for anyone's convenience.

Bed rails and other devices a resident chooses (144G.85, subd. 2(b))

10. **When the question comes up.** A resident or family member may ask for a bed rail, a seat belt or tray on a chair, or another device that may limit the resident's movement, or may bring one from home. Staff do not fit or use it until the steps in item 11 are complete, and tell the clinical nurse supervisor.
11. **Informed choice, in writing.** The clinical nurse supervisor, or a registered nurse the clinical nurse supervisor names:
    1. considers the request as part of the resident's nursing assessment (Policy 2.8);
    2. explains to the resident, and to the legal representative if the resident has one, Sample Assisted Living, LLC's policy prohibiting the use of restraints, the risks of using the device for this resident, and other options;
    3. records, on the bed rail or other device informed choice record (Form A), the information given and whether the resident or legal representative voluntarily elects to use the device; and
    4. adds the device and how it is used to the service plan.

    If the registered nurse believes the device is not safe for the resident, the nurse explains why, and they look at other options together. The discussion and the outcome are recorded on Form A.

L2. **Reviewing the choice.** The registered nurse reviews the device at each assessment and review of the resident (Policy 2.8), and whenever the resident's condition changes. The resident or legal representative may change their mind at any time; staff remove the device when asked and record it on Form A.

Other safeguards

L3. **Notices and reports.** These apply if a restraint is ever used despite item 4 and, for item 13.3, if a practitioner orders a restraint (item 6).

1. **Within 24 hours, to the legal representative.** From January 1, 2027, the resident's legal representative must be notified within 24 hours of an emergency use of a manual restraint and of the circumstances that prompted it, and the notification must be documented (144G.85, subd. 3(a)). The director makes the call and records it on Form B. If the resident has no legal representative, the director records that on Form B and talks with the resident about what happened.
2. **Within 24 hours, to the practitioner, if known.** The advanced practice registered nurse, physician or physician assistant, if known, must be notified within 24 hours (144G.85, subd. 3(a)). The registered nurse makes and records this call.
3. **Within seven calendar days, to MDH and the ombudsman.** From January 1, 2027, the facility must notify the commissioner of health and the ombudsman for long-term care within seven calendar days of an emergency use of a manual restraint, "including when any restraint is first applied or ordered", on a form developed by the commissioner (144G.85, subd. 3(b)). The director sends this on MDH's form (not yet published when this manual was written). If MDH has not published its form when a report is due, the director asks MDH's assisted living program (651-201-4200, health.assistedliving@state.mn.us) how to report, and sends every item listed on Form B. The Office of Ombudsman for Long-Term Care can be reached at 1-800-657-3591 or MBA.OOLTC@state.mn.us; the office publishes instructions for providers sending notices. Our reading: a restraint a practitioner orders is reported this way even though Sample Assisted Living, LLC does not carry it out (item 6), because the statute names restraints "first applied or ordered"; reporting meets either reading of the statute.
4. **A copy in the resident's record** (144G.85, subd. 3(c)).
5. **A copy to the waiver case manager within seven calendar days**, if the resident has one (144G.85, subd. 3(d)). Sample Assisted Living, LLC provides customized living services, so the director checks the resident's record for a case manager each time.

L4. **No locked rooms.** Sample Assisted Living, LLC never locks a resident in the resident's unit (144G.41, subd. 1(10)).

L5. **Medications are never a restraint.** No medication is used to control a resident's behavior or movement in place of the steps in item 7. A medication is given only as prescribed and as set out in the resident's service plan (Policy 2.14). If the registered nurse thinks a medication order may work as a chemical restraint, the nurse discusses it with the prescriber.

16. **Learning from every event.** Each restraint use, restraint order and 911 call under item 7.4 is reviewed under item 21, and each one goes to Sample Assisted Living, LLC's quality management review (Policy 1.4).

Procedure

When a resident is distressed or at risk

17. Staff follow item 7. After the situation is safe, the staff member writes what happened in the resident's record and tells the on-call registered nurse, who decides whether the resident's condition has changed and needs a nursing assessment (Policy 2.8). If 911 was called, the director tells the resident's legal representative, if the resident has one, the same day.

