



Date: January 2, 2017

DCTS Numbered Memo 2017-01
Replaces 2010-06

To: Adult Day Care Providers
Adult Family Homes
Certified/Regulated Facilities for the Developmentally Disabled
Certified/Regulated Mental Health and Alcohol or Other Drug Abuse Treatment Programs
Community-Based Residential Facilities
Community Support Programs
Comprehensive Community Services Programs
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
Family Care Managed Care Organizations
Home Health Agencies
Hospice Providers
IRIS Consultant Agencies
Medicaid Certified Personal Care Providers
Medically Monitored Detoxification Programs
Residential Care Apartment Complexes
Tribal Chairpersons/Human Services Facilitators

From: Linda Seemeyer, Secretary

Prohibited Restrictive Measures in Community-Based Programs and Facilities

This memo replaces DCTS (formerly DMHSAS) memo 2010-06, DLTC memo 2010-09, and DQA memo 10-026.

Purpose and Applicability

This memo specifies maneuvers or techniques that may not be used at any time in community-based programs and facilities. These prohibited maneuvers or techniques present an inherently high risk of serious injury and even death. Any inadvertent use of the procedures listed below must be terminated immediately.

Overview

The Wisconsin Department of Health Services (DHS) supports the national trend of reducing restrictive measures and physical interventions. The ultimate goal is to replace such interventions with trauma-informed systems and settings, positive behavior supports, and non-coercive intervention strategies.

DHS promotes recovery and healing that is consumer-driven, person-centered, trauma-informed, and recovery-based.

Restrictive measures that are not prohibited by this memo may only be used in emergency situations in which there is an imminent risk of serious harm to self or others, or as part of an approved plan. Situations in which the person's behavior was foreseeable based on his or her history are not considered an emergency. In the event a person's behavior presents an imminent risk of harm, the managed care organization, IRIS consulting agencies, or county department that placed the person in the community must submit a plan to DHS, under the process mandated under [Wis. Admin. Code § DHS 94.10](#) and further described in the DHS' [Guidelines and Requirements for the Use of Restrictive Measures](#). After a plan is approved, restrictive measures may only be used as a temporary strategy that must be terminated as quickly as possible, and they must not be used as treatment.

Restrictive measures must be avoided whenever possible and may only be used after all other feasible alternatives, including de-escalation techniques, have been exhausted. When necessary, restrictive measures may only be used with the minimum amount of force needed and for the shortest duration possible to restore safety.

Prohibited Maneuvers, Techniques, or Procedures

The following maneuvers, techniques, or procedures may not to be used in any circumstances:

- 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 involves pushing into a person's mouth, nose, or eyes.
- Any maneuver or technique that utilizes pain to obtain compliance or control, including punching, hitting, hyperextension of joints, 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.
- Any maneuver or technique that creates a motion causing forcible impact on the person's head or body, or forcibly pushes an individual against a hard surface.
- The use of seclusion where the door to the room would remain locked without someone having to remain present to apply some type of constant pressure or control to the locking mechanism.

Conclusion

The use of restrictive measures to control or as a response to a person's behavior is not treatment, nor is it therapeutic. All facilities and programs should become familiar with the changing standards of care and best practices focused on building skills and techniques to de-escalate and redirect behaviors that present safety concerns, and work earnestly to promote a trauma-informed culture of care.

For additional information and questions regarding this memo:

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Resources: [Prohibited Practices in the Application of Emergency Safety Interventions with Children and Adolescents in Community-Based Programs and Facilities, P-01196](#)