	STATE OFFICE for SERVICES to CHILDREN and FAMILIES CLIENT SERVICES MANUAL I **ISSUED BY:** Program Operations **EFFECTIVE DATE:** August 25, 1997	**NUMBER**: I-B.1.6 **SECTION:** B. Case Management **SUBSECTION:** 1. Legal
SUBJECT: 6. Physical Behavior Management		

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Interpretation: MRDD Coordinator, Program Operations

Approval: Assistant Administrator, Program Operations

REFERENCES: CF 983, "Physical Restraint Incident Report"
CF 984, "Physical Restraint Incident Log"
CF 1009, "Individual Behavior Intervention Plan"
CF 1080, "Physical Behavior Management Training Request," Level 1
CF 1081, "Physical Behavior Management Training Request," Level 2
Attachment A, "Physical Behavior Management Training Referral Process"

PURPOSE

413-020-0200 These rules prescribe guidelines on caring for children in the legal custody of the State Office for Services to Children and Families (SOSCF) in certified foster homes who require physical intervention to ensure their health and safety. These children are behaviorally reactive to stressful situations in ways that pose a continuing serious threat to themselves, others or property. Age-related behavior which may temporarily endanger a child and requires physical intervention to ensure the child's safety (i.e., a two and one half-year-old who suddenly attempts to dart into a busy street, or children who may require limited physical containment to prevent a recognized pattern of behavioral escalation which would predictably lead to unsafe behavior if allowed to go unchecked) does not fall within the intended meaning of these rules. These procedures govern the use of physical and mechanical restraints for children.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

DEFINITIONS

413-020-0210 (1) "Agency-Approved Training" applies only to the following: Oregon Intervention System, Professional/Practical Assault Response Training (PART©). Agency-approved trainings use techniques that have been researched and approved by the Mental Health Developmental Disabilities Services Division and the State Office for Services to Children and Families, and have withstood legal challenges from the standpoint of civil and human rights. Alternative physical behavior

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management techniques may not be used unless an exception is granted and the technique is prior-authorized by the agency, in writing, after review of civil and human rights standards.

(2) "Anger/Child Management Techniques" are treatment approaches designed to reduce anxiety/stress and/or support the acquisition of increased self control in the child.

(3) "Behavior Intervention Plan" is a written plan, developed by the planning team, of support and training services for a child covering a 12-month period which addresses the child's support needs. The behavior intervention plan will be maintained in the child's case record and the provider's case file for the child, and reviewed at a minimum of six-month intervals.

(4) "Behavior Management Specialist" is an individual who has knowledge/training in behavioral theory, experience conducting functional analysis of behavior, experience developing and implementing written positive/non-aversive behavior intervention plans, and an understanding of communication systems and team process.

(5) "Designated Behavior Intervention Consultant" means an individual with a working knowledge of the principles of positive behavior support and has been trained in the development of behavior intervention plans and the training referral process.

(6) "Incident Report (CF 983)" means a written report of any injury, accident, acts of physical aggression requiring restraint, or unusual incident involving a child that poses a serious physical threat to themselves, others or property. The Physical Restraint Incident Log, (CF 984) may only be used with prior authorization by the planning team.

(7) "Mechanical Restraint" is any object or apparatus, device or contraption applied or affixed to the child to limit movement, and includes, but is not limited to handcuffs, leg irons, soft restraints or Posey Strait Jacket.

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(8) "Physical Restraint" means restricting the movement of a child, or restricting the movement or normal function of a portion of the child's body as described in agency-approved training methods, by forcefully and involuntarily depriving the child of free liberty to move about. Simple physical redirection, such as hand on back to redirect or briefly holding the upper arm(s) or clasping of the hand, should not be considered physical restraint.

(9) "Planning Team" means a team composed of the service worker, certifier, a branch manager or designee, designated behavior management consultant or a behavior management specialist, the primary caregiver, and a minimum of one of the following: the child's legal guardian or biological parent, other family members likely to have direct involvement with the child, advocates, school personnel, or other service providers, i.e., therapist, physician, personal care nurse, and when appropriate, the child. The child, when appropriate, will be consulted concerning who else they want on the team.

