THE USE OF RESTRAINTS IN CHILD CARE FACILITIES

There may be a time where staff members working in a child care facility find themselves in a position where a child they are caring for requires a restraint in order to protect themselves or others from harm. This restraint should be approved and documented in the specific child’s care plan, or it may be required in the event of an emergency.

The Child Care Licensing Regulation (CCLR) states:

- Section 51(2)(b): If the child has a care plan that includes instructions respecting behavioural guidance, the licensee must ensure that (b) if the behavioural guidance includes the use of restraints, that the restraints are administered only by a person who is trained in the use of, and alternatives to the use of, restraints.
- Section 56(d): A licensee must keep current records of each of the following: (d) written policies and procedures that are intended to guide employees in the care and supervision of children.

What is a restraint?

A restraint is something that restricts or controls an individual’s freedom of movement.

A restraint may be:

- Physical – any item or action that physically constricts or controls movement or behaviour.
- Chemical – any medication used to control behaviour beyond the point of therapeutic benefit.
- Environmental – may include modification of an individual’s surroundings to restrict or control movement.

Restraints are intended to protect the child in care’s health and safety, and preserve his/her dignity, rights and well-being. Restraints are never to be used as a means of coercion, discipline, convenience, or retaliation by staff.

When are restraints used?

Restraints may be used when there is an imminent risk to the health and safety of a child in care, staff, or others; and all other non-physical interventions have been exhausted and ineffective.
The use of an “emergency” restraint may be applied despite CCLR Sections 51(2) (b) and 56(d) when the following applies:

- The restraint is necessary to preserve the child in care’s life or to prevent serious physical harm to the child in care or other children, and staff.
- The behaviour had not been previously displayed or planned for.

**Steps to consider before using a restraint:**

1. Identify and document in the care plan, circumstances which may trigger the situation that would require a restraint.
2. Look for “trends” in behaviour and escalation.
3. Use de-escalation strategies or non-physical techniques such as redirection, verbal cues, removing stimuli or triggers from the person in care’s surroundings.
4. Create an environment which lowers stress and anxiety.
5. Be aware that reactions by staff may affect the escalation of the child’s behaviour.
6. Ask yourself and co-workers: Is the restraint in the child’s best interest and is it necessary to protect the health and safety of other persons?
7. Consult with your co-workers and your supervisor. Sometimes stepping away from the situation and allowing another care provider to apply their skills in alternative methods will bring the desired results.

If other steps have failed and a restraint is the only alternative, then (a) staff member(s) trained in the appropriate use of a restraint may proceed. The length of time the restraint is applied must be assessed with a check-in by the supervisor or co-worker. During the use of the restraint, staff must ensure that the comfort and safety of the child is paramount. Release of the restraint must be a collaborative decision between the child, worker and supervisor.

The use of the restraint must then be recorded in the child’s care plan and contain the reasons for the use of the restraint and all alternative methods used before the restraint was applied. If this was an unplanned, emergency restraint, an incident report must be completed and forwarded to your Licensing Officer.

The use of restraints in community care facilities must be documented, monitored and assessed. Child specific restraints may be used if all other means to manage behaviours have been exhausted, and they are used in the least restrictive way. Facilities that provide care to children that may require the use of a restraint to ensure their health and safety should be aware that:

- The plan for the use of a restraint should be approved by the child’s parent/guardian, physician and licensee.
- The use of a restraint involves weighing the benefits of using the restraint against the risks of not using the restraint.
- Must be comprehensively assessed on an individual basis by the parents/guardians, physician, licensee on a regular basis or as dictated by the child’s behaviour.
- Care providers must receive training in alternative behavioural guidance techniques, as well as on the use of a restraint.
- The physical and mental well-being of a child in a restrained condition should not be compromised.

The preferred choice is to use no restraints. Any restraint, physical, chemical or environmental, should not be used as a substitute for providing a safe and well-designed environment conducive to positive interactions between children, their peers and adults. Direct, continuous supervision by a responsible adult, who is well trained in positive behavioural guidance methods, will find that the use of a restraint is a very rare occurrence.