Status **Scheduled** PolicyStat ID **12220383**

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

Date Issued	1/1/2010
Last Approved Date	8/23/2022
Effective	9/1/2022
Last Revised Date	8/23/2022
Next Review	12/31/2024
Owner	Dana James
Policy Area	Wraparound (Wrap, REACH, youth CCS)-Administration

#067- Use of Restraints / Seclusion

I. PHILOSOPHY

Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced to as Wraparound Milwaukee) strives to provide care and services to youth and families that is free from harm and injury. A youth 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 trauma-informed 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 must be exhausted prior to using any type of physical intervention, and restraints/restrictive measures must only be used when the alternative would be imminent danger to self or others. Risks associated with the use of restraint include, but are not limited to: accidental death, injury, emotional harm to the youth and staff, disruption of the helping relationship and exposing the youth and staff involved to potential trauma.

Wraparound Milwaukee provides covered services to all eligible members regardless of age, race, religion, color, disability, sex, sexual orientation, gender identity, disability, national origin, marital status, arrest or conviction record, or military participation. We will not use restraints/restrictive measure or seclusion to discriminate against any of these groups.

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 must refrain as much as possible from physically holding or having restrictive 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.

All care giving staff have a duty to question or report, if warranted, any restraints/restrictive measures or use of seclusion that they witness which raise concerns about the safety and wellbeing of any youth.

Note: This policy utilizes the term "Care Coordinator", which also applies to Wraparound, REACH, CCS and Youth Connect Care Coordinators and FISS Case Managers. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

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, and never to achieve or force compliance.
- **Only** if less restrictive interventions and approved de-escalation techniques have been determined to be ineffective.
- **Only** by an individual fully trained in permissible physical restraint techniques (i.e. CPI, Mandt, STAR, etc.). Please note prohibited section below.
- For the shortest time possible with minimum amount of force needed. Different programs dictate specific amounts of time. Please defer to your agency leadership for guidance.
- Restraint/restrictive measure must end as soon as imminent criteria is no longer met and is not contingent upon "calm demeanor" or verbal de-escalation.
- As part of an approved Crisis Plan
- The use of a 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 must ONLY be performed by fully trained individuals.

- The following maneuvers, techniques, and procedures are prohibited and may not be used in any circumstance:
    - any maneuver or technique that does not give adequate attention and care to protection of the head.
    - any maneuver or technique that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen.
    - any maneuver or technique that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the torso, or any type of choke hold.
    - any maneuver or technique that involved pushing into a person's mouth, nose, or eyes.
    - any maneuver or technique that utilizes pain to obtain compliance or control, including but not limited to punching, hitting, hyperextension of joints, twisting or bending of limbs, or extended use of pressure points.
    - any maneuver or technique that forcibly takes a person from a standing position to the floor or ground. This includes taking a person from a standing position to a horizontal (prone or supine) position or to a seated position on the floor.

IV. PROCEDURE

A. All Children's Mobile Crisis 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 imminent danger to self or others.

B. Staff must use techniques consistent with their training and ability 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. Upon becoming aware of or personally witnessing an incident of improper use of restraints/ restrictive measures, Care Coordinators/Providers must immediately contact the Quality Assurance Manager by phone or email to notify Wraparound Administration.

F. Care Coordinators/Providers must also 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 youth's chart under the legal section or within the Synthesis electronic client file.

G. 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.

H. A Child and Family Team meeting must occur shortly after the incident to debrief on the situation. The meeting must, at minimum, include a discussion of the following:
    - The situation that led to the use of the restraint/seclusion.
    - All other prior use of restraint for the purpose of looking for patterns.
    - Alternative techniques.
    - Any procedures that may be used/implemented to prevent a re-occurrence.
    - 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.

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/23/2022
	Brian McBride: ExDir2 – Program Administrator	8/23/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022