

Chapter: Care, Supervision and Discipline  
Subject: Discipline and Physical Intervention  
Section: 8.2  
Page: 1 of 4  
ODJFS Rule: 5101: 2-5-13(A)(1); 5101: 2-9-03(I-M);  
5101:2-9-21; 5101: 2-9-22; 5101: 2-9-35  
COA Standard: PA-BSM 1.02, 1.03, 2.01(e), 5.01, 5.06, 6;  
PA-RPM 2.03(e); GLS 1.03, 1.04; AM 7.02  
Revised: 12/9/10; 5/1/20; 10/1/20

---

### **Physical Intervention Policy**

NRTC has a written policy and procedure regarding the use of physical intervention. NRTC does not use isolation under any circumstance, and there is no separate confinement area in the facility.

NRTC prohibits the use of prone restraints.

- Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraint.

Physical intervention of a youth is only to be utilized by a child care staff person who has received specific training and annual review in acceptable methods of physical interventions.

Documentation of such training is contained in the employee's personnel record. NRTC completes annual training in acceptable methods of physical interventions for the child care staff.

1. Physical intervention is only to be used in emergency circumstances when less restrictive interventions have been determined to be ineffective, and only to ensure the immediate physical safety of the youth, a staff member or others. The use of physical intervention is limited to the following emergency situations:
  - For protection of the youth from imminent harm.
  - To protect another person from the youth.
  - For self-protection.

The physical intervention shall end when the youth regains self-control or when the youth's behavior no longer constitutes an emergency. Physical interventions are not to last more than 30 minutes. Physical Interventions lasting longer than 30 minutes require reauthorization by a physician or qualified clinician.

2. NRTC utilizes the Nonviolent Crisis Intervention Training Program by the Crisis Prevention Institute, Inc. (CPI) and OPATA developed Control Positions. NRTC provides all administrators and child care staff with training in the use of physical interventions annually. Child care staff will use only the least restrictive physical intervention necessary to control a situation. Physical restraint is never to be used as

Chapter: Care, Supervision and Discipline  
Subject: Discipline and Physical Intervention  
Section: 8.2

---

- punishment and only be used as a last resort.
- The physical intervention techniques used by NRTC are CPI Team Control, Seated Position (low, medium, high), Standing Position (low, medium, high) and Child's Position.
  - Physical interventions shall only be utilized by staff who have current American Red Cross or equivalent First Aid and CPR certification.
3. NRTC will also use variations of OPATA developed Subject Control Body Locks: Standing (front, side, back) and Seatbelt Standing (back and side), as a least restrictive restraint to control a situation and prevent harm of youth and staff. See attached Subject Control information sheet.
  4. All incidents of physical intervention must be documented in writing in a Critical Incident Report (CIR).
    - A Staff member involved in the restraint will complete a CIR.
    - The CIR should detail the circumstances that prompted the restraint, as well as the mental and physical condition of the youth.
    - The staff member will sign and date the CIR, and a copy will be placed in the youth's file.
    - A supervisor is to review and sign the CIR and will make any necessary follow up.
  5. Any physical intervention techniques used to restrain a youth will be previously approved and listed in the behavioral intervention policy of the residential facility (Policy 8.4).
  6. NRTC has established a system where instances of behavior that are a danger to a youth or to others shall be brought to the attention of appropriately trained behavior management staff.
    - Staff should immediately notify the Director or supervisor on duty if the incident occurs during normal business hours. The on-call manager should be contacted if it occurs after hours. The Director, manager or supervisor who was contacted shall then determine the appropriate plan of action. The staff member reporting the incident should complete a CIR documenting the incident and immediate action taken.
  7. NRTC has established an ongoing system in our Performance and Quality Improvement plan for collecting and reviewing monthly aggregate data that reflects the use of restrictive treatment elements, including the number of applications of physical restraint, the names of staff members who participated in each instance of physical restraint, the range and average length of the physical restraint, and unusual

Chapter: Care, Supervision and Discipline  
Subject: Discipline and Physical Intervention  
Section: 8.2

---

incidents and injuries, in addition to the Critical Incident Report.

- To review how agency practices compare with evidence based best practices
- Use findings from quarterly risk management reviews of restrictive behavior to inform staff about current practices and the need for changes
- To revise policies and procedures when necessary
- To determine when additional resources are needed
- When it has been identified that there is an unusually high incidence of the use of physical restraint, the administrator shall review the agency's policies on behavior intervention and physical restraint to determine how such incidents can be lowered.

### **Disciplinary Policy & Procedures**

Disciplinary procedures are to be humane, instructive and are to be administered with fairness, consistency and respect and regardless of the youth's race, sex, religion or cultural heritage. All cruel and unusual punishments/practices are prohibited including, but not limited to the following:

1. Physical/corporal punishment such as spanking, punching, paddling, shaking, biting, hair pulling, pinching, pushing, or physical hitting inflicted in any manner upon the body, or roughly handling a youth.
2. Physically strenuous work or exercises, when used solely as a means of punishment or discipline.
3. Forcing a youth to maintain an uncomfortable position, or to continuously repeat physical movements when used solely as a means of punishment or discipline.
4. Group punishments for the behavior of an individual. A group activity shall not be cancelled for the entire group due to the behavior of one or more individuals.
5. Verbal abuse, including swearing, directed at a youth or derogatory remarks about a youth's family, race, religion, or cultural background, or threats of physical violence against a youth or removal of the youth from the facility.
6. Denial of social or recreational activities for more than five consecutive days without prior written approval of the facility administrator and a certified or licensed practitioner of behavioral science.
7. The denial of social, mental health or casework services, medical treatment, educational services, or access to their guardian ad litem or attorney, probation officer, court appointed special advocate, placement worker or caseworker.
8. The deprivation of hydration, meals or any required snack.
9. The use or denial of any medication as a punishment or discipline.
10. The denial of visitation or communication rights with a youth's family as a means of punishment or discipline.
11. The denial of sleep.
12. The denial of shelter, clothing, bedding or restroom facilities.
13. The use of physical restraint as a means of punishment or discipline.

Chapter: Care, Supervision and Discipline  
Subject: Discipline and Physical Intervention  
Section: 8.2

---

14. Organized social ostracism such as codes of silence.
15. The use of chemical restraint.
16. The use of mechanical restraint.
17. Isolation in a locked or unlocked room used as punishment.
18. The use of prone restraints. Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for any period of time. Prone restraint includes physical or mechanical restraint.
19. Time out exceeding one minute for each year of the youth's age, unless approval is granted by a certified or licensed practitioner of behavioral science and documented in the youth's service plan.
20. Punishment for actions over which the youth has no control such as bedwetting, enuresis or encopresis.

NRTC's disciplinary procedures are explained to all staff during orientation and to each youth during intake, according to their age and functioning level. Disciplinary procedures are outlined in the program handbook and are given to persons or agencies who desire to place youth in the facility, parent(s)/guardians and the youth.

Discipline shall be administered only by persons who are administrators or employees with direct care responsibilities. Youth shall not discipline other youth. All staff involved in the discipline of youth shall meet the requirements of rule 5101: 2-9-03 of the Administrative Code.

Any intervention that produces adverse side effects or is deemed unacceptable according to prevailing professional standards will be discontinued immediately.

NRTC employees, contract staff, student interns and volunteers shall not engage in any act of omission or commission which results in the death, injury, illness, abuse, neglect or exploitation of any youth.