
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: June 6, 2000
Revised: July 25, 2007

Number: D-0405

Group Homes—Emergency Interventions

Purpose To establish guidelines for staff when evaluating and approving emergency interventions utilized by group home staff.

Approved The policy was originally approved on June 6, 2000. This revision of the policy was approved by Mike Ryan, Director of CFS, on July 25, 2007. *Signature on file.*

Legal Mandates Group homes that may utilize emergency interventions to prevent a child who **threatens or attempts an injury to himself, herself or others that would require immediate professional medical attention**, are governed by the [California Code of Regulations Title 22 \(Title 22\)](#), Article 8, Chapter 1, General Licensing Requirements, and Chapter 5, Group Homes. A brief outline of those regulations is provided below. For a complete understanding of these requirements, please refer to the above regulations.

Definitions The following terms are defined for purposes of this policy and procedure (P&P). Please see [Title 22, Section 84001](#) for additional information.

Early Intervention: The use of non-physical, de-escalation interventions to control injurious behavior. Techniques include, but are not limited to, verbal de-escalation techniques that suggest alternative behaviors, crisis communication, and evasive techniques.

Emergency Intervention: Justified use (i.e., meets the terms and conditions outlined in Title 22 and this P&P) of early intervention and/or otherwise prohibited manual restraints to protect the child or others from harm.

Emergency Intervention Plan: A written plan which addresses how emergency intervention techniques will be implemented by the licensee in compliance with the requirements specified in [Title 22, Section 84322](#).

Injurious Behavior: The child threatens or attempts an injury to himself, herself, or others that would require immediate professional medical attention.

Manual Restraint: Use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts, holding, prone or supine restraints, protective separation, or other containment techniques.

Medical Assessment: A medical assessment, completed within 30 days of the child's placement in a group home includes identification of the child's special problems and needs; identification of any prescribed medications; and identification of physical restrictions, including the determination of the child's capacity to participate in the group home's program. Examples include, but are not limited to, pregnancy, obesity or asthma. (**Note:** This must include the child's medical restrictions related to any type of manual restraints/protective separations.)

Needs and Services Plan: An individualized, time-limited, goal-oriented written plan implemented by the licensee, who identifies the specific needs and specific interventions for an individual child, including those items specified in Title 22, Sections 84068.2 and 84168.3; and delineates those services necessary in order to meet the child's identified needs.

Protective Separation: The voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself, herself, or others.

Protective Separation Room: An unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself, herself, or others.

POLICY

Response To Group Homes

CFS staff will respond to all requests by group home provider staff to evaluate and approve or disapprove the continuation of manual restraints/protective separation for Orange County dependent children.

Staff Responsibility

Staff who respond to the initial request for approval of a manual restraint/protective separation, will remain the designated staff for continued requests of approval through to completion of all subsequent requests made by the group home for that child's restraint episode. If unable to do so, the Senior Social Worker (SSW) on duty for that program will handle requests for approval of continued restraints/protective separation.

Emergency Intervention Guidelines

The guidelines described below are to be followed by group home staff utilizing manual restraints, including protective separation.

Important: Group home staff are expected to utilize early and ongoing behavioral interventions with children and youth that will prevent or minimize the need for manual restraints and/or protective separation.

- A. Before using manual restraint/protective separation, a licensee must ensure that staff is trained and certified regarding the appropriate application of physical intervention techniques. All group home staff training for use of manual restraints/protective separation must be approved by Orange County Foster Care Investigations and Monitoring staff.
- B. Staff must begin with the ***least restrictive appropriate intervention***. More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective, i.e., the child continues to present an immediate danger for injuring or endangering himself/herself or others.

- C. Group home staff may use emergency interventions, which include restraint, IF:
1. The restraint is reasonably applied to prevent a child who threatens or attempts an injury to himself, herself, or others that would require immediate professional medical attention.
 2. The restraint is applied by certified staff, utilizing only the recommended methods described in staff training.
 3. The pressure applied does not exceed that which is reasonably necessary to avert injury or danger to the child or others.
 4. The danger of the pressure applied does not exceed the danger being averted.
 5. The duration of the restraint ceases as soon as the danger of harm has been averted.
- D. A child must not remain in a manual restraint/protective separation for more than 15 consecutive minutes unless written approval to continue the restraint is obtained from the facility administrator/ designee.
- E. A child is not to remain in a manual restraint/protective separation for more than 30 consecutive minutes in a 24-hour period unless the child continues to present a danger to himself, herself, or others. Written approval to continue restraint after the initial 30 minutes must be obtained from the administrator/designee **and** facility social work staff (or another group home staff member who is not involved in the restraint, preferably a shift leader or equivalent). If social work staff, or another appropriate staff member, is not on site to provide written approval, verbal approval may be obtained. Written approval must be obtained within 24 hours of the verbal approval.
- F. Manual restraint/protective separations used in excess of 60 consecutive minutes must be approved every 30 minutes in writing by the administrator or administrator's designee AND the child's authorized representative (CFS staff). See the Approval Considerations section below for more information.

**Inappropriate
Use of
Emergency
Interventions**

Manual restraint/protective separations **must never be used** for the following purposes:

- A. Punishment or discipline.
- B. To prevent property destruction.
- C. Replacement for on-duty child care staff.
- D. Convenience of facility personnel.
- E. As a substitute for, or as part of a treatment program.
- F. As a substitute for, or as part of a behavior modification program.
- G. Harassment or humiliation.
- H. To prevent a child from leaving the facility, except for implementation of an approved runaway plan.

**Prohibited
Interventions**

The following emergency intervention techniques **must not be used on a child at any time**:

- A. Mechanical restraints, except postural supports.
- B. Aversive behavior modification interventions including, but not limited to, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation or electric shocks.
- C. Intentionally producing pain to limit the child's movement, including, but not limited to, arm-twisting, finger bending, joint extensions, and headlocks.
- D. Methods of restricting a child's breathing or circulation.
- E. Corporal punishment.
- F. Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets.
- G. Use of psychotherapeutic or behavior-modifying drugs as punishment for the convenience of facility personnel to control a child who is exhibiting assaultive behavior.

- H. Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner.
- I. Verbal abuse or physical threats by facility personnel.
- J. Isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the child inside the room.
- K. Manual restraint/protective separations for more than 15 consecutive minutes in a 24-hour period, unless written approval is given by the administrator or designee.
- L. Manual restraint/protective separations for more than four cumulative hours in a 24-hour period.

Important: In addition to the techniques listed above, any emergency intervention technique not approved for use as part of the licensee’s emergency intervention plan must not be used at any time.

Required Plans

All licensed group homes must maintain an Emergency Intervention Plan that describes techniques staff may use when a child exhibits behavior that is a danger to self or others. All manual restraints/protective separation activities put in place by group home staff must be in accordance with this plan. Additionally, all emergency interventions applied to a specific child must be in keeping with the child’s Individualized Needs and Services Plan.

Approval Considerations

Group home staff is to contact CFS to obtain approval for all manual restraints/protective separation episodes beyond 60 consecutive minutes in duration. To facilitate timely approval, group home staff is to initiate the request for approval at the 45-minute mark so that timely approval may be obtained. Verbal approval by CFS staff for restraints beyond 60 minutes must be provided to group home staff immediately, followed by written approval within 24 hours. Written approval must be documented on *Orange County CFS Restraint Authorization Form, F063-25-362*.

Before approving the continued use of a restraint, CFS staff will consider the following criteria, documenting information on *Group Home Restraint Approval Request Information Form, F063-25-364*:

- A. Does the child continue to be a danger to himself, herself or others?
- B. Does the group home have an Emergency Intervention Plan that has been approved by Orange County Group Home Investigations and Monitoring staff?
- C. Does the group home have an approved Needs and Services Plan and Medical Assessment for the child, and are staff complying with the conditions?
- D. Circumstances/behaviors leading to the use of the restraint.
- E. Type of restraint used.
- F. Staff responsible for the ongoing visual check of the child (not the same person who is restraining the child, i.e., during a two-person restraint, a third person not involved in the restraint is responsible for observation).
- G. Physical and emotional condition of the child, including an evaluation of the child's personal needs as determined by facility staff responsible for the ongoing check of the child.
- H. Is the child on medication? When was the latest medical reassessment? Is an 'as needed' dose available or authorized?
- I. Are the residents and staff safe?
- J. Procedures for integrating the child back into the facility routine?

Automatic Denial

The following describes criteria for automatic denial of continued use of manual restraint/protective separation.

- A. Group home staff are utilizing an emergency intervention activity that is listed in the Emergency Intervention Prohibitions section of this P&P, as described above.
- B. No approved Emergency Intervention Plan for the group home.

Note: Updated lists will be provided to CFS staff responsible for approval calls.

