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DSP Memo Series 2009-05

To: Certified/ Regulated Facilities for the Developmentally Disabled
Certified/Regulated Mental Health and Alcohol or Other Drug Abuse Treatment
Programs
Group Foster Home Licensees
Licensed Child Placing Agencies
Residential Care Centers for Children and Youth Licensees Foster
Home and Treatment Foster Home Licensees County Community
Options Program Coordinators
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors County
Departments of Social Services Directors County Mental
Health Coordinators
County Waiver Coordinators
Tribal Chairpersons/Human Services Facilitators
Shelter Care Licensees

From: Karen E. Timberlake, Secretary, Department of Health Services
Reggie Bicha, Secretary, Department of Children and Families

Re: Prohibited Practices in the Application of Emergency Safety Interventions with Children and Adolescents in
Community Based Programs and Facilities

PURPOSE AND APPLICABILITY

The purpose of this memo is to delineate practices that should not at any time be used during the course of an emergency safety intervention (i.e., emergency restraint or containment in response to a situation posing danger to self or others). These practices are seen as inherently high risk for causing serious injury and possibly death and thus should be avoided.

It is recognized that, in certain situations, emergency safety interventions must be utilized to keep an individual safe from him/herself or to prevent injury to others and that these situations sometimes require hands on interventions. It is also recognized that such events typically have two stages, a) the initial intervention to prevent further harm and b) a more extended stage, once the person has been initially contained and until the person regains control. The initial stage can be very hard to control due to the rapid need to contain but the later stage is typically more planned and controlled. While emergency restraints should be avoided at all times, it is absolutely essential that they not be used for any extensive period following the initial containment. If a prohibited procedure is inadvertently used during an initial contact, it should be terminated immediately. It is also essential that, during any initial control or other "hands on" process, great care be taken to protect the head or any other part of the body from injury.

OVERVIEW

The Wisconsin Department of Health Services (OHS) and the Department of Children and Families (DCF) are in full support of the national trend to reduce restrictive measures. The ultimate goal is to work toward systems and settings in which restrictive measures are not necessary and in which positive intervention strategies obviate the need for restrictive measures. The vision of OHS and DCF is to promote recovery and healing within a mental health treatment culture that is consumer driven, trauma informed, and recovery based. Toward these goals, OHS and DCF have undertaken efforts to provide training and technical assistance to providers who may be in situations in which restrictive measures are used.

It is also recognized, however, that there may be instances in which an individual's behavior presents an imminent danger of harm to self or others and that emergency safety interventions may be necessary to contain this risk and keep the individual and others safe. These interventions should be used only in emergency situations in which there is an imminent risk of harm to self or others and only for the duration of time the emergency situation persists. Restrictive measures should not be seen as or used for treatment but rather as temporary emergency measures only.

Restrictive measures are to be avoided whenever possible and all other feasible alternatives should be exhausted prior to using a physical intervention including a variety of de-escalation techniques. When required, such interventions should be used for the shortest time possible in the individual circumstance and should be carried out in a manner that does not cause undue physical or emotional discomfort, harm or pain to the individual. Any such procedures are inherently risky but certain practices present serious risk of injury and possibly even death. These procedures should not be used in any circumstance.

PROHIBITED PROCEDURES

The following practices or procedures should not at any time be used during an emergency physical intervention:

- Any maneuver or technique that does not give adequate attention and care to protection of the head ;
- Any maneuver that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression;
- Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child's head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, for example straddling or sitting on the torso;
- Any type of choke hold;
Any technique that involves pushing on or into an individual's mouth, nose, or eyes, or covering the face or body with anything, including soft objects such as pillows or washcloths, blankets, bedding, etc. This specifically excludes the use of the finger in a vibrating motion to stimulate the person's upper lip when they are biting themselves or other persons (to create a "parasympathetic response" that causes the mouth to open) and "leaning into" a bite with the least amount of force necessary to open the jaw; and
- Any technique that utilizes pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints , or extended use of pressure points for pain compliance.

CONCLUSION

The Department of Health Services and the Department of Children and Families believe that the use of seclusion and restraint are not treatment nor therapeutic. We encourage all facilities and programs to become familiar with the changing standards of care which focuses on the prevention of the need to use seclusion and restraint and take steps to reduce their use immediately. Please call the Department contacts listed below regarding possible training and technical assistance that will provide staff tools to prevent situations that give rise to the use of seclusion and restraint and, should they occur, the crises are therapeutically de-escalated and evaluated.

OHS CONTACTS

Mental Health and Substance Abuse Services
(608) 266-2861

Long Term Care
(920) 303-3026

DCF CONTACT

Out of Home Care Section Chief
Division of Safety and Permanence
Bureau of Permanence and Out of Home Care
608-422-6930

*The Child Welfare League of America's publication. "State Regulations for Behavior Support and Intervention: A Promising Model was consulted in the preparation of this document and the term "prohibited practices" was coined by them.