



Administrative Policies and Procedures: 19.11

Subject:	Use of Physical Restraint and Seclusion
Authority:	TCA 33-3-104, 33-3-120, 37-1-102, 37-1-116, 37-5-105, 37-5-106, 37-2-214
Standards:	COA: PA-BSM 2, BSM 3, BSM 4, BSM 5, BSM 6; ACA: 4-JCF-3C-03, 4-JCF-2A-18, 4-JCF-2A-19, 4-JCF-2A-29, 4-JCF-2A-30; JCAHO Behavioral Health Standard: Rules of the Tennessee Department of Mental Health and Substance Abuse Services, Mental Health Services, Chapter 0940-03-09, Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential Treatment Facilities; PREA: 115.342
Application:	To all Department of Children’s Services and Youth Development Center Employees and Contract Providers (with the exception of Detention Centers).
Policy Statement:	
DCS is committed to reducing, and ideally preventing, the use of physical restraint and seclusion of the children/youth it serves. Physical restraint and seclusion may be used only in an emergency when the child/youth, due to his/her current behavior, poses an imminent risk of harm to himself/herself or others. This policy applies to all children and youth in DCS custody/guardianship regardless of adjudication. Physical restraint and seclusion will not be used for discipline, punishment, administrative convenience, retaliation, staffing shortages, or any reason other than a temporary response to behavior that threatens immediate harm to a youth or others.	
Purpose:	
To set clear minimal standards and expectations for DCS employees, Contract Providers and DCS Kin/Foster/Adoptive Parents in order to maintain a safe and therapeutic environment for children and youth in all care settings. The use of physical restraint or seclusion is seen as a restrictive intervention and one that poses a risk to the physical and/or psychological well-being of a child/youth.	
Procedures:	
A. Definitions of Physical Restraint and Seclusion	<div>1. “Physical restraint” is the use of body contact by staff with a child/youth to restrict freedom of movement or normal access to his or her body.<div>◆ Four/Five-Point Restraint (arms, head and legs secured to a fixed object) is prohibited in Youth Development Center and all Contract Provider placements.</div></div> <div>The following is not considered physical restraint and is considered acceptable:<div>◆ Physical touch associated with prompting, comforting or assisting that does not prevent the service recipient’s freedom of movement or normal access to his or her body.</div></div> <div>2. “Seclusion” is the confinement of a child/youth alone in a room or an area where the child/youth is prevented or deterred from leaving. This definition is not</div>

	<p>limited to instances in which a child/youth is confined by a locked or closed door and includes, for example, threatening to remove privileges or reduce program levels, or any other circumstance where the child does not feel free to leave.</p> <p>Seclusion does not include:</p> <ul style="list-style-type: none"> a) The segregation of a child/youth for the purpose of managing biological contagion consistent with the Centers for Disease Control Guidelines; b) Confinement to a locked unit or ward where other children/youth are present. Seclusion is not solely confinement of a child/youth to an area, but separation of the child/youth from other persons; or c) Voluntary time-out involving the voluntary separation of an individual child/youth from others. The child/youth is allowed to end the separation at will. d) In a YDC or Hardware Secure Residential Child Care Agency, temporarily securing children in their rooms during regularly scheduled times, such as periods set aside for sleep or regularly scheduled down time, that are universally applicable to the entire population or within the child's assigned living area, as described in Policy 27.1, Securing Student Rooms at a Youth Development Center.
<p>B. Use of Physical Restraint and Seclusion</p>	<ol style="list-style-type: none"> 1. Physical Restraint is allowed only in a DCS Youth Development Center and facilities contracted by the Department of Children's Services and licensed as a Mental Health Residential Treatment Facility for Children and Youth (Rules of the Tennessee Department of Mental Health and Substance Abuse Services, Licensure, Chapter 0940-5-37), an Intellectual Developmental Disabilities Residential Habilitation Facility (Chapter 0940-05-24) or appropriately staffed Group Homes. Staff persons counted in the staff-to-child/youth ratio may only be persons who are assigned to provide direct program services as described by written job description. Refer to Contract Provider Manual for regulations on child: staff ratio for each contract type. 2. Physical Restraint and seclusion are prohibited by DCS in Contract Provider kin/foster/adoptive homes (See DCS Policy 16.8, Responsibilities of Approved Foster Homes and 19.12, Behavior Management). 3. While DCS prohibits the use of physical restraint in foster homes and group settings without appropriate staffing or training, there may be rare emergency situations in which a foster parent or group home staff member may have to intervene physically in order to keep a youth safe (e.g. to separate two youths who are fighting when one or both youth require restriction of movement). The provider will report all incidents of physical restraint as outlined in DCS Policy 1.4 Incident Reporting, including documentation elements 1a-1e from section K of this policy. 4. Seclusion is allowed only in a DCS Youth Development Center, Hardware Secure Residential Child Care Agencies, and facilities contracted by the Department of Children's Services and licensed as a Mental Health Residential Treatment Facility for Children and Youth (Rules of the Tennessee Department of Mental Health and Substance Abuse Services, Licensure, Chapter 0940-5-37). 5. The facility has an organizational philosophy that works to prevent, reduce, and eliminate the use of all physical restraints and seclusion and prevent

