BRITISH COLUMBIA

Ministry of Children and Family Development

Office of the Director of Integrated Practice Interior Region

Practice Advisory

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Guidelines for the use of physical restraint when managing the behaviour or medical needs of children in care

Purpose:

The purpose of this *Practice Advisory* is to clarify the circumstances under which the use of physical restraint when managing the behaviour or medical needs of a child in care is appropriate and to clarify the procedures for reporting incidences involving physical restraint. These guidelines do not pertain to the confinement of a child. Restraint is defined as the act of intentionally physically restricting the ability of a child or youth to move or take action.

Background:

Children in care often have extraordinary needs and their behaviours can be very difficult to manage. It is recognized that there could be circumstances when a child's behaviour places him/her at risk of harm or places others at risk of harm. Although it is impossible to predict when a child's behaviour may place him/herself or others at risk of physical harm it is possible to plan a response in order to ensure that the child's rights under Section 70 of the CFCS Act are preserved and to minimize the trauma associated with such action.

Standard References:

- Child, Family and Community Services Act Sec 70 rights of Children in Care
- Child and Family Service Standards (25 Notification of Death, Critical injuries and Serious Incidents)
- Children in Care Service Standards (6 ensuring the rights of a Child in Care and 13 providing a Caregiver with Information)
- Standards for Foster Homes (B.2 Reportable Incidents and B.3 Use of Physical Restraint and Appendix 2)
- Standards for Staffed Children's Residential Services (C.3 Use of Physical Restraint, D.7 Behaviour and Appendix 2)
- Caregiver Support Service Standards (18 Reportable Circumstances)
- Community Support Services Policy Manual Sept.92

Guidelines:

A) The use of physical restraint should be included in a child's plan of care only if the child has a specified extraordinary medical or behavioural need which necessitates placing physical restriction upon him/her.

In cases where a child has a need that requires physical restraint his/her plan of care must describe the medical or behavioural condition and the strategies to be used in order to meet the need. In addition to this being reflected in the plan of care a separate protocol needs to be written which includes:

1) a description of the need to physically restrain given by a health care professional or qualified behavior management specialist
2) a list of caregivers and/or service providers authorized to use physical restraint
3) a description of the training that the caregiver and/or service provider has received in order to use physical restraint
4) a description of alternatives to physical restraint which should be utilized prior to the use of physical restraint
5) a description of the circumstances under which physical restraint may be used
6) a description of the process for reporting/debriefing incidences when physical restraint has been used
7) a description of when reviews of this plan will take place
8) the consent of the child (if the child is capable of giving consent and if, in the view of the child's care team it, is appropriate), the child's parents (whenever appropriate), the caregiver, the health care professional or qualified behavior management specialist, the social worker, the team leader, and the Community Services Manager
9) the consent of the Director of Integrated Practice.

B) It is recognized that there may be situations when the unexpected behaviour of a child in care may place him/herself or others in immediate physical danger and that a response to protect the child or others is required.

Alternatives to physical restraint should always be the first response when attempting to deal with a child's behaviour.

Whenever possible, foster parents/caregivers should receive training in non-violent crisis intervention techniques or other approaches approved by the Director of Integrated Practice.

The foster parent/caregiver shall inform the guardianship and resource social workers as soon as possible (no later than 24 hours) of the incident. The incident also needs to be documented by the foster parent and forwarded to the guardianship social worker.

The guardianship social worker considers if the incident needs to be reported to the Director (reportable circumstances).

The resource social worker and team leader, in consultation with the intake/investigations team leader determines if a protocol investigation is required.

If a protocol investigation is not warranted the child's guardianship worker meets with the child as soon as possible (no later than 72 hours) to discuss the incident.

If a protocol investigation is not warranted the resource social worker meet with the caregiver as soon as possible (no later than 72 hours) to debrief the incident.

The guardianship social worker reviews the child's plan of care with the caregiver (and all other appropriate people) to ensure that it continues to be adequate to meet the child's current needs. This review must be completed within thirty days of the incident.

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