When a restraint has been used despite this policy

18. The staff member releases the resident, calls the director and the on-call registered nurse, and stays with the resident until relieved.
19. Within 24 hours, the director and the registered nurse make and record the notices in items 13.1 and 13.2. The director completes Form B, Part 1, with the staff members involved, and sends MDH's form within seven calendar days (item 13.3), with the copies in items 13.4 and 13.5.
20. The director checks with the internal report recipient (Policy 2.1) that any maltreatment report has been made in time, and makes sure one is made if in doubt; arranges retraining (Policy 2.3); and records the outcome on Form B.

Review after any event

21. **After a restraint is used, or 911 is called under item 7.4,** the director and the clinical nurse supervisor hold a debriefing within seven calendar days (Sample Assisted Living, LLC's choice of time), with the staff involved and, if not contraindicated, with the resident and anyone else who was involved or who saw it, and record the outcome on Form B for a restraint, or in the resident's record for a 911 call. If a restraint was used and the debriefing has not happened by the time MDH's form is sent, the form says whether one is planned and gives the plan to avoid restraint in future (144G.85, subd. 3(b)(8)). After any restraint use, restraint order or 911 call, the registered nurse reviews the resident's service plan and individual abuse prevention plan (Policies 2.8 and 2.1) and asks whether Sample Assisted Living, LLC can still meet the resident's needs. Each event, and each device chosen under item 11, is entered on the restraint review log (Form C).

When a practitioner orders a restraint

22. The staff member who receives the order does not carry it out and tells the clinical nurse supervisor the same day. The clinical nurse supervisor follows item 6, completes Form B, Part 2, and the director sends MDH's form within seven calendar days (item 13.3).

When a resident or family asks for a bed rail or other device

23. Staff tell the clinical nurse supervisor and do not fit the device. The registered nurse follows items 11 and 12 and completes Form A. The completed form is kept in the resident's record.

Sample Assisted Living, LLC: Bed rail or other device informed choice record (Form A)

Minn. Stat. 144G.85, subd. 2(b). One record for each device. Kept in the resident's record.

Item	Details
Resident	
Device (for example bed rail, seat belt, chair tray) and how it is used	
Asked for by, and date	
Legal representative (name), if any	
Information given about Sample Assisted Living, LLC's policy prohibiting the use of restraints	☐ Policy 3.6 explained ☐ copy offered
Risks of using the device for this resident, as explained by the registered nurse	
Other options discussed	
Registered nurse's view of the device's safety for this resident	
Decision	☐ The resident ☐ The legal representative voluntarily elects to use the device ☐ Chooses not to use it
Added to the service plan on (date)	

Signature of resident or legal representative: _____ Date: _____

Registered nurse: _____ Date: _____

Review date	Still chosen?	Changes or concerns	Registered nurse
	☐ yes ☐ no, removed		
	☐ yes ☐ no, removed		
	☐ yes ☐ no, removed		

Sample Assisted Living, LLC: Restraint event record (Form B)

Part 1 is for a restraint used despite Sample Assisted Living, LLC's policy (item 8). Part 2 is for a restraint a practitioner orders (item 6). The items in Part 1 follow Minn. Stat. 144G.85, subd. 3(b)(1) to (8), so the record holds everything MDH's form asks for. A copy goes in the

resident's record.

Part 1: a restraint used despite this policy

144G.85, subd. 3(b)	Details
(1) Resident's name and date of birth	
(2) Date and time the restraint was used	
(3) Names of staff and any residents involved in the incident leading up to it	
(4) What happened, how long the restraint was applied, and who was present before and during the incident	
(5) Less restrictive measures tried to de-escalate and keep everyone safe: when, how and for how long, before the restraint	
(6) The mental, physical and emotional condition of the resident and of other persons involved, before, during and after	
(7) Any injury to the resident or anyone else, including staff, before or as a result of the restraint	
(8) Debriefing: held with staff (date)? With the resident and others involved or who saw it, if not contraindicated? Outcome. If not yet held: is one planned, and the plan to avoid restraint in future	

Notices

Notice	Within	Date and time made	By	Notes
Legal representative (or "none")	24 hours			
APRN, physician or physician assistant, if known	24 hours			
MDH, on MDH's form	7 calendar days			
Ombudsman for long-term care	7 calendar days			
Copy in the resident's record				
Waiver case manager, if any	7 calendar days			

Part 2: a restraint a practitioner orders

Item	Details
Resident	
Practitioner, date of the order, and what was ordered	
Not carried out: told to the practitioner, resident and legal representative (dates)	
Other ways to meet the resident's need agreed with the practitioner	

Item	Details
Reported to MDH and the ombudsman on (date) (item 13.3)	
Service plan updated on (date)	

Director: _____ Date: _____ Registered nurse: _____ Date: _____

Sample Assisted Living, LLC: Restraint review log (Form C)

One line for each restraint use, restraint order, 911 call under item 7.4 and device chosen under item 11. Reviewed at each quality management review (Policy 1.4).