	<p>emergencies that have the potential to lead to the use of restraints or seclusions.</p> <ol style="list-style-type: none"> 6. Physical restraint and seclusion are emergency safety interventions, not therapeutic techniques, and are implemented in a manner designed to protect the child/youth's safety, dignity and emotional well-being. 7. Staffing levels and resources are set to minimize circumstances that give rise to emergency situations that may require the use of physical restraint or seclusion, and that maximize safety when these interventions are used. There is sufficient staffing to ensure appropriate supervision of all other children/youth while trained staff devotes full time and attention to all uses and phases of physical restraint and seclusion. 8. The use of physical restraint is allowed only in the case of an emergency when the child/youth is at imminent danger of self-harm or of harming others and no other option exists to protect the safety of the child/youth and staff members. 9. In a YDC or Hardware Secure Residential Child Care Agency setting, physical restraint may also be justified to prevent a clear and immediate escape attempt. 10. Clothing may not be removed from a child/youth in conjunction with the use of physical restraint or seclusion, other than that which is determined to place the child/youth or others at risk.
C. Initial Assessment and Notification	<ol style="list-style-type: none"> 1. Upon the child/youth's placement into the facility, an initial assessment (which may incorporate information and assessments prior to admission into the facility) takes place to obtain information about the child/youth that could help minimize the use of physical restraint or seclusion. The assessment includes the identification of: <ol style="list-style-type: none"> a) Precursors of behavior that put youth or others at risk of harm. b) Techniques, methods or tools that will help the child/youth control his or her behavior. When appropriate, parents, family members and placement staff may assist in the identification of such techniques based on knowledge of what interventions have been beneficial in the past for the individual child/youth; c) Pre-existing medical or psychiatric conditions or physical disabilities and limitations that would place the child/youth at greater risk during physical restraint or seclusion; and d) History of sexual or physical abuse or trauma that would place the child/youth at greater psychological risk during physical restraint or seclusion. 2. Upon the child/youth's admission into the program, the YDC or Contract Provider Agency informs the child/youth and his/her legal guardian(s) of the policy regarding the use of physical restraint or seclusion during emergency situations that may occur while the child/youth is in the program. The communication is in a manner that the child/youth and his/her legal guardian(s) understand and the parent or legal guardian's consent will be sought. This information is communicated both orally and in writing. For youth in a YDC, it may be difficult to involve parents or legal guardians, however, conversations with families are held to the most reasonable extent possible.

D. Training	<ol style="list-style-type: none">1. All staff who make use of physical restraint or seclusion are trained prior to performing these interventions and annually thereafter by a certified trainer in nationally recognized crisis intervention program.2. The training involves a post-test and the observation of staff in practice to ensure competency.3. Records of staff completion of training is maintained and made available to DCS upon request.4. Training addresses prevention of the use of restrictive behavior management techniques through a curriculum that includes the following:<ul style="list-style-type: none">◆ Recognizing aggressive and out-of-control behavior, psychosocial issues, medical conditions, and other contributing factors that may lead to a crisis;◆ Understanding how staff behavior can influence the behavior of children/youth;◆ Understanding the limitations of restrictive behavior management techniques such as physical restraint or seclusion;◆ Listening and communication techniques such as negotiation and mediation;◆ Involving the person in regaining control and encouraging self-calming behaviors;◆ Separation of individuals involved in an altercation;◆ Physical intervention for the temporary touching or holding of the hand(s), wrist(s), arm(s), shoulder(s) or back for the purpose of inducing the service recipient to walk to a safe location;◆ Voluntary time out to allow the person to calm down; and,◆ Other non-restrictive methods to de-escalate and reduce episodes of aggressive and out-of-control behavior.5. Training includes staff understanding of:<ul style="list-style-type: none">◆ When it is appropriate to use a restrictive intervention such as physical restraint or seclusion;◆ Safe use of physical restraint and seclusion, including time limits;◆ Understanding of the experience of being placed in a physical restraint or in seclusion;◆ Response techniques to prevent and reduce injury; and◆ Negative effects that can result from misuse of restrictive interventions.6. Training also includes staff learning to recognize and assess the following during a restrictive behavior management intervention, such as physical restraint or seclusion:<ul style="list-style-type: none">◆ Physical and mental status of the child/youth, including signs of physical distress;◆ Nutritional and hydration needs of the child/youth;
--------------------	--

	<ul style="list-style-type: none"> ◆ Readiness to discontinue use of the physical restraint or seclusion; and ◆ Recognizing when medical or other emergency personnel are needed.
E. Authorization and Performance of Physical Restraint or Seclusion	<ol style="list-style-type: none"> 1. The staff member(s) performing the physical restraint contacts a Qualified Clinician to authorize the intervention either prior to the intervention, or immediately following the intervention if obtaining prior permission is infeasible due to the emergent nature of the situation. While it is best practice to obtain this authorization prior to the intervention, DCS understands that this is not always possible when handling the types of emergencies requiring the use of physical restraint or seclusion. 2. Authorization of intervention: Clinicians qualified to authorize physical restraint or seclusion are noted in the definition section under “Qualified Clinician” and differ slightly for a YDC. DCS acknowledges that when restraint is used consistent with B4, the provider may not have the type of clinician noted in this section. 3. For seclusion, objects (such as belts, shoes, jewelry) that can be used to inflict self-injury are to be taken from the child/youth prior to placement of the child/youth in the seclusion room if there are indications in the child/youth’s record or if the child/youth’s current behavior suggests that such precautions are warranted. 4. A new authorization is required if there is a change in the intervention utilized. If the use of physical restraint or seclusion has been discontinued, it may be used again only with a new authorization, even if a previously authorized time limit has not expired. 5. Authorizations for the use of physical restraint are time-limited up to fifteen (15) minutes for children age nine (9) years and under and up to thirty (30) minutes for children/youth ages ten (10) years and over. Physical restraints lasting longer than the allowed time frames require clinical justification for continuation and a new authorization. 6. Authorizations for the use of seclusion are time-limited up to fifteen (15) minutes for children age nine (9) and under, up to thirty (30) minutes for children/youth age 10-13 and up to one (1) hour for youth age 14 and over. Seclusion lasting longer than the specified time frame requires clinical justification and a new authorization. 7. The new authorization of restraints or seclusions that exceed the initial time limits must be from a qualified clinician. The new authorization will have the same time limits as those identified in E5 and E6 above and must be for a new incident. The total period of seclusion shall not, under any circumstance, exceed six (6) total hours of seclusion within a twenty four (24) hour period. 8. Time-limited authorizations do not mean that the use of restrictive behavior management interventions will be applied for the entire length of time for which the authorization is written. Physical restraint and seclusion is used only for the minimum amount of time necessary.

F. Seclusion Room Characteristics	<p>Seclusion is provided only in a clean, dry, temperate location and free of potentially hazardous conditions from which the child/youth might harm him or herself or others. Rooms used for seclusion allow staff full view of the child/youth in all areas of the room. The room will have the following qualities:</p> <ul style="list-style-type: none"> a) For non-YDC or Hardware Secure Residential Child Care Agency facilities, the entrance to the room is either unlocked for ingress and egress, or is fitted with a sensor (or other suitable safety device) that must be continuously controlled by the staff member monitoring the room for the door to remain locked. b) The room is lighted and well ventilated. c) Light fixtures are screened or recessed, interior doorknobs are removed, and hinges are recessed. d) The room is at a minimum fifty (50) square feet in area. e) The room is unfurnished and may have padding that is designed specifically for use in psychiatric or similar settings and approved by the local health and fire authorities. f) The room contains an observation window the dimensions of which permit a child/youth to be in view regardless of where he/she is positioned in the room. g) Inspected and approved under regulations adopted by the State Fire Marshal prior to usage.
G. Monitoring and Assessment	<ol style="list-style-type: none"> 1. A child/youth in physical restraint or in seclusion is continually assessed and monitored. All staff involved in conducting or monitoring restraints or seclusions are fully trained in compliance with the Training section (D) of this policy. <ul style="list-style-type: none"> ◆ Monitoring of physical restraint is by direct visual observation and staff remain in the immediate physical presence of and in the same room as the child/youth. Video monitoring does not meet this requirement. Monitoring of seclusion is by direct in-person (face-to-face) visual observation through the seclusion room window or in the room itself. 2. In addition to monitoring the child/youth on a continuous, face-to-face basis, staff assess the child/youth every 15 minutes for: <ul style="list-style-type: none"> ◆ Any harmful health effects or signs of any injury associated with the intervention; ◆ Psychological status and comfort of child/youth; ◆ Child/youth's need for food, water, and use of bathroom facilities; ◆ Readiness to discontinue the intervention; and ◆ Difficulty breathing and any other physical complaints that may signal the need to discontinue the intervention. 3. In the event of an emergency evacuation while a youth is in seclusion, DCS or provider staff will escort the youth to a safe space or location. DCS or provider staff will remain with the youth and continue visual observation and verbal periodic checks.

H. Termination and Follow-up Assessment	<ol style="list-style-type: none"> Physical restraint and seclusion are used for the minimum time possible. These interventions are terminated when the behavior justifying their use no longer exists or if the face-to-face assessments required by this policy do not occur. Immediate release occurs with any threat to the child/youth's physical or emotional well-being. For non-YDC's, within one (1) hour of the initiation of the use of physical restraint, a Qualified Clinician or Registered Nurse will conduct an in-person evaluation of the individual. The purpose of this in-person assessment is to work with the youth and staff to determine ways the youth can regain control and make any necessary revisions to the youth's treatment plan. For a YDC, nursing staff is notified immediately following any incident of seclusion or restraint. <ol style="list-style-type: none"> Nursing staff is notified immediately. If nursing staff is not available, security staff that was not involved in the incident is responsible for assessing the youth for injuries. A photograph of the youth's face is taken and photographs of any observed or reported injuries from the waist up and from the knees down. All injuries are documented on form CS-0166 Accident/Incident/Injury Report and photographs are attached to the report. Photographs are taken by nursing or by a security supervisor if nursing staff are unavailable. Nursing staff document the incident, the findings from the assessment, photographs and any treatment given to the youth in the medical chart.
I. Medical Treatment	<p>If a child/youth is injured as a result of the use of physical restraint or seclusion, staff immediately obtains medical treatment for that child/youth.</p>
J. Debriefing	<ol style="list-style-type: none"> The youth, staff and parent or legal guardian participate in a debriefing about the physical restraint or seclusion episode as soon as possible, but no longer than twenty-four (24) hours after the intervention occurred. The debriefing occurs in a safe, confidential setting. Parents, legal guardians and/or DCS employees are provided the opportunity to participate in a discussion with appropriate staff about the episode that precipitated the use of physical restraint or seclusion. If this is not feasible, attempts to reach these individuals or reason for not including these individuals are documented in the Incident Report. The debriefing with the youth, staff and parent or legal guardian is used to: <ol style="list-style-type: none"> Ascertain that the child/youth's physical well-being, psychological comfort, and right to privacy were addressed; Identify any trauma that may have resulted from the incident and identify services to address the trauma; Identify what led to the emergency and what could have been handled differently; Facilitate the child/youth's reentry into routine activities; and When indicated, modify the child/youth's treatment plan.

