

PURPOSE

The Michigan Department of Health and Human Services (MDHHS) requires that a child be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff and that restraint or seclusion must only be used in limited situations as allowable in the emergency rules.

MDHHS strives to prevent and eliminate the use of physical restraints in all settings. Child Caring Institutions (CCI) should decrease and ultimately eliminate restraints and seclusions and increase their trauma responsive practices. Each CCI must develop family care and treatment policies and procedures for implementation of this policy item. These policies and procedures must be made available to all children, their families, and referring agencies.

The purpose of this item is to provide clear guidelines for the limited use of restraints and seclusion as dictated in state and federal laws and regulations as well as the emergency rule. This policy seeks to improve safety and the wellbeing of children in CCIs, and accurately track incidents involving restraints or seclusion.

DEFINITIONS

Chemical Restraint

A drug that meets all of the following criteria, MCL 722.112b(1)(b):

- Is administered to manage a child's behavior in a way that reduces the safety risk to the child or others.
- Has the temporary effect of restricting the child's freedom of movement.
- Is not a standard treatment for the child's medical or psychiatric condition.

Debrief

A discussion of the incident following a restraint or seclusion. The discussion includes details of the pre-incident circumstances, the intervention method(s) employed and the outcome.

Less Restrictive Intervention

Professional strategies which are intended to recognize the early signs of impending dangerous behaviors, to identify and ameliorate the cause(s) of such behaviors and to utilize de-escalation techniques to minimize the consequences of a child's potentially harmful behavior.

Mechanical Restraint

A device attached or adjacent to the child's body that the child cannot easily remove and restricts freedom of movement or normal access of the child's body. Mechanical (material) restraint does not include the use of a protective or adaptive device, or a device primarily intended to provide anatomical support.

Personal Restraint

Per MCL 722.112b(1)(h), the use of physical force without the use of a device, for the purpose of restraining the free movement of the child's body. Personal restraint does not include:

- Briefly holding the child without undue force in order to calm or comfort the child.
- Holding a child's hand, wrist, shoulder or arm to safely escort the child from one area to another.
- The use of a protective or adaptive device or a device primarily intended to provide anatomical support.

Protective Device

A mechanical device or physical barrier to prevent the child from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device incorporated into the child's treatment plan is not to be considered a mechanical restraint. MCL 722.112b(1)(g).

Seclusion

The temporary placement of a child in a room, alone, where egress is prevented by any means and may only be used if essential to prevent the child from physically harming others.

Trauma Responsive

Children receiving services in a CCI may have experienced complex trauma, which can significantly harm individual and familial development. The following are examples of approaches for a CCI to be trauma responsive:

- Referring or providing clinical trauma assessments as necessary.
- Collaborating with mental health providers to link children to evidence-based and supported trauma services.
- Developing resiliency-based case plans and recognizing the necessity of building workforce resiliency both at the individual staff and organizational levels.

STANDARDS

Implementation of Restraint or Seclusion

- A child will not be restrained or secluded except in the circumstances set forth in this policy.
- Restraints may only be used after less restrictive techniques have been exhausted and the restraint is still necessary to prevent serious injury to the child, self-injury, injury to others, or as a precaution against escape where the child may be at risk of injury to self or others.
- Restraint or seclusion of a child must be performed in a manner that is safe, appropriate, and proportionate to the severity of the child's behavior, chronological and developmental size, age, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the child's treatment plan.
- Restraint or seclusion must be performed in a manner that takes into consideration the relative size, physical strength and condition, age and gender of the individual applying the restraint in relation to the child.
- Restraint or seclusion must not be used for punishment, discipline, or retaliation.

- Restraint or seclusion must only be applied for the minimum time necessary to accomplish the purpose for its use.
- Approval of the CCI administrator or their designee must be obtained before any use of material or mechanical restraints.
- Another staff member must be in close enough proximity to intervene immediately in case of emergency or to protect the safety of the child.

Prohibited Restraints or Seclusions

The following are not permitted under any circumstances:

- Prone restraints or other restraints that may constrict a child's breathing.
- All restraints on pregnant children, including a child in labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the child presents an immediate and serious threat of hurting self, staff, or others and cannot be minimized through any other method. The prohibited restraints include:
 - Mechanical restraints.
 - Abdominal restraints.
 - Leg and ankle restraints.
 - Wrist restraints behind the back.
 - Four-point restraints.
- Chemical restraints. Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b.
- Mechanical (material) restraints. Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(g).
- The use of a restraint chair.
- The use of noxious substances.
- The use of instruments causing temporary incapacitation.

Restraint Debriefings

Debriefing following restraint is required to engage with staff, children, and family to support the child and identify approaches to prevent future restraint. The goals of debriefing are:

- To reverse, or minimize, the negative effects of the use of restraint:
 - Evaluate the physical and emotional impact on all involved individuals.
 - Identify need for and provide counseling or support to the child and staff involved for any trauma that may have resulted or emerged from the event.
 - To develop appropriate coping skills.
- To prevent the future use of restraint and seclusion.
 - Assist the child and staff in identifying what led to the incident and what could have been done differently.
 - Determine if all alternatives to restraint were considered.
- To address organizational problems, issues or processes and make appropriate changes.
 - Determine what CCI barriers may exist to avoid the use of restraint in the future.
 - Recommend changes to the CCI philosophies, procedures, environment and standards of care, treatment approaches, staff education and training.
- To assist the treatment team to determine how to more effectively assist the child and staff in understanding what precipitated the event.
- To develop interventions designed to avoid future need for restraint.