- C. No medical assessment on file for the child.
- D. No Needs and Services Plan on file for the child. This plan must include an addendum that speaks to the child's specific manual restraint/protective separation plan.
- E. Group home staff requesting continuation have not reviewed the above documents.
- F. Group home staff have failed to ensure safety for the child during the restraint/protective separation process.
- G. A restraint technique is being used on the child that is not a part of the group home's approved Emergency Intervention Plan.

Discretionary Denial

The following describes criteria for discretionary denial of continued use of manual restraint/protective separation.

- A. Group Home staff are inappropriately using the restraint/protective separation process and the child may be at risk for medical or emotional injury.
- B. After completion of *Group Home Restraint Approval Request Information, form F063-25-364*, evidence does not indicate that the child is at risk for endangering himself, herself, or others.

Alternate Responses

If CFS staff denies continued use of manual restraint/protective separation, group home staff may consider the following actions for emergency situations:

- A. Contact group home administration for direction.
- B. Contact the external community resources identified in the group home's manual restraint/protective separation plan. Those resources may include:
 - Police
 - Emergency Treatment Services
 - Paramedics

In addition to the possible actions above taken by group home staff, CFS staff handling the request for approval call are to involve other CFS staff as needed for appropriate response to the emergency situation.

Group Home Communication With CFS

The following describes the process group home staff are to follow when communicating with CFS staff regarding use of manual restraints/protective separation. In compliance with Title 22 regulations, time frames provided are for less than 15 minutes, less than 30 minutes, less than 60 minutes, and 60 minutes, every 30 minutes thereafter. In addition, activities required for approval for continuation, as well as required documentation, are described.

Group Home Communication to CFS	Duration of Restraint/Protective Separation			
	Less than 15 minutes	Less than 30 minutes	Less than 60 minutes	60 minutes, every 30 minutes thereafter
Verbal report to SSA	Within 24 hours	Within 24 hours	Within 24 hours	Immediate
Written Report to SSA	Within 7 calendar days	Within 7 calendar days	Within 7 calendar days	Within 24 hours of verbal approval
Review Needs and Service Plan with CFS SSW	As soon as possible	As soon as possible	As soon as possible	Within 48 hours

REQUIRED FORMS

Online Forms Required forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Restraint/Protective Separation Authorization Form	F063-25-362
Group Home Restraint Approval Request Information	F063-25-364

Hard Copy Forms Forms listed below must be completed in hard copy (including multi-copy NCR forms). ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

**CWS/CMS
Forms**

The following required forms may **only** be obtained in CWS/CMS. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

	Form Name	Form Number
	None.	

PROCEDURE

Required Actions	CFS staff will perform the following required actions in response to group home staff for requests to continue manual restraint/protective separation beyond 60 continuous minutes.	
	Staff Responsible	Required Action
	OCH Intake Screener (if after hours)	<ol style="list-style-type: none"> 1. Receive call from group home requesting approval for continuation of manual restraint/protective separation. 2. Verify that child is an Orange County dependent. <ol style="list-style-type: none"> a. To verify, request J/DP number, name of assigned social worker, other identifying information as needed. b. Complete search on CWS/CMS to confirm status and identify assigned SSW. 3. Page assigned SSW: <ul style="list-style-type: none"> • Use text page and/or phone call whenever possible and indicate it is an “<i>emergency request for group home restraint approval</i>”
	Assigned SSW or designee	<ol style="list-style-type: none"> 4. Respond immediately to call from group home staff, or after-hours page/call from OCH Intake. 5. Obtain needed information to complete <i>Group Home Restraint Approval Request Information</i>. <ul style="list-style-type: none"> • Determine child’s circumstances and appropriateness of continued authorization for manual restraint/protective separation

**Foster Care
Investigations
and
Monitoring
SSSS**

6. Approve or deny request for continued authorization for manual restraint/protective separation.
 - Complete *Restraint/Protective Separation Authorization Form* to document approval or disapproval of request
7. Forward copies of both forms to:
 - Assigned SSW (if completed by another CFS staff member)
 - Assigned SSW's supervisor
 - Placement Coordination Supervisor
 - Foster Care Investigations and Monitoring (FCIM) Supervisor
8. Fax written approval for continuation of restraint to Group Home Provider within 24 hours.
9. File written incident reports from group home on all restraints in child's service folder, Medical acco.
10. Discuss with child and staff circumstances surrounding need to use restraint/protective separation, including continued appropriateness of child's Needs and Services Plan.
11. Review copies of *Request for Authorization of Continued Restraint* and *Approval for Continued Restraint* forms and/or *Special Incident Report* from assigned SSW.
12. Distribute forms to FCIM staff, and evaluate as needed with group home.