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**Restraint Policy**

Our agency is a “no restraints” agency. This means that we do not use restraints on a child as an emergency behavior intervention. However, the above does not apply to the following situations:

\*If the child is exhibiting behaviors that could seriously cause potential death of themselves or others, including but not limited to suicidal and homicidal actions.

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

(1) The child is developmentally or chronologically under six years old;

(2) The child is suicidal;
(3) The home is located near a high traffic area;
(4) Adverse weather conditions pose a clear safety risk to the child; or

(5) Other clear safety risks are present.

Before using a permitted type of restraint, the caregiver must:

1. Attempt less restrictive behavior interventions that prove to be ineffective at defusing the situation; and
2. Use techniques to try to calm the child that has been used in your PAPH class.

**The use of restraint must be an appropriate response to the situation mentioned above and**

**de-escalation must have failed.**

The caregiver must act to protect the child’s safety and consider the following:

(1)  Characteristics of the immediate physical environment;

(2)  Permitted types of emergency behavior intervention; and

(3)  Potential risk of harm in using emergency behavior intervention versus the risk of not using emergency behavior intervention.

The caregiver must:

(1)  Initiate an emergency behavior intervention in a way that minimizes the risk of physical discomfort, harm, or pain to the child; and

(2)  Use the minimal amount of reasonable and necessary physical force to implement the intervention.

The caregiver must make every effort to protect the child’s:

(1)  Privacy, including shielding the child from onlookers; and

(2)  Personal dignity and well-being, including ensuring that the child’s body is appropriately covered.

During any personal restraint, a caregiver qualified in emergency behavior intervention must:

1. Monitor the:

(A) Personal restraint to make sure it is being performed appropriately; and

(B) Child’s breathing and other signs of physical distress; and

1. Take appropriate action to ensure adequate respiration, circulation, and overall well- being.

As soon as possible after starting the restraint, the caregiver must:

1. Explain to the child the behaviors the child must exhibit to be released or have the intervention reduced, if applicable; and

(2)  Permit the child to suggest actions the caregivers can take to help the child de- escalate.

If the child does not appear to understand what the child must do to be released from the restraint the caregiver must attempt to re-explain it every 2 minutes until the child understands or is released from the intervention.

If you do use a restraint to save a child from potential death of themselves or someone else, you must contact AFS staff immediately after the child comes out of the restraint. A restraint form will also need to be completed and submitted to your Case Manager.

Again, please remember we do not recommend or use restraints as anything other than a life saving measure for child(ren) in care.

Please sign that you have been trained in emergency behavioral intervention (PAPH), including a proper restraint, and understand the restraint policy.

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Foster/Adoptive Parent’s Signature Date

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