Date	Resident	Event (restraint, ordered restraint, 911 call, device chosen)	Reported and reviewed (dates)	Changes made

Responsibilities

- **Director (Alex Kim):** makes sure this policy is in place and taught before January 1, 2027; makes the legal representative notice and sends MDH's form and the copies; checks that any maltreatment report under Policy 2.1 has been made; leads debriefings.
- **Clinical nurse supervisor (Morgan Diaz):** handles device requests and ordered restraints; makes the practitioner notice; reviews the service plan and individual abuse prevention plan after any event.
- **Every staff member:** follows item 7; never restrains a resident; reports any restraint, device or order at once.

Records

- Form A, Form B and the copy of MDH's form: in the resident's record (144G.85, subd. 3(c); Policy 3.7).
- Form C: kept with Sample Assisted Living, LLC's quality management records (Policy 1.4).
- Training on this policy: in each employee record (Policies 2.3 and 2.13).

Recommended practice

Guidance for Sample Assisted Living, LLC, beyond what the rules require. Adopt it only if the facility will follow it, because MDH holds a facility to its own policies.

- At move-in, give residents and families a one-page note on this policy, so a request for a bed rail or similar device is raised early.
- Walk through item 7 with staff using a short scenario at a staff meeting each quarter.
- When reviewing Form C, look for patterns by time of day, staff on duty and setting, and act on them.

Rule basis

> Restraints are prohibited except as described in subdivisions 2 and 4.
>
> `Minn. Stat. 144G.85, subd. 1 (from January 1, 2027)`

> (a) Emergency use of a manual restraint is permitted only when immediate intervention is needed to protect the resident or others from imminent risk of physical harm and is the least restrictive intervention to address the risk. The restraint must be imposed for the least amount of time necessary and removed when there is no longer imminent risk of physical harm to the resident or other persons in the facility. The use of restraint under this subdivision must: (1) take into consideration the rights, health, and welfare of the resident; (2) not apply pressure to the back or chest while a resident is in a prone, supine, or side-lying position; and (3) allow the resident to be free from prone restraint.
>
> `Minn. Stat. 144G.85, subd. 2(a)`

> (b) This section does not apply when a resident or the resident's legal representative chooses, after being informed of the facility's policy prohibiting the use of restraints, to utilize a bed rail or other device that may constitute a restraint. The facility must document that the resident or the resident's representative received information regarding the facility's policy and the risks of using the device and voluntarily elected to utilize the device.
>
> `Minn. Stat. 144G.85, subd. 2(b)`

> (a) The resident's legal representative must be notified within 24 hours of an emergency use of a manual restraint and of the circumstances that prompted the use. Notification of an emergency use of a manual restraint must be documented. If known, the advanced practice registered nurse, physician, or physician assistant must be notified within 24 hours of an emergency use of a manual restraint.
>
> `Minn. Stat. 144G.85, subd. 3(a)`

(b) On a form developed by the commissioner, the facility must notify the commissioner and the ombudsman for long-term care within seven calendar days of an emergency use of a manual restraint, including when any restraint is first applied or ordered. The commissioner will monitor reported uses to detect overuse or unauthorized, inappropriate, or ineffective use of the restraint. The form must include: (1) the name and date of birth of the resident; (2) the date and time of the use of the restraint; (3) the names of staff and any residents who were involved in the incident leading up to the emergency use of a manual restraint; (4) a description of the incident, including the length of time the restraint was applied and who was present before and during the incident leading up to the emergency use of a manual restraint; (5) a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety that identifies when, how, and for how long the alternative measures were attempted before the emergency use of a manual restraint was implemented; (6) a description of the mental, physical, and emotional condition of the resident who was restrained and of other persons involved in the incident leading up to, during, and following the emergency use of a manual restraint; (7) whether there was any injury to the resident who was restrained or other persons involved in the incident, including staff, before or as a result of the emergency use of a manual restraint; and (8) whether there was a debriefing following the incident with the staff, and, if not contraindicated, with the resident who was restrained and other persons who were involved in or who witnessed the emergency use of a manual restraint, and the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the form should identify whether a debriefing is planned and a plan for mitigating use of restraints in the future.

