

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued:  <b>1/1/10</b>	Reviewed: <b>10/30/2014</b> By: <b>HCS</b> Last Revision: <b>10/30/2014</b>	Section: <b>All</b> (Supervisory, Care Coordinator, Vendor, Provider Network)	Policy No:  <b>067</b>	Pages:  <b>1 of 2</b>
	<input checked="" type="checkbox"/> <b>Wraparound</b> <input checked="" type="checkbox"/> <b>Wraparound-REACH</b> <input checked="" type="checkbox"/> <b>FISS</b> <input checked="" type="checkbox"/> <b>Project O-Yeah</b>	Effective Date:  <b>1/1/15</b>	Subject:  <b>USE OF RESTRAINTS / SECLUSION</b>		

## I. PHILOSOPHY

Wraparound Milwaukee strives to provide care and services to youth and families that is free from harm and injury. An enrollee has the right to be free of any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation as specified in other Federal regulations on the use of restraints and seclusion, except to protect ones safety and well being. This is encouraged through the use of approaches and interventions that promote partnering with youth in an atmosphere that addresses dignity and respect, while building on knowledge of the youth’s strengths and needs.

Restraints/restrictive measures are not a preferred intervention and are to be avoided whenever possible. All other feasible alternatives should be exhausted prior to using any type of physical intervention. Risks associated with the use of restraint include, but are not limited to: accidental death, injury, emotional harm to the enrollee and staff, disruption of the helping relationship and exposing the youth and staff involved to potential trauma.

The State Department of Health Services (**DHS**) and the Department of Children and Families (**DCF**) believe that the use of seclusion and restraint are not treatment nor are they therapeutic (Memo dated March 13, 2009 – DHS/DCF).

**All care giving staff should refrain as much as possible from physically holding or having contact with youth in their care. Only trained, authorized individuals should be imposing any form of physical restraint and only in the circumstances referenced below.**

## II. DEFINITIONS

- A. **Restraint** – Any type of manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a youth to move his or her arms, legs, body or head freely OR a drug or medication that is used as a restriction to manage the youth’s behavior or restrict the youth’s freedom of movement and is not a standard treatment or dosage for the youth’s condition.
- B. **Seclusion** – The involuntary confinement of a youth alone in a room or area from which the youth is physically prevented from leaving.

## III. POLICY

It is the policy of Wraparound Milwaukee that restraint may only be imposed if all of the following circumstances are adhered to:

- Only in emergency situations.
- Only to ensure the immediate physical safety of the youth, a staff member or others.
- Only if less restrictive interventions have been determined to be ineffective.
- Only by an individual fully trained in physical restraint techniques.

- For the shortest time possible.

#### IV. PROCEDURE

- A. All Mobile Urgent Treatment staff – county and contracted, Crisis Stabilization/Supervision Providers and State Mandated service providers (i.e., Group Home, Residential and Inpatient staff, etc.) must be trained in a curriculum that increases the understanding of youth’s rights, the development of improved communication skills and verbal de-escalation skills, and in safe physical management techniques in situations where there is risk of physical injury or harm to self or others.
- B. Staff must use techniques consistent with their training when imposing restraint on a youth.
- C. Staff must follow post restraint guidelines as recommended by the curriculum they’ve been trained in and/or per agency policy.
- D. Following the use of restraint, the agency imposing the restraint must immediately contact the youth’s legal guardian, Care Coordinator, other identified Child and Family Team members and law/bureau personnel (if applicable) to inform them of the incident.
- E. Care Coordinators must complete an electronic critical incident report within 24 hours of any use of restraint and submit it to their supervisor for review and signature. The critical incident report must then be electronically forwarded to Wraparound Milwaukee for review and follow-up, as needed. A copy of the report may be retained in the enrollee’s chart under the legal section or within the Synthesis electronic client file.
- F. Wraparound Milwaukee Provider Network Agencies who engage in the use of any restraint/seclusion with a youth must also submit their incident report to Wraparound Milwaukee within 24 hours.
- G. A Child and Family Team meeting should occur shortly after the incident to debrief on the situation. The meeting should, at minimum, include a discussion of the following:
  - The situation that led to the use of the restraint/seclusion.
  - Alternative techniques.
  - Any procedures that may be used/implemented to prevent a reoccurrence.
  - Review of the Crisis Plan and Crisis/Safety Domain in the Plan of Care with any needed revisions/alternatives strategies written into either document.

The outcome of any debriefing sessions/meetings must be documented in a progress note, including any changes to the youth’s Plan of Care or Crisis Plan.

Reviewed & Approved by: Bruce Kamradt  
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