

Lutheran Social Services (Upbring)

Family Services Policies and Procedures

January 2017

No. 1062

Approved Emergency Behavior Interventions

- 1) Purpose: To establish specific approved emergency behavior interventions.
- 2) Scope: The scope of this policy outlines what emergency behavior interventions have been approved for use on the children under the care of Upbring Family Services.
- 3) Policy:
 - a. Approved Emergency Behavior Interventions: Upbring Family Services allows foster parents to administer the following types of emergency behavior interventions:
 - i. Short personal restraint;
 - ii. Personal restraint; and
 - iii. Emergency medication

Chemical restraints, mechanical restraints or seclusion may never be administered.

Protective and supportive devices, used appropriately, are not considered emergency behavior interventions. More information may be found in Upbring Family Services Polices No. 1051-Protective Devices and No. 1052-Supportive Devices.

- b. Individuals Approved to Administer Emergency Behavior Interventions: Only a foster parent or other caregiver qualified in emergency behavior intervention may administer any form of emergency behavior intervention, except for the short personal restraint of a child;
 - c. Actions Required Prior to the Administration of an Emergency Behavior Intervention: Before using a permitted type of emergency behavior intervention, the foster parent or other caregiver must:
 - i. Attempt less restrictive behavior interventions that prove to be ineffective at defusing the situation; and
 - ii. Determine that the basis for the emergency behavior intervention is:

1. An emergency situation; or
2. A need for a personal restraint to administer intramuscular medication or other medical treatments prescribed by a licensed physician, such as administering insulin to a child with diabetes.

A child's active attempt to run away may be considered an emergency situation when the following is a factor:

- i. The child is developmentally or chronologically under 6 years old;
- ii. The child is suicidal;
- iii. The home is located near a high traffic area;
- iv. Adverse weather conditions pose a clear safety risk to the child; or
- v. Other clear safety risks are present.

d. **Appropriate Use for a Short Personal Restraint:** Generally, a short personal restraint is used in urgent situations, such as:

- i. To protect the child from external danger that causes imminent significant risk to the child, such as preventing the child from running into the street or coming into contact with a hot stove. The restraint must end immediately after the danger is averted.
- ii. To intervene when a child under the age of five (chronological or developmental) demonstrates disruptive behavior, if other efforts to de-escalate the child's behavior have failed;
- iii. When a child over five years old demonstrates behavior disruptive to the environment or milieu, such as disrobing in public, provoking others that creates a safety risk, or to intervene to prevent a child from physically fighting; or
- iv. When a child is significantly damaging property, such as breaking car windows or putting holes in the wall.

e. **Precautions When Using a Short Personal Restraint:** When a foster parent or other caregiver implements a short personal restraint, the foster parent must:

- i. Minimize the risk of physical discomfort, harm, or pain to the child; and
- ii. Use the minimal amount of reasonable and necessary physical force.

A foster parent or other caregiver may not use any of the following techniques as a short personal restraint:

- i. A prone or supine restraint;
- ii. Restraints that impair the child's breathing by putting pressure on the child's torso, including leaning a child forward during a seated restraint;
- iii. Restraints that obstruct the airways of the child or impair the breathing of the child, including procedures that place anything in, on, or over the child's mouth, nose, or neck, or impede the child's lungs from expanding;

- iv. Restraints that obstruct the foster parents or other caregivers view of the child's face;
 - v. Restraints that interfere with the child's ability to communicate or vocalize distress; or
 - vi. Restraints that twist or place the child's limb(s) behind the child's back.
 - f. Prohibited Uses of Emergency Behavior Interventions: Emergency behavior intervention may never be used as:
 - i. Punishment;
 - ii. Retribution or retaliation;
 - iii. A means to get a child to comply;
 - iv. A convenience for the foster parent or other caregiver or other persons; or
 - v. A substitute for effective treatment or habilitation.
- 4) Responsibility: Revisions to this policy are made at the direction/discretion of the Senior Vice President of Program Operations. Policy is executable through January 2019, unless applicable standards or contractual changes require revision prior to that date. Upbring's Board of Director's reviews the policy annually.
- 5) Guidelines: As set forth in this policy.
- 6) References:
 - a. Texas Department of Family and Protective Services, Minimum Standards for Child Placing Agencies, §749.2051-.2063
 - b. Commission on Accreditation of Rehabilitation Facilities, Child and Youth Services Standards, 2.F; 3.Q.29.b (6)
 - c. Residential Child-Care Contract, No. 200322-901.
- 7) Revisions: Replaces Policy No 110.02, dated September 1, 2010.