



PROHIBITED PRACTICES IN THE APPLICATION OF EMERGENCY SAFETY INTERVENTIONS WITH CHILDREN AND ADOLESCENTS IN COMMUNITY BASED PROGRAMS AND FACILITIES

Department of Health Services / Division of Quality Assurance
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CLARIFICATIONS SURROUNDING EMERGENCY SAFETY INTERVENTIONS

The purpose of this publication is to delineate prohibited practices¹ 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) with children and adolescents. These practices are seen as inherently high risk for causing serious injury and possibly death and are thus prohibited. This publication replaces the Prohibited Practices memo dated March 13, 2009.

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: (1) the initial intervention to prevent further harm, and (2) 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 urgent need to contain, but the later stage is typically more planned and controlled. While emergency safety interventions should be avoided whenever possible, it is absolutely essential that they not be used for any extensive period following the initial containment. If an emergency safety intervention 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 (DHS) is in full support of the national trend to reduce restrictive measures. The ultimate goal is to work toward systems and settings in which positive intervention strategies obviate the need for restrictive measures. The vision of DHS is to promote recovery and healing within a mental health 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 emergency safety interventions 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 that the emergency situation persists. Emergency safety interventions should not be used for treatment, but rather as temporary, emergency measures only.

Emergency safety interventions are to be avoided whenever possible and all other feasible alternatives should be exhausted, 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 death; these procedures should not be used in any circumstance.

¹ 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.

Prohibited Practices / Procedures

The following practices or procedures should not at any time be used during an emergency safety 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 (e.g., 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), "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 believes that the use of emergency safety interventions is neither treatment nor therapy. We encourage all facilities and programs to become familiar with the changing standards of care which focus on the prevention of the need to use emergency safety interventions and to take steps to immediately reduce their use.

CONTACT NUMBERS

Call the Department contacts listed below regarding possible training and technical assistance that will provide tools to prevent situations that give rise to the use of emergency safety interventions and that, should they occur, the crises are therapeutically de-escalated and evaluated.

DHS Division of Mental Health and Substance Abuse Services (DMHSAS): **608-266-0907**

DHS Division of Long Term Care (DLTC): **920-303-3026**