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PHYSICAL RESTRAINT

POLICY

Staff must inform the youth and family of the agency's physical restraint policy and procedures when a youth enters the home. Physical restraint should be used only in those situations where the youth's safety is in danger or the youth is endangering the safety of others. The choice whether or not to restrain is dependent upon the concept of least amount of ensuing harm. Physical restraint should be the last resort and the least restrictive measure necessary to keep injury from occurring and should last only as long as the threat of physical harm is clearly apparent. Supervisors should be involved with decisions involving restraint throughout the time the emergency safety situation is occurring, as their involvement will protect the restraining person(s) as well as the youth and ensure necessary follow-up procedures are implemented.

PROCEDURE

- 1) Upon youth's placement:
 - a. Staff must inform the youth and family of the agency's physical restraint policy and procedures when a youth enters the home (See Appendix I).
 - b. An assessment of the youth's need for restrictive behavior interventions must be conducted (See Appendix II). Assessment findings should be addressed as necessary in the youth's Initial Service Plan.

- 2) Suggested pre-restraint techniques:

There are several techniques that should be tried prior to physical restraint that include physical contact but are not considered physical restraint as defined. These techniques are suggested in an attempt to help the youth control his/her emotions without the need for physical restraint. These techniques include: calm but clear and firm instructions for an immediate change in the youth's behavior; clear reality statements as to what the consequences are for the youth's continued out-of-control or violent behavior; physically positioning oneself between the youth and the potentially threatening or harmful situation (i.e., between the youth and a window when the youth has threatened or intends to break or jump out the window); and, physical guidance by the staff member such as placing a hand on the youth's

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shoulder or around the youth's shoulders and walking or directing the youth toward a more appropriate location, or gently holding the youth's arm or hand or guiding him to a more appropriate area for the youth to regain emotional control. This is an attempt to direct body movements in an appropriate direction or to help the youth approximate the instruction and, therefore, avoiding harm with the least restrictive means possible without fully regaining emotional control and without any unnecessary or undue force.

3) Physical Restraint Defined:

The physically holding of a youth's body (arms, legs or torso), in such a way as to prevent injury to himself or to the restraining person or persons around him. The restraining force should be sufficient to restrict the youth's movement of body, arms, or legs to keep the youth from hitting, kicking, biting, or head banging but should not be so restrictive as to obstruct air passages or breathing in any way. It should not restrict vision in any way and should not restrict normal blood flow in any way (i.e., holding of the wrists so tightly that blood does not reach the hands and fingers). The preferred method is to hold the youth in a bear-hug fashion from behind in a standing or sitting position. The youth's arms should be crossed in front of him and held loosely by the hands or wrists at about the youth's front waistline. The legs may be restricted by wrapping the restraining person's legs gently around the youth by overlapping the youth's legs with the restraining person's legs. (CPI Children's Control Position)

Avoid sitting or laying on top of any youth or forcing the youth's face and chest down on a flat surface, especially upon a bed as this may bend the spine backward and cause injury or may force the face into the bed covers and therefore restrict breathing.

Physical restraint should last only as long as the threat of physical harm is clearly apparent. This does *not* include restraining until the youth calms down. The youth may still be out of emotional control and yelling, moving around the area, running, or causing minor property damage, but is no longer a clear threat of physical harm to himself or others and, therefore, making physical restraint not necessary. A physical restraint should never last longer than 15 minutes. Restraints that last longer than 15 minutes are not permitted without the consent of a medical professional.

The restraint should be continually monitored in order to observe the physical and psychological well being of the minor child.

If at any time injury could occur from restraint or attempted restraint, then this procedure should not be used. If injury does not occur from a restraint or attempted restraint, the Program Supervisor should be notified and medical attention secured immediately.

4) If restraint is required:

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- a. The Program Supervisor and the TFH Licensed Master's Social Worker or Counselor must be called prior to the restraint, if possible; otherwise, as the restraint is occurring. The Licensed Social Worker/Counselor must provide an order for restraint, specifying what techniques are approved and for how long.
 - b. Upon release of the restraint, complete an assessment of the youth's psychological and physical well being immediately. **If the restraint lasts longer than 15 minutes, a medical professional must complete the assessment.** The licensed medical professional must conduct a face to face assessment of the child within one hour of the onset of the emergency safety intervention and then immediately after the child is removed from physical restraint.
 - c. Notify the child's parents or legal guardian of the incident, unless it is deemed not to be in the minor's best interest.
 - d. Within 24 hours, debrief with the youth and complete follow-up teaching.
 - e. A Physical Intervention Report should be completed and given to the Program Supervisor within 24 hours (See Appendix IV, V & VI).
 - f. Within 24 hours after the intervention, the consultant should debrief with staff person(s) involved.
 - g. During the next team meeting, the youth's treatment plan should be updated as necessary.

EFFECTIVE DATE: 7/1/05

APPROVED BY: CM
DATE: 6/28/08