VERMONT

State of Vermont
Department of Mental Health
In partnership with the Vermont Department of Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010

Agency of Human Services

COVID-19 Prevention Guidance Regarding Restraint Procedures in Community Setting with Children & Adolescents

Effective Date: June 29, 2020

When children and adolescents being served in community settings become acutely dysregulated and unsafe, it is occasionally required to implement a restraint to keep the child and others safe when other non-physical interventions are ineffective. These interventions are performed by staff who are trained and certified by nationally recognized organizations. The current COVID-19 pandemic raises some specific questions when working with youth who may have particular challenges adhering to basic COVID-19 precautions and who may exhibit behavior that requires more direct contact with staff. This guidance is provided as supplemental information to Rule 4500 (which outlines policies related restraint and seclusion in Vermont schools) to help staff and clinicians who work in community-based programs and therapeutic schools be aware of some of these potential issues and to be able to respond to specific situations in ways that minimize the chance of virus transmission. It is based upon principles of human rights, trauma-informed care, and respect for the principle of providing care in the least restrictive setting possible. These guidelines are applicable to youth who manifest behavioral problems regardless of whether or not they have been officially diagnosed with a psychiatric disorder or even meet criteria for one.

General Comments on Risk of Coronavirus Infection from Children

Current research suggests that transmission of the coronavirus from asymptomatic or presymptomatic children to adults or other children is a relatively rare occurrence, particularly in areas where the concentration of circulating virus in the community is low, as has been the case for most Vermont communities. Relative to adults, children appear to be far less likely to transmit the virus to others. While there always remains some risk, it can be helpful for staff to keep these facts in mind when working in these programs.

Related Documents

The guidance contained in this document is intended to focus on youth exhibiting emotional-behavioral challenges in community-based care settings. This document is designed to provide

supplementary information to other documents which provide more general recommendations for maintaining COVID related safety in childcare settings. *Of note, the Agency of Education will be offering similar guidance that pertains to school and educational settings in the near future.* These current documents include the following:

- Health Guidance for Childcare and Summer Programs
- Series 4500: Use of Restraint and Seclusion in Schools
- Safety and Health Guidance for Reopening Schools, Fall 2020
- Face Coverings for Children
- Guidance for Children/Youth Residential Programs Serving DCF, DAIL, and DMH Clients
- COVID-19 Frequently Asked Questions and Guidance to Designated Agencies
- Mental Health Provider Manual

Why Regular COVID Safety Measures May Need Modifications for Youth with Mental Health Challenges

While recognizing that all youth are different, children who struggle with emotional behavioral problems may be more likely to manifest some difficulties related to general "universal precautions" and procedures designed to minimize the risk of coronavirus transmission. Recognizing these difficulties may help prevent behavioral escalations from reaching levels in which a restraint may be required.

- The wearing of masks, especially for sustained periods of time, may be extremely difficult for some children, especially those who experience hypersensitivities to tactile sensations such as many individuals with autism.
- The wearing of masks by adults can be particularly frightening for some children. This may be especially true for those who have experienced trauma and abuse by adults in their past.
- Physical distancing may be quite difficult to maintain. Impulsivity and some degree of intrusiveness is part of some psychiatric conditions such as attention deficit/hyperactivity disorder (ADHD) and other impulse control disorders.
- In rare instances, children may intentionally use COVID-related behaviors as part of an aggressive action. This includes coughing or spitting or a deliberate attempt to violate personal boundaries. These behaviors need to be appreciated as more dangerous actions than they were prior to the epidemic.
- While getting children to engage in effective handwashing is a more frequent challenge during these times, there may be some children who struggle with anxiety or obsessive-compulsive disorder who may want to do additional and even excessive amounts of washing.

COVID-related Guidance Before, During, and After the Need for a Physical Restraint

Guidance to Prevent the Need for a Physical Restraint

The use of physical restraints *is always considered to be an action of last resort* and done *only* to protect the immediate safety of the child and others. It is never used as a form of punishment or to obtain compliance. The presence of the coronavirus only emphasizes the importance of utilizing preventative measures and verbal de-escalation techniques in an effort to reduce the frequency of these occurrences. As such, the following elements may be helpful towards that goal.