`Minn. Stat. 144G.85, subd. 3(b)`

(c) A copy of the form submitted under paragraph (b) must be maintained in the resident's record. (d) A copy of the form submitted under paragraph (b) must be sent to the resident's waiver case manager within seven calendar days of an emergency use of manual restraints.

`Minn. Stat. 144G.85, subd. 3(c)-(d)`

(e) The use of restraints by law enforcement officers or other emergency personnel acting in a licensed capacity does not require the facility to comply with the requirements of this subdivision.

`Minn. Stat. 144G.85, subd. 3(e)`

Any use of a restraint, other than an emergency use of a manual restraint to address an imminent risk, must be the least restrictive option and comply with the requirements for an ordered treatment under section 144G.72.

`Minn. Stat. 144G.85, subd. 4`

> A licensee must ensure that staff who are authorized to apply an emergency use of a manual restraint complete a minimum of four hours of training from a qualified individual prior to assuming these responsibilities. Training must include: (1) types of behaviors and de-escalation techniques and their value; (2) principles of person-centered planning and service delivery as identified in section 245D.07, subdivision 1a, paragraph (b); (3) what constitutes the use of a restraint; (4) staff responsibilities related to: (i) prohibited procedures under section 144G.85; (ii) why prohibited procedures are not effective for reducing or eliminating symptoms or interfering behavior; and (iii) why prohibited procedures are not safe; (5) the situations when staff must contact 911 services in response to an imminent risk of harm to the resident or others; and (6) strategies for respecting and supporting each resident's cultural preferences.
>
> `Minn. Stat. 144G.65, subd. 1 (from January 1, 2027)`

> The licensee must ensure that staff who apply an emergency use of a manual restraint complete two hours of refresher training on an annual basis covering each of the training areas listed in subdivision 1.
>
> `Minn. Stat. 144G.65, subd. 2`

> For staff who are authorized to apply an emergency use of a manual restraint, the assisted living facility must retain evidence in the employee record of each staff person having completed the orientation and training under this section.
>
> `Minn. Stat. 144G.65, subd. 4`

> This section does not apply to licensees who have a policy prohibiting the use of restraints.
>
> `Minn. Stat. 144G.65, subd. 5`

> "Restraint" means: (1) chemical restraint, as defined in section 245D.02, subdivision 3b; (2) manual restraint, as defined in section 245D.02, subdivision 15a; (3) mechanical restraint, as defined in section 245D.02, subdivision 15b; or (4) any other form of restraint that limits the free and normal movement of body or limbs.
>
> `Minn. Stat. 144G.08, subd. 61a`

> "Prone restraint" means the use of manual restraint that places a resident in a face-down position. Prone restraint does not include the brief physical holding of a resident who, during an emergency use of a manual restraint, rolls into a prone position and as quickly as possible the resident is restored to a standing, sitting, or side-lying position.
>
> `Minn. Stat. 144G.08, subd. 54a`

> "Imminent risk" means an immediate and impending threat to the health, safety, or rights of an individual.
>
> `Minn. Stat. 144G.08, subd. 26a`

> An assisted living facility must not lock a resident in the resident's unit;
>
> `Minn. Stat. 144G.41, subd. 1(10)`

> Effective January 1, 2027, Chapter 144G establishes a framework governing restraints in assisted living facilities
>
> `MDH, 2026 Assisted Living Legislative Update (July 30, 2026), Restraint Definitions and Requirements (guidance)`

> Toll free 1-800-657-3591 or 651-431-2555.
>
> `Office of Ombudsman for Long-Term Care, Contact Us (guidance)`

Changes already enacted

- **Restraints prohibited, with two exceptions (Minn. Stat. 144G.85, subd. 1), and the report to MDH and the ombudsman within seven calendar days (Minn. Stat. 144G.85, subd. 3(b)): from January 1, 2027.** Added by Laws 2026, chapter 95, article 3, section 23. The definitions of imminent risk, prone restraint and restraint (144G.08, subds. 26a, 54a and 61a) take effect the same day (sections 10 to 12). MDH had not published its reporting form when this manual was written.
- **Restraint training, and the exemption for a licensee with a policy prohibiting the use of restraints (Minn. Stat. 144G.65, subd. 5): from January 1, 2027.** Added by Laws 2026, chapter 95, article 3, section 22.

Adopted November 1, 2026 · Next review November 1, 2027