

STATE OF WISCONSIN
Department of Health Services

DLTC Numbered Memo Series 2010-09
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Date: September 21, 2010
Index Title: Practices that are not to be used in
Community Based Programs and Facilities

To: Listserv

For: Certified/Regulated Facilities for the Developmentally Disabled
Certified/Regulated Mental Health and Alcohol or Other Drug Abuse Treatment
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

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From: Karen E. Timberlake, Secretary, Department of Health Services

Subject: Practices that are not to be used in Community Based Programs and Facilities

PURPOSE AND APPLICABILITY

The purpose of this memo is to delineate practices that are not at any time to be used in community based programs and facilities to control or as a response to a client's violent or aggressive behavior. These practices have been demonstrated to present an inherently high risk for causing serious injury and possibly death and thus are to be avoided.

In certain situations, safety interventions may be required in response to a client's violent behavior, to keep the individual safe from him/herself or to prevent injury to others. These situations sometimes require physical interventions. Such events may have two stages, a) the initial intervention to prevent further harm and b) any further intervention that may be necessary after the person has been initially contained to enable the person to regain control. The initial control may be difficult to achieve due to the rapid need to contain the violent behavior. However, any necessary further intervention should be more planned and controlled. While physical restraints may be used as a last resort to gain control, they are not to be used for any

extensive period following the initial containment and control. If any of the procedures listed below is inadvertently used during an initial intervention, it must be terminated immediately. It is also essential that, during any initial control or other physical intervention, great care be taken to protect the head or any other part of the body from injury.

OVERVIEW

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

DHS also recognizes that there may be instances in which an individual's behavior presents an imminent danger of harm to self or others and that safety interventions may be necessary to contain this risk and keep the individual and others safe. In these instances physical interventions are not to be used except in emergency situations in which there is an imminent risk of harm to self or others. In such situations, physical interventions are to be limited to the duration of time the imminent risk of harm persists. Physical interventions are not to be used in situations in which the individual's dangerous behavior was foreseeable based on his or her history, unless the interventions were approved in advance by the Department and/or county department under the process mandated under Wis. Adm. Code s. DHS 94.10 and further described in the Department's Guidelines and Requirements for the Use of Restrictive Measures. Physical interventions are not to be seen as or used for treatment but rather as temporary emergency measures only.

Physical interventions are to be avoided whenever possible and all other feasible alternatives, including de-escalation techniques, are to be exhausted prior to using a physical intervention. When required, physical interventions may be used only for the shortest time possible in the individual circumstance and are to be carried out in a manner that causes the least possible 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 are not to be used in any circumstance.

PRACTICES AND PROCEDURES THAT ARE NOT TO BE USED

The following practices or procedures are not at any time to be used to control or as a response to a client's violent or aggressive behavior:

- 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, for example straddling or sitting on the torso;
- Any type of choke hold;

- Any maneuver or technique that involves pushing on or into an individual's mouth, nose, or eyes, or covering the face with anything, including soft objects such as pillows or washcloths, blankets, bedding, etc. (However, the finger may be used 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 staff may "lean into" a bite with the least amount of force necessary to open the jaw); and
- 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 an individual face- forward from a standing position to a prone position

CONCLUSION

The use of physical interventions to control or as a response to a client's violent or aggressive behavior is not treatment nor is it therapeutic. All facilities and programs should become familiar with the changing standards of care which focuses on the prevention of the need to use physical interventions and take steps to reduce their use immediately. Please call the DHS contacts listed below regarding possible training and technical assistance that will provide staff tools to prevent situations that give rise to the use of physical interventions and, should they occur, to ensure that the crises are therapeutically de-escalated and evaluated.

DHS CONTACTS

Mental Health and Substance Abuse Services

Kenya Bright
(608) 267-9392

Long Term Care

Julie Shew
(920) 303-3026

Quality Assurance

Sherri Olson
(715) 836-2299

Dinh Tran
(608) 266-6646

cc: Area Administrators/Human Services Area Coordinators
DHS Bureau Directors
DHS Section Chiefs
Disability Rights Wisconsin
Wisconsin Family Ties
Wisconsin Counties Human Services Association

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http://www.dhs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm