

## *EEC Guidelines for Restraint Curricula Checklist*

**Program Name:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

- Program curriculum must clearly identify **how** staff are trained on **all** required restraint information

OK: \_\_\_\_\_

An outline of when specific training information is covered is one good way to do this, e.g.

Day 1: list all topics covered and who is doing the training

Day 2: list all topics covered and who is doing the training

**The submission must also include:**

- An opportunity to role play and experience the restraint methods (identify when this occurs)
- A post-test
- Copy of restraint report format
- Copies of all handouts used
- Copy of “purchased” method’s handbook, if applicable
- Name(s) of restraint coordinator(s)
- Names and titles of all members of restraint safety committee
- Copy of a current restraint training schedule

OK: \_\_\_\_\_

OK: \_\_\_\_\_

OK: \_\_\_\_\_

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OK: \_\_\_\_\_

### **1. POPULATION**

- a. Needs/behaviors of population served by the program and the licensee**  
(who are these kids, how did they get here, what are their special needs)

[ ] \_\_\_\_\_

- b. Basic physiology of children & adolescents, the impact of restraint, positional asphyxia**  
(identify high risk profiles, what’s going on with the body during the restraint)

[ ] \_\_\_\_\_

- c. Special medical, psychological and educational needs of the population**  
(talk about diagnoses, medications kids take, med training, side effects)

[ ] \_\_\_\_\_

- d. Building appropriate relationships between staff & residents, staff as role models**  
(the benefits of this, increasing awareness of non-verbal communication, expectations of staff behavior, boundaries, importance of listening and observing)

[ ] \_\_\_\_\_

- e. Information required at pre-placement and intake relative to physical restraint**  
(what to do when particular kids have physical issues that need to be accounted for: physical impairments, violence, sexual abuse victim, etc.)

[ ] \_\_\_\_\_



## **2. LEGAL ISSUES**

### **a. Custody**

(physical/legal, involuntary placement (DYS, DSS, CHINS, DMH))

[ ]

### **b. Voluntary Status**

(766, CHINS, parents)

[ ]

### **c. 766 placements**

[ ]

### **d. Duty to Protect**

(duty to keep clients safe, staff's role as protectors, program expectations)

[ ]

### **e. Standards of Care and Related Liability Issues**

(reasonable vs. negligent care, what is negligence. Role of staff, specific to the kids and their needs; talk about ratio, expectations of conduct, potential liability issues; think about things that could result in legal action, 51a's, abuse & neglect reporting. Moral, ethical and professional conduct. "Best Legal Protection" is to comply with regulations, follow program policy, training and practice, seek supervisory assistance, documentation and accountability – thoroughness and accuracy.

[ ]

## **3. BEHAVIOR MANAGEMENT POLICIES**

### **a. Milieu, Daily Programming, Structure**

(should describe their daily operations)

[ ]

### **b. Responses to Misbehavior (points, levels, supports, redirections)**

(Precipitating events, internal/external causes. Look for messages, why kids are acting out - powerless, low self-esteem, attention seeking, fear, displaced anger, psychological/physiological causes)

[ ]

### **c. Prevention/alternatives to physical restraint**

(timeouts, consequences, processing, chores)

[ ]

### **d. De-escalation/avoiding power struggles**

(depersonalize the behavior, detachment, remain in control, listen, reflect, use of silence/avoidance, non-judgmental attitude)

[ ]

### **e. Thresholds for Restraints**

(define demonstrable danger, what they cannot be restrained for, restraint as last resort)

[ ]



#### **4. PHYSICAL METHODS**

(ALL holds used must be completely described, photos, drawings optional)

##### **a. Escape/evasion**

(including bite prevention/release, hair pull release etc.)

[ ] \_\_\_\_\_

##### **b. Escort holds**

[ ] \_\_\_\_\_

##### **c. Physical restraint holds**

(standing, seated, takedowns, floor)

[ ] \_\_\_\_\_

##### **d. Monitoring the resident during restraint**

(release upon the first sign of distress, re-positioning, obtaining medical assistance)

[ ] \_\_\_\_\_

##### **e. Prohibited practices**

[ ] \_\_\_\_\_

##### **f. Releases from restraint**

[ ] \_\_\_\_\_

##### **g. Processing with the resident**

[ ] \_\_\_\_\_

##### **h. Program's follow up procedures**

[ ] \_\_\_\_\_

#### **5. DOCUMENTATION – INVESTIGATION**

##### **a. Physical restraint incident reports**

(should submit a copy)

[ ] \_\_\_\_\_

##### **b. Complaints/injuries**

(how documented)

[ ] \_\_\_\_\_

##### **c. Medical follow-up**

(by whom, within what time frame)

[ ] \_\_\_\_\_

##### **d. Internal investigations**

(when will they be required)

[ ] \_\_\_\_\_