Statutory Authority: Oregon Laws 1993, Ch. 676
Stats. Implemented: Oregon Laws 1993, Ch. 676

POLICY

413-020-0220 Many children in the care and custody of SOSCF have a variety of physical and mental impairments. In order to treat and support these children, child care providers must be skilled in behavior intervention techniques and conflict resolution. Children requiring physical restraint must have a behavior intervention plan that is developed with sensitivity and compassion relevant to their needs. Providers using a physical restraint shall be certified in agency-approved training, or possess a current appropriate exception.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

BEHAVIOR INTERVENTION PLAN

413-020-0230 (1) For children who have demonstrated a serious threat to themselves, others or property, a behavior intervention plan shall be developed by the planning team using the CF 1009. This plan shall address the care/treatment needs of the child. The service worker, primary care giver and other members of the planning team will develop the plan. The supervisor for the worker must sign off on the plan. At a

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minimum, this plan shall be reviewed at six month intervals. For these children, a behavior intervention plan shall address action to be taken on the part of the provider including physical restraint, should the planned interventions fail to prevent unsafe behavior.

(2) Documentation of Behavior Intervention Plan Review. A team of people involved in the child's life (planning team) will meet to review the Behavior Intervention Plan after six months of implementation. A roster of attendance will be dated and signed by the participants. The provider or service worker will document any needed changes in the plan. Copies of the new plan (if amended) will be sent to team members. The service worker and/or provider needs to initiate and schedule this team review process. For children with physical limitations, the child's service worker will request a written order from the physician ordering any physical restraint technique that can be safely utilized for his/her patient. Behavior Intervention Plan Reviews will be filed in the child's case record.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

PHYSICAL RESTRAINT

413-020-0240 (1) A physical restraint may be used only by providers or agency staff who have been trained in agency-approved techniques, and only in emergency situations to prevent a child from inflicting immediate and serious harm upon himself/herself or others, or property; or to safely transport a child. Physical restraint that results in injury to the child requires immediate notification to the branch CPS Unit. A physical restraint shall only be used for health and safety reasons under the following circumstances:

(a) As part of the child's Behavior Intervention Plan that:

(A) Is intended to lead to less restrictive means of intervening in and altering the behavior for which the physical restraint is used;

(B) Has identified the specific physical intervention techniques which have been recommended by the planning team;

(C) Restricted to techniques consistent with agency-approved

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intervention methods;

(D) Has been approved in writing by the service worker and branch manager/designee. The continued need for physical intervention is reviewed and documented at a minimum of every six months by the service worker and provider, and the professional(s) who recommended use of the technique; and

(E) Is documented by the foster parent on the CF 983, "Physical Restraint Incident Report," or the CF 984, "Physical Restraint Incident Log," but no longer than 24 hours after the physical restraint has taken place. (Use of the CF 984 must be prior authorized by the Planning Team.) The original of the report shall be forwarded within five working days of the incident to the child's assigned service worker with the provider keeping a copy and a copy sent to the certifier for filing in the confidential section of the foster home record. In addition, verbal notification must be made by the foster parent to the agency within a maximum of 72 hours, or;

(b) As an emergency measure to assist a child in regaining self-control to prevent injury to himself/herself or others or severe property destruction, but only after alternative crisis diffusion and anger/child management techniques have been applied; or

(c) Is a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for protection during the time that a medical condition exists;

(d) In emergency situations, without a Behavior Intervention Plan, shall:

(A) Be documented by the foster parent in writing on the CF 983, "Physical Restraint Incident Report," as soon as possible, but no longer than 24 hours after the physical restraint has taken place. The original of the report shall be forwarded within five working days of the incident to the child's assigned service worker with the provider keeping a copy and a copy sent to the certifier for filing in the confidential section of the foster

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home record. In addition, verbal notification must be made by the foster parent to the agency within a maximum of 72 hours;

(B) Be used only until the child is calm and able to demonstrate reasonable control; and

(C) Prompt the service worker to schedule a planning team meeting if used more than three times in a six month period.

(2) Provider Training.

(a) SOSCF foster care providers who reasonably anticipate needing to apply physical intervention as part of a child's ongoing behavior intervention plan may be evaluated for training in agency-approved intervention techniques. The need for training shall include an evaluation of the overall foster home dynamics, care taker motivation and/or ability, and a review of the causes of the identified child's behavior. Evaluations for training may only be done by SOSCF staff (service worker and certifier). After the development of a Behavior Intervention Plan, a personal care nurse shall document the need for and recommend training. Requests for training of foster parents shall be directed to the foster/adoptive parent trainer. Branches may coordinate with regional foster/adoptive parent trainers for training. Documentation verifying such training shall be maintained in the foster parent's certification file.

(b) Persons certified by an agency-approved trainer in agency-approved training, or holding an appropriate exception, should maintain the certification as defined by the standards of the training.

(3) Physical Injury Avoidance. Physical restraint shall be designed to avoid physical injury to the child and to minimize physical and psychological discomfort.

(4) Incident Report.

