



Administrative Policies and Procedures: 27.1

Subject:	Use of Mechanical Restraints
Authority:	TCA 33-3-120; 37-5-105, 37-5-106; <i>Children's Health Act of 2000</i>
Standards:	COA: PA-BSM 2, BSM 3, BSM 4, BSM 5, BSM 6; DCS Practice Standards: 7-100A, 7-121C, 7-122D, 7-200A, 7-201A, 7-202A, 7-204A, 7-215C, 7-216C, 7-217C, 7-218C, 7-219C, 7-220C, 7-223C, 7-224C, 7-227C, 7-228C, 7-229C, 8-304; JCAHO Behavioral Health Standard: TX.7.1 (2001)
Application:	All Department of Children's Services Employees (<i>Except Employees in DCS Youth Development Centers</i>) and Contract Providers

Policy Statement:

Mechanical restraints **may** only be used for transporting delinquent children/youth that pose a serious security risk to secure facilities or **may** be used for emergency situations, when a child/youth is at risk of imminent danger of self-harm or harming others, no other option exists to protect the safety of the individuals, and the child/youth is in a mental health facility pursuant to the mental health statutes of Tennessee. The use of mechanical restraints must never be used as a means of punishment, discipline, coercion, convenience or retaliation. Non-physical interventions are the first choice of intervention unless safety issues demand an immediate physical response.

Purpose:

To set clear minimal standards and expectations for providers and DCS employees in order to maintain a safe and therapeutic environment for children/youth in all care settings. The use of mechanical restraints is seen as a restrictive intervention and one that poses a risk to the psychological well being of a child/youth.

Procedures:

A. Organization leadership	DCS ensures that its own facilities and those of its contracting providers will seek to use mechanical restraints only when necessary and only under the conditions specified in this policy.
B. Use of mechanical restraints	<ol style="list-style-type: none"> Mechanical restraints will not be used to transport children/youth in the Department's custody or guardianship as a result of unruly or dependency/neglect adjudications. Children/youth placed in community settings should never be mechanically restrained unless they are being taken into custody to be transported to a secure facility for an alleged criminal act. In this situation, the law enforcement officer taking the child/youth into custody and not program staff should administer the mechanical restraints.

	<ol style="list-style-type: none"> 3. DCS will not permit the use of mechanical restraints to transport delinquent children/youth unless the transport is from one secure facility to another or from a secure facility to an outside appointment. 4. In order to use mechanical restraints for this type of transportation, the staff member must obtain approval from his/her supervisor. 5. If it is necessary to transport a child/youth in mechanical restraints, a secure state vehicle should be utilized. 6. If a secure state vehicle is not available and a non-secure state vehicle must be utilized, a second employee also must participate in transporting the child/youth. Children/youth in handcuffs and transported in a non-secure vehicle must be seated in the rear passenger side seat with the second employee seated in the rear driver's side. 7. Mechanical restraints may be used only to the degree required and for the minimum amount of time necessary. The restraints must be removed as soon as possible after the child/youth has arrived at his/her destination.
<p>C. Monitoring during transport</p>	<ol style="list-style-type: none"> 1. During the transport, the staff member must maintain continual visual observation as well as verbally check with the child/youth at least every fifteen (15) minutes to determine if the mechanical restraints are presenting any discomfort. If there is a reported or noted hampering of circulation or undue discomfort, the restraints must be adjusted immediately. 2. Upon arrival at the location (another secure facility or outside appointment), a health care staff member will evaluate the child/youth to determine if any injuries occurred from the use of the restraints.
<p>D. Documentation and notification</p>	<ol style="list-style-type: none"> 1. The use of mechanical restraints will be reported to DCS in accordance to policy <u>1.4, Incident Reporting</u> and documented in the <i>Serious Incident Reporting (SIR)</i> or <i>Critical Incident Reporting (CIR)</i> web-based applications, as applicable. 2. Written notice of the use of mechanical restraints for transporting in this manner must be completed and sent to central office within twenty-four (24) hours of the occurrence for review. 3. Documentation must include total time in restraints, monitoring at appropriate intervals, any injuries incurred, justification for the use of mechanical restraints, and supervisor granting approval.
<p>E. Training for use of mechanical restraint for transportation</p>	<ol style="list-style-type: none"> 1. Only staff trained in the correct application of mechanical restraints will be allowed to administer the mechanical restraints and transport children/youth. 2. Records of staff completion of training must be maintained by the contract provider and made available for DCS review upon request. 3. All staff trained in the use of mechanical restraints for transportation must not only complete the required amount of training but also demonstrate

