

10A NCAC 70E .1103 PHYSICAL RESTRAINTS

(a) Foster parents who utilize physical restraint holds shall not engage in discipline or behavior management that includes:

- (1) protective or mechanical restraints;
- (2) a drug used as a restraint, except as outlined in Paragraph (b) of this Rule;
- (3) the seclusion of a child in a locked room; or
- (4) physical restraint holds except for a child who is at imminent risk of harm to himself, herself, or others until there is no longer any risk of imminent harm to any party.

(b) Foster parents shall not administer drugs to a foster child for the purpose of punishment, foster parent convenience, substitution for supervision, or for the purpose of restraining the child. A drug used as a restraint means a medication used only to control behavior or to restrict a child's freedom of movement and is not a standard medication to treat a psychiatric condition.

(c) Before a foster parent administers physical restraint holds, each foster parent shall complete training that includes 16 hours of initial training in behavior management, including techniques for de-escalating problem behavior, the use of physical restraint holds, monitoring of vital indicators, and debriefing children and foster parents involved in physical restraint holds. Foster parents authorized to use physical restraint holds shall annually complete eight hours of behavior management training, including techniques for de-escalating problem behavior. This training shall count toward the training requirements as set forth in 10A NCAC 70E .1117(6). Only foster parents trained in the use of physical restraint holds may administer physical restraint holds.

(d) Instructors who train foster parents shall have met the following qualifications and training requirements:

- (1) demonstrate competence by scoring 100 percent on testing in a training program aimed at preventing, reducing, and eliminating the need for restrictive interventions;
- (2) demonstrate competence by scoring 100 percent on testing in a training program teaching the use of physical restraint;
- (3) demonstrate competence by scoring a passing grade on testing in an instructor training program as determined by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services;
- (4) the instructors' training shall be competency-based and shall include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives, and measurable methods to determine passing or failing the course;
- (5) the content of the instructor training shall be approved by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services;
- (6) be retrained annually and demonstrate competence in the use of physical restraints;
- (7) be trained in CPR such as those provided by the American Red Cross, American Heart Association, or equivalent organizations. Division staff shall determine that an organization is substantially equivalent if the organization is already approved by the Department or meets the same standard of care as the American Heart Association or American Red Cross. The Division shall not accept web-based trainings for certification in CPR;
- (8) have been coached in teaching the use of restrictive interventions two times with a positive review by the coach, and instructors shall teach a program on the use of physical restraints once annually; and
- (9) complete a refresher instructor training at least every two years;

(e) In administering physical restraints, the following shall apply:

- (1) foster parents shall use only those physical restraint holds approved by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, pursuant to 10A NCAC 27E .0108. Approved physical restraint holds can be found at the following web site: <https://www2.ncdhhs.gov/mhddsas/providers/trainingandconferences/restraints.htm>;
- (2) a foster parent shall not use physical restraints that will cause a child harm, given their medical condition or any medications that they are taking;
- (3) no child shall be restrained using a physical object;
- (4) no child or group of children shall be allowed to participate in the physical restraint of another child;
- (5) physical restraint holds shall:
 - (A) not be used for purposes of discipline or convenience;
 - (B) be used only when there is imminent risk of harm to the child or others and less restrictive approaches have failed;

- (C) be administered in the least restrictive manner possible to protect the child or others from imminent risk of harm; and
 - (D) end when there is no longer any risk of imminent harm to any party;
- (6) The foster parent shall:
- (A) ensure that any physical restraint hold used on a child is administered by a trained foster parent with a second trained adult in attendance. Concurrent with the administration of a physical restraint hold and for a minimum of 15 minutes subsequent to the termination of the hold, a foster parent shall monitor the child's breathing, ascertain the child is verbally responsive and has motor control and ensure the child remains conscious without any complaints of pain. The supervising agency may seek a waiver from the licensing authority for a foster parent to administer a physical restraint hold without a second trained adult in attendance. The licensing authority shall grant the waiver if it receives a written waiver request; written approval from the child's parent, guardian, or custodian that the administering of a physical restraint hold without a second trained person present is acceptable; written approval from the supervising agency that the foster parent is authorized to administer a physical restraint hold without a second trained person present; documentation that there is approval by the child and family team; and documentation in the person-centered plan or out-of-home family services agreement that it is acceptable for the foster parent to administer a physical restraint hold without a second trained person present;
 - (B) terminate the physical restraint hold or adjust the position to ensure that the child's breathing and motor control are not restricted if at any time during the administration of a physical restraint hold the child complains of being unable to breathe or loses motor control;
 - (C) immediately seek medical attention for the child if at any time it appears to be necessary;
 - (D) conduct an interview with the foster child about the incident following the use of a physical restraint hold;
- (7) The supervising agency shall interview the foster parent administering the physical restraint about the incident following the use of a physical restraint and shall document the incident in a report. Each report shall include:
- (A) the child's name, age, height, and weight;
 - (B) the type of hold utilized;
 - (C) the duration of the hold;
 - (D) the trained foster parent administering the hold;
 - (E) the trained adult witnessing the hold;
 - (F) the less restrictive alternatives that were attempted prior to utilizing physical restraint;
 - (G) the child's behavior that necessitated the use of physical restraint; and
 - (H) whether the child's condition required medical attention; and
- (8) Physical restraints where a person ends up in a prone or face down position shall be prohibited.
- (f) Foster parents shall annually receive written approval from the executive director of the supervising agency or his or her designee before administering physical restraint holds. This written approval shall be based upon the executive director's evaluation of the foster parent's historical use of physical restraints. The foster parent shall retain a copy of the written approval and a copy shall be placed in the foster home record.

History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153; Eff. September 1, 2007; Amended Eff. August 1, 2017; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017.