(a) The incident report shall include:

(A) The name of the child to whom the restraint was applied;

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(B) The date, location, type and duration of restraint and of entire incident;

(C) The name of the provider and/or witnesses or persons involved applying the restraint; and

(D) A description of the incident including precipitating factors, preventive techniques applied, description of the environment, description of any physical injury resulting from the incident, follow-up recommendations and agencies notified.

(b) A copy of the incident report shall be sent within five working days of the incident to the child's service worker;

(c) The service worker will provide a response to the incident report received to the provider within five working days.

(E) Any incident resulting in physical injury to the child shall cause immediate notification to the branch CPS Unit.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

MECHANICAL RESTRAINTS

413-020-0250 (1) Providers shall not use mechanical restraints on children in care other than car seat belts or normally acceptable infant safety products, unless recommended by the planning team as part of the behavior intervention plan and an exception is granted by the branch manager.

(2) A mechanical restraint used as part of a medical procedure shall be ordered by a physician and reviewed by a planning team and at a minimum of every six months for children in foster care. Physician's orders will be filed in the child's case record with a copy given to the provider.

(3) Branch managers must authorize in writing the use of all mechanical restraints.

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Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

SAFETY

413-020-0260 The purpose of a restraint is to reduce the risk of injury. The safety of the child, provider or agency staff involved is of utmost importance. If a provider feels there may be some danger or potential for injury to himself/herself when interacting with a child, the provider shall immediately review the need for restraint per the guidelines of agency-approved training.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

EXCEPTIONS

413-020-0270 (1) Criteria for Exception. If there is a lack of resources (i.e., training, appropriate consultation, funding) an exception may be granted to a foster parent by a branch manager. The granted exception must implement the standards required in these rules, or result in alternative services, methods, concepts or procedures that meet or exceed the standards of these rules.

(2) Exception Request. The service worker or provider requesting an exception shall submit, in writing, a request to the appropriate branch manager which contains the following:

(a) The section of the administrative rule from which the exception is sought;

(b) The reasons for the proposed exception;

(c) The alternative practice, service, method, concept or procedure proposed by the planning team;

(d) A description of the child/guardian's opinion and participation in requesting the exception;

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(e) A plan and timetable for compliance, to be reviewed at six-month intervals, with the section of the rule from which the exception is sought.

(3) Notification. Within 10 working days of receipt of the request, the branch manager shall notify the regional manager and the provider of the approval or denial of the exception.

(4) Written Approval. An exception may be implemented only after written approval from the branch manager.

(5) Appeal Application. An appeal of a denial of an exception request shall be made within 10 working days of the receipt of the denial. Appeal of the denial of an exception request shall be made in writing to the regional manager, whose decision shall be final.

Statutory Authority: ORS 418.005
Stats. Implemented: ORS 418.005

(The Following is SOSCF Policy Only - Not OAR)

Use of Physical Intervention by SOSCF Personnel

POLICY

When a child is in the custody of SOSCF, the agency has the responsibility for physical custody and control of the child. This gives SOSCF the authority to use reasonable means to prevent a child from running away, from inflicting immediate and serious harm upon himself/herself or others, or property, or to safely transport a child.

These procedures govern the use of restraints for children in the legal custody of SOSCF.

(1) Physical Restraint:

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(a) Using physical restraint to control a child shall occur only in situations where the child or another person is in imminent danger of physical injury and when no less restrictive methods are available. The purpose of physical restraint is to restrict the child's movement only so long as it is necessary for the child to regain self-control;

(b) When it is necessary to physically intervene with a child, staff will only use techniques consistent with agency-approved training.

(2) Mechanical Restraint. The use of a mechanical restraint by SOSCF staff is prohibited. Branch staff will not attempt to restrain a child with mechanical devices.

(3) Safety of Staff. The safety of staff and clients is of great concern to the agency. If an employee feels there may be some danger or potential for injury to himself/herself when interacting with the client, the employee shall immediately discuss the situation with his/her supervisor. The supervisor will work with the employee to assess the situation and develop a plan for working with the client which provides reasonable protection for the employee.

PROCEDURE

Emergency Requiring the Use of a Mechanical Restraint:

Responsibility	Step	Action
Service worker	1	Request the assistance of a law enforcement officer or other individuals trained in the proper use of a mechanical restraint, if it is the judgment of the worker that such action is necessary.
	2	Notify the supervisor of the action taken as soon as possible with stated reasons for use of a mechanical restraint.

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Supervisor	3	Review worker's explanation and record agreement or disagreement in the client's record.

Running Behavior:

Responsibility	Step	Action
Service worker	1	Verbally attempt to discourage child from running away. (Staff may attempt to physically hold the child, provided they are reasonably sure that no injury to themselves or the child will result.)
	2	Review reasons for physically restraining child (if child was restrained) with supervisor and put a written record of the incident in the client's record.