	<p>competency in the safe use of mechanical restraints.</p> <p>4. Training also must address appropriate monitoring, documenting and reporting procedures for each occurrence of mechanical restraint.</p> <p>5. Training must occur prior to staff transporting children/youth, and training should be ongoing.</p>
<p>F. Internal review</p>	<p>All contract provider agencies and each DCS facility must incorporate an internal review of all uses of mechanical restraints, including those used for transportation.</p>
<p>G. Emergency use of mechanical restraints</p>	<p>1. DCS prohibits the use of mechanical restraints with neglected, abused or unruly children/youth unless the child/youth was placed in a mental health facility pursuant to the mental health statutes of Tennessee.</p> <p>2. In these cases, the use of mechanical restraints will be 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.</p> <p>3. The use of mechanical restraints for emergency purposes will be permitted only in those facilities that are Joint Commission on Accreditation of Health Care Organizations (JCAHO) accredited and approved to utilize this emergency measure. All JCAHO standards and procedures must be met when a mechanical restraint is used in an emergency situation.</p> <p>a) The facility will have an organizational philosophy that works to prevent, reduce and eliminate the use of all restraints and prevent emergencies that have the potential to lead to the use of restraints.</p> <p>b) Staffing levels and resources are set to minimize circumstances that give rise to emergency situations that may require the use of restraint, and that maximize safety when mechanical restraints must be used.</p> <p>c) At the time of admission to the facility, an assessment occurs that assists in obtaining information about the child/youth that could help minimize the use of restraints as well as identifying medical conditions or any history of abuse that could place the child/youth at greater physical or psychological risk if restraints are used.</p> <p>d) Mechanical restraint and seclusion must never be used simultaneously.</p>
<p>H. Orders for the emergency use of mechanical restraints</p>	<p>1. A licensed independent practitioner (such as a medical doctor, psychologists with health service provider designation, licensed clinical social worker, etc.) who is primarily responsible for the child/youth's ongoing care must order the use of mechanical restraints. If a licensed independent practitioner is not available to order the use of mechanical restraints, a registered nurse may initiate the restraint and obtain a verbal order from the treating physician or other licensed independent practitioner immediately.</p> <p>2. The order must specify the type of mechanical restraint to be used and the number of points of restraint. A new order and authorization will be needed if there is a change in the type of intervention utilized.</p>

	<p>3. Orders for the use of mechanical restraint are time-limited to thirty (30) minutes for children/youth of all ages. Restraints lasting longer than this time frame require clinical justification (obtained through direct evaluation of the child/youth by the licensed independent practitioner) for continuation and require a new order. Mechanical restraint can be reordered for up to an additional thirty (30) minutes. Orders for the use of mechanical restraint are not written as standing orders or on an as needed basis (PRN).</p> <p>4. The licensed independent practitioner must see and evaluate the child/youth in person as soon as possible after the initiation of the mechanical restraints but at least within one (1) hour.</p> <p>5. Time-limited orders do not mean that the use of mechanical restraint must be applied for the entire length of time for which the order is written. Mechanical restraints should be used only for the minimum amount of time necessary.</p>
<p>I. Monitoring</p>	<p>1. Continual monitoring and assessment of the child/youth in mechanical restraints must occur. A staff member must remain in the same room and in the immediate physical presence of the child/youth for observation to ensure the child/youth’s physical safety. Assessment of the child/youth should include:</p> <ul style="list-style-type: none"> ◆ Signs of any injury associated with the application of mechanical restraints, ◆ Nutrition, hydration, ◆ Range of motion in the extremities and circulation, ◆ Vital signs, ◆ Hygiene and elimination, ◆ Physical and psychological status and comfort, and ◆ Readiness for discontinuation of restraint. <p>2. Staff members will document compliance with the monitoring requirements in the child/youth’s medical record.</p>
<p>J. Documentation, reporting and notification</p>	<p>1. Any emergency use of mechanical restraints must be documented in the child/youth’s medical record at the facility as well as documented in the Critical Incident Reporting (CIR) or Serious Incident Reporting (SIR) web-based applications, as applicable, in accordance with DCS Policy 1.4, Incident Reporting.</p> <p>2. Notification of the emergency requiring the use of mechanical restraints must be made to the DCS Family Service Worker, the child/youth’s parents, applicable Central Office Director, and the Director of Medical and Behavioral Services for review.</p>
<p>K. Debriefing</p>	<p>The child/youth and staff will participate in a debriefing about the use of mechanical restraints as soon as possible after the incident but no longer than twenty-four (24) hours after the episode.</p>

L. Training for emergency use of mechanical restraints	<ol style="list-style-type: none">1. Staff that is trained in the emergency use of mechanical restraints will be competent in minimizing the use of restraint. Those staff members who are authorized to administer mechanical restraints are trained and competent in their application as well as in monitoring and assessment techniques when an individual is being restrained. Only staff trained in the correct application of mechanical restraints will be allowed to administer the mechanical restraints in these situations.2. Records of staff completion of training must be maintained by the provider and made available for DCS review upon request.3. All staff trained in the use of mechanical restraints must not only complete the required amount of training but also demonstrate competency in the safe use of mechanical restraints.4. Training also should address appropriate monitoring, documenting and reporting procedures for each occurrence of mechanical restraint.5. Training must occur prior to staff working directly with children/youth, and in an ongoing manner.
M. Agency internal review	All contract provider agencies and each DCS facility must incorporate an internal review of all uses of mechanical restraint.

Forms:	<u>CS-0330 Use of Restraint Report</u>
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Collateral documents:	<i>Children’s Health Act of 2000 (Public Law 106-310 Sec. 1004)</i> <u>DCS Standards of Professional Practice For Serving Children and Families: A Model of Practice</u>
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Glossary:	
Term	Definition
Licensed Independent Contractor:	<p>An individual licensed by the State of Tennessee Health Related Boards as a:</p> <ul style="list-style-type: none"> ◆ Medical doctor ◆ Doctor of Osteopathy ◆ Physician Assistant ◆ Certified Nurse Practitioner ◆ Nurse with a masters degree in nursing, who functions as a psychiatric nurse, and is certified to prescribe medication ◆ Psychologist with health service provider designation ◆ Licensed clinical social worker ◆ Licensed professional counselor ◆ Senior psychological examiner ◆ Other licensed mental health professional who is permitted by law to practice independently. <p>In addition, to be considered a licensed independent practitioner, the individual must be privileged by the hospital medical staff and governing body to authorize the use of restraint.</p>
Mechanical restraints:	<p>The use of a mechanical device that is designed to restrict the movement of an individual. Mechanical restraints will be defined as handcuffs or wristlets, chains, anklets, or ankle cuffs, or any other DCS approved or authorized device.</p>
Seclusion:	<p>The time-limited placement or confinement of an individual alone in any room or area from which egress is prevented.</p>