- Treatment teams are encouraged to review each child's Individual Crisis Management Plan (ICMP), if applicable, to discuss any COVID-related concerns that might apply to individual children on a case-by-case basis.
- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering. While facial covering for children and staff continue to be recommended in many settings as specified in other documents (see related documents above), some children will need a reasonable amount of *increased flexibility with regards to wearing masks*. They may also benefit from the use of "ear savers" that relieve the amount of pressure on the ears. Face shields can be considered as an alternative for children who find them more comfortable. Any protective barrier is considered better than nothing. These decisions should be made in partnership with the child and/or program's medical clinician and school nurse, if available.
- Facial coverings with ties are not recommended for young children as they pose a risk of choking or strangulation. Youth with concerns about self-harm may also be at increased risk.
- Staff who may possibly be involved in a restraint should have a change of clothes available at the workplace.
- While the general guidance for childcare settings discourages the use of gloves for staff who will interact with multiple children, they can be useful for settings in which a staff has a 1:1 assignment with a child and who is likely to have physical contact of any sort.
- Staff may want to consider measures to reduce the fear that mask-wearing adults can generate. This could include things like 1) encouraging staff and children to decorate masks, 2) wearing a picture of their face on clothing that shows their face without a mask, 3) playing games with masks when children and staff are outside or at a safe distance from each other, or 4) Using another form of covering like a face shield as permitted. Further guidance can be found at the following document: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID_MH_Residential_Guide_Final.pdf.
- Additional exercises or games may be needed to teach principles of physical distancing and other safety measures related to COVID. More hyperactive or impulsive children

may need additional space or alternative activities to do so that they are less likely to intrude into the space of others.

- For programs which use incentive-based programming, it may be advisable to include COVID precautions as part of the behaviors being taught, monitored and rewarded in order to maximize motivation.
- Staff should consider treating more minor breaches of safe COVID precautions similarly to other lower level transgressions in order to give children the opportunity to discuss and learn from them.
- Training of staff in the appropriate and safe use of de-escalation techniques and physical restraint will also require some modifications due to COVID. This can include having smaller training groups and considering use of mannequins rather than actual people for some of the demonstrations. See your program/agency's specific documents for further information about how to safely provide trainings during the COVID pandemic.

Guidance During Restraint Procedures

As mentioned above, the following recommendations are not intended to replace or nullify the extensive guidelines that already exist surrounding the use of restraints but rather to offer guidance regarding particular COVID-related aspects of restraint procedures and to promote infection prevention.

- Unless the child is known to be at elevated risk for COVID, there is no general need to delay a restraint so that staff can put on full personal protective equipment (PPE).
- While the "intentional" spit or cough at staff or another child is generally not considered to be a behavior that might warrant a physical restraint, this may now need to be reconsidered under the current circumstances if, and only if, the child is unwilling or unable to stop this behavior with verbal de-escalation and other techniques. It may be useful to inform and seek input from parents and guardians of this change in perspective in advance.
- Regarding PPE, it is recommended that staff use a facial shield and gloves during a restraint procedure but full PPE is not necessary in the current COVID environment, especially if the delay to obtain PPE increases the chance of injury to the child. Masks can also be used but may provide less protection from spitting or coughing and may be more frightening to a child.
- Regarding the child's mask (if being worn), it is recommended that it be removed if safely possible to minimize the risk of breathing problems
- Treatment providers using best practice will always implement the least restrictive physical intervention that is necessary. Staff members should consider COVID risks in their decision making about the safest restraint techniques to use but need to continue to follow Rule 4500 guidelines.
- If mask-wearing is posing a difficulty in supporting the de-escalation of a child (due to communication challenges, anxiety, etc.), an additional staff can stand 8-10 feet away

from the child, remove their mask, and be the primary staff person supporting the letting go process.

Guidance After a Restraint has Occurred

Staff should continue to follow their typical procedures after a restraint to maximize safety and help the child process what has occurred, as per Rule 4500. More specifically related to COVID, however, the following recommendations are offered.

- Staff should change clothes and face mask, and any other PPE, after a restraint. If a face shield was used, it should be cleaned.
- If gloves were used, they should be discarded.
- The child should be offered access to hand washing or hand sanitizer following intervention, in addition to any other products that are typically offered at this time, like skin moisturizer.
- Given the additional risk posed to other children and staff during the pandemic when children become physically aggressive, treatment teams should make a judgement about whether it remains safe for the child to remain in this group setting. Staff may also want to consult with the program's and child's health professionals about whether or not coronavirus testing is warranted.
- Given the low risk of transmission as mentioned above, a staff member who has been involved in a restraint would not automatically be required to have a negative COVID test prior to return to work but would certainly be encouraged to get tested. Required testing of staff could be considered if the child involved in the restraint is known to be at significantly higher risk of having the virus and/or if the staff member underwent a more significant exposure such as being spit or coughed at without any facial covering.
- There should be a written record of who was involved in the intervention for contact tracing purposes.
- Surfaces contacted during the restraint should be sanitized.
- In recognition that being involved in a restraint might be additionally stressful to staff as well as children during the pandemic, treatment teams are encouraged to reach out to involved staff and remind them of supports and resources available to them. Programs are further advised to monitor for signs of increased burnout and anxiety among staff and respond with system-wide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care).

Please be aware that this guidance is subject to change as conditions surrounding the pandemic shift and further research findings regarding COVID and COVID prevention become available.