

Department of Early Education and Care

INTERAGENCY RESTRAINT COORDINATION GROUP

GUIDELINES FOR REFRESHER RESTRAINT CURRICULA

The EEC residential regulations include specific requirements for restraint training. Under these regulations, new employees of a program which used physical restraint must receive a minimum of sixteen (16) hours of restraint training, addressing topics specified in the regulation. In addition, all employees who may care for residents must receive eight (8) hours of refresher training annually. Eight hours of training is understood to be at least one full working day, according to how the licensee describes a working day. The following guidelines are designed to assist programs in developing curricula for refresher restraint training which will meet the proposed regulatory requirements:

Curricula for refresher physical restraint training must include the following:

1. Information addressing the content areas specified below;
2. An opportunity to role play and practice those techniques marked * below;
3. A post-test to determine the employee's level of understanding and ability to effectively implement physical restraint as trained.

Note: for refresher training, it is particularly important to allow time for answering questions and for review of any particularly challenging situations staff have faced since the previous training.

1. POPULATION

- a. Needs/behaviors of population served by the program and licensee – updated information as applicable to each program, including medical, psychological and educational needs
- b. Basic physiology of children and adolescents, impact of restraint, positional asphyxia

2. LEGAL ISSUES

- a. Custody – physical and legal; voluntary status
- b. Duty to protect; Standards of care and related liability issues

3. LEVELS OF CRISIS DEVELOPMENT/MANAGEMENT OF BEHAVIOR

- a. Building appropriate relationships with residential clients, role modeling. Responses to misbehavior (points, levels, supportive interventions, re-direction, etc)
- b. Prevention/alternatives to physical restraint*
- c. De-escalation and avoiding power struggles*
- d. Thresholds for restraints – “demonstrable danger”, time limits, re-authorize

4. PHYSICAL METHODS

- a. Escape/evasion*
- b. Escort holds*

- c. Physical restraint holds – standing, seated restraints, takedowns, floor restraints*
- d. Monitoring the resident during physical restraint – release upon first sign of distress; obtaining medical assistance*
- e. Prohibited practices*
- f. Release from restraint*
- g. Processing with the resident*
- h. Program's follow-up procedures

5. DOCUMENT/INVESTIGATION

- a. Physical restraint incident reports – documenting special medical/psychiatric concerns
- b. Complaints and injuries
- c. Medical follow-up
- d. Internal investigations