The following debriefings are required with key participants following any use of restraint:

- Debriefing of the restraint among the staff involved and supervisors immediately following the restraint, and documentation of the conversation must include:
 - Examination of preventive strategies that could have been used to avoid the restraint.
 - Review of any changes in the child's physical or emotional wellbeing that may require follow up.

- Debriefing with the child restrained must occur and documentation must include the following details:
 - The child's call with their parent(s) or caregiver(s) that occurred after the restraint which must be consistent with the child's treatment plan.
 - The child's perspective of preventive strategies that could have been used to help support the child to avoid behavior or help the child de-escalate.
 - Time and date the debriefing occurred with the staff and child.

Note: Children receiving services in a CCI must have frequent contact with their families and other supportive adults, including daily if appropriate.

Facility Review

Facility reviews assist with determining if restraint could have been avoided, or if there is a pattern of use within the facility. The following facility reviews must occur to assess restraint use:

- Comprehensive review of the incident within 24 hours following the restraint. The review may need to occur multiple times over multiple days to support the child involved or the child who witnessed the restraint. Family should be invited to assist.
- Biannual review, at minimum, of aggregation of incident reports involving restraint by the CCI director or designee.

Incident Reporting

All restraint incidents must be documented, and proper notifications made. Incident reports must document the following:

- Reason for the restraint.
- Type of restraint used and duration.
- Names and roles of all staff involved.
- Description of all less restrictive interventions used prior to the restraint.
- Date, time, and length of time of the restraint.

- Participants involved in the restraints.
- The age, race, and gender of the restrained child.
- Details including time and date of staff and supervisor debriefing and of staff debriefing with the child.

Each incident report must be submitted in writing to MDHHS within 24 hours and to the parent or legal guardian within 12 hours (not business hours) for all restraints.

Note: If the child is a Michigan Children's Institute (MCI) ward, the MCI office must be notified within 12 hours (not business hours) for all restraints.

Process for CCI's without MiSACWIS Access

If the CCI does not have MiSACWIS access, the [MDHHS-5985 Incident Report](#), must be completed. All information outlined in the *Incident Reporting* section of this item must be included. Agencies should follow these steps for reporting and review:

- Enter all information on the word document.
- Submit to supervisor for review and signature.
- Generate and send the parent notification letter.
- Email the MDHHS-5985 and parent notification letter to DCWL the same day as the restraint.
- Maintain a copy of the email for tracking purposes.

Caseworker Requirements After Notification

After the caseworker receives notification of the incident from MiSACWIS their responsibilities are to:

- Communicate with the child as soon as possible following the worker's awareness of the incident, but no later than two business days after being notified.
- Request and review the child's treatment plan to assist in the elimination of future restraints.
- Communicate with the agency to verify what preventative steps will be taken to reduce the use of and eliminate restraints.

- Participate in the agency's debriefing for each child restrained; unless not feasible.

See section, *Child in Out-of-Home Placement* in [FOM 722-06H, Case Contacts](#) for information regarding a caseworkers responsibility for monthly contacts when a child is placed in a CCI.

A copy of the supervising agency's grievance policy must be provided to the child, parent, or caregiver, with the DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, at initial discussion and annually thereafter. See [FOM 722-06J, Rights of Children in Foster Care](#).

Staff Training Requirements

Individuals providing staff training to CCIs must be qualified as evidenced by education, training, and experience in techniques used to address child's behaviors.

Prior to any CCI staff member applying a restraint on a child in an allowable situation the CCI staff member must have received training in child restraints.

Treatment Plan Requirements

All residential programs must develop individualized child treatment plans that include an activity schedule, within the program and with pro-social peers in the community – preferably in their home communities, which incorporates the following:

- Educational.
- Arts recreation.
- Groups and individual skill building opportunities.

LEGAL AUTHORITY State

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(c) & (d).

Provides definition for emergency safety intervention and emergency safety situation.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(f)- (i).

Provides the definition for licensed practitioner, mechanical restraint, personal restraint and protective device.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(1).

Requires facility to release a child from personal restraint when the circumstance that justified the use of personal restraint no longer exists.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(4) & (5).

Requires facility staff to document the use of a personal restraint in the child's case file, when to complete the documentation and what to include in the documentation. Also requires facility staff trained in the use of personal restraint to continually assess and monitor the physical and psychological well-being of the child and safe use of personal restraint throughout the duration of its implementation.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(9).

Provides notification requirements when a child has been in a restraint.

Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.958b(3)(h).

Requires residential staff to complete an incident report when a child has been restrained.

Licensing Rule

Child Caring Institutions Rules, Mich Admin Code, R 400.4159.

Provides requirements on establishing policy and procedure around child restraint, distribution of the policy and procedure and documentation.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox \(Child-Welfare-Policy@michigan.gov\)](mailto:Child-Welfare-Policy@michigan.gov).

