

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Restraint of Clients

21-22 Page 1 of 2

Policy

No child or youth shall be placed by DCF in any facility that permits physical restraint and seclusion unless the staff of the facility have been trained in the use of physical restraint and seclusion using a training curriculum that has been reviewed and approved by DCF.

Cross Reference: Practice Guide, "Approval Process for Prevention and Emergency Safety Intervention Training Programs".

Legal Reference: Conn. Gen. Stat. §46a-150 through §46a-154.

Life-Threatening Physical Restraint

No provider may use a life-threatening physical restraint.

Physical Restraint

No provider may use involuntary physical restraint except:

- as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others, provided the restraint is not used for discipline or convenience and is not a substitute for a less restrictive alternative; or
 - as necessary and appropriate, as determined on an individual basis by the person's treatment team.
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Seclusion

No provider may involuntarily place a child in seclusion except as an emergency intervention to immediate or imminent injury to the person at risk or to others, provided the restraint is not used for discipline or convenience and is not a substitute for a less restrictive alternative.

Psychopharmacologic agents

No provider may use a psychopharmacologic agent except:

- as an emergency intervention to prevent immediate or imminent injury to the person or to others; or
- as an integral part of the child's established medical or behavioral support plan (if no such plan has been developed, as part of a licensed practitioner's initial orders).

The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.

Monitoring

Any child who is physically restrained shall be continually monitored by a provider. Any child involuntarily placed in seclusion shall be frequently monitored by a provider.

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21-22 Page 2 of 2

- Documentation** Any use of physical restraint or seclusion shall be documented in the child's record and shall include:
- in the case of an emergency:
 - the nature of the emergency; and
 - what other steps, including attempts at verbal de-escalation, were taken as prevention; and
 - detailed description of the nature of the restraint or seclusion, its duration, and its effect on the child's medical or behavioral support plan.
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