	<p>5. Debriefing with staff takes place in order to:</p> <ol style="list-style-type: none"> Assess staff physical and emotional status. Discuss what precipitating events led to the intervention, how the incident was handled, and discuss any necessary changes to procedures or training to avoid future incidents <p>6. Debriefing takes place with any children/youth or other individuals who witnessed the incident, with an emphasis placed on returning the environment to pre-incident condition and resuming the normal program routine.</p> <p>7. YDC staff follows the steps outlined in the <u>Procedure: Steps for Debriefing and Reporting the Use of Seclusion in a Youth Development Center (YDC)</u> and document the debriefing utilizing form CS-0165, Youth Behavior Management Debriefing.</p>
K. Notification and Documentation	<p>1. The Department of Children's Services is notified of all incidents of physical restraints or seclusions as outlined in DCS Policy <u>1.4 Incident Reporting</u>. Documentation includes the following:</p> <ul style="list-style-type: none"> ◆ A clear description of the events and behavior leading to the initiation of the physical restraint or seclusion, including the specific risk of harm presented by the child/youth; ◆ A description of attempts by staff to prevent and de-escalate the child/youth prior to utilizing physical restraint or seclusion; ◆ Names of the child/youth and personnel involved; ◆ Duration of intervention; ◆ A description of all injuries that occur because of the intervention; ◆ Verification of continuous observation and fifteen (15) minute checks; ◆ A note that debriefing occurred; and ◆ A note about who authorized and re-authorized the intervention, and who saw the youth within one (1) hour (if applicable). <p>2. Until and unless Termination of Parental Rights (TPR) has occurred, the child/youth's parents are notified within twenty-four (24) hours of the occurrence of any physical restraint or seclusion and outcome of debriefing.</p> <p>3. An acknowledgement, in writing, from the child/youth and the parent, guardian or DCS, as appropriate, that he or she has been informed of the facility's policy on the use of physical restraint in an emergency situation is placed in the child/youth's record.</p>
L. Internal Review	<p>1. The YDC or Contract Provider Agency engage in ongoing performance improvement activities that focus on the reduction of the use of physical restraint and seclusion. Information obtained through the review processes are considered, at least quarterly, in the identification of specific performance improvement activities and in the evaluation of the effectiveness of performance improvement activities.</p>

	<p>2. Agencies utilize data throughout the year to identify trends in use of restrictive behavior management techniques in order to reduce the use of physical restraint and seclusion.</p> <p>3. The YDC or Contract Provider Agency ensures that a routine process is in place to address the use of crisis intervention and physical restraint or seclusion in individual and/or group supervision with all direct service and clinical staff. Such supervision focuses on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods and further reduce the use of physical restraint or seclusion.</p> <p>4. The YDC or Contract Provider Agency ensures that the program or clinical director is notified following each use of seclusion or physical restraint and that each incident is administratively reviewed no later than one (1) working day following an incident.</p>
--	---

Forms:	<p><u>CS-0165, Youth Behavior Management Debriefing</u></p> <p><u>CS-0166 Accident/Incident/Injury Report</u></p> <p><u>CS-0496, Incident Report</u></p>
---------------	--

Collateral documents:	<p><u>Children's Health Act of 2000 (Public Law 106-310 H.R. 4365)</u></p> <p><u>DCS Policy 1.4, Incident Reporting</u></p> <p><u>DCS Policy 19.1, Suicide/Self Harm Prevention and Intervention in a Youth Development Center</u></p> <p><u>DCS Policy 19.12, Behavior Management</u></p> <p><u>Procedure: Steps for Debriefing and Reporting the Use of Seclusion in a Youth Development Centers (YDC)</u></p> <p><u>Tennessee Department of Mental Health/Developmental Disabilities Rules and Regulations</u></p> <p><u>Tennessee Child Welfare Practice Model</u></p>
------------------------------	--

Glossary:	
Term	Definition
Isolation	See Seclusion
Physical restraint:	The use of body contact by staff with a child or youth to restrict freedom of movement or normal access to his or her body.
Qualified Clinician	<p>A Qualified Clinician is any one of the following:</p> <ul style="list-style-type: none"> • Medical doctor or doctor of osteopathy • Certified nurse practitioner

	<ul style="list-style-type: none">• Physician assistant• Nurse with a master's degree in nursing who functions as a psychiatric nurse• Psychologist with Health Service Provider designation• Licensed professional counselor• Senior psychological examiner• Licensed marriage and family therapist• Licensed clinical social worker <p>For a YDC only: A Licensed Practical Nurse or a Registered Nurse may also serve as a Qualified Clinician.</p>
Youth Development Center (YDC)	A state-run hardware secure facility under the supervision and control of the commissioner of children's services that houses children who have been adjudicated delinquent and who meet the criteria as established by the department for placement at such facility.