

Policy Transmittal Developmental Disabilities Services



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Number: DD-PT-21-071

Issue date: 8/30/2021

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Children's 24 hour residential providers; host home providers. |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Restraints and Involuntary Seclusion for Children in Residential Settings.		
Policy/rule number(s):		Release number:	
Effective date:	9/1/2021	Expiration date:	
References:	SB 710 (2021 session)		
Web address:			

Discussion/interpretation:

The 2021 legislative session resulted in Senate Bill 710 (“SB 710”) being adopted into statute. Some portions of the bill are in effect as of September 1, 2021. Others come later. This transmittal describes expectations for Children’s Residential Providers (SE 142) and Host Home Providers (SE 52) to comply with the requirements of SB 710 that begin September 1, 2021. There are reporting requirements described in a separate

transmittal. This policy does not apply to providers or children in other service elements.

Implementation/transition instructions:

Beginning September 1, 2021:

Defining Restraint

- “Restraint” means the physical restriction of a child’s actions or movements by holding the child or using pressure or other means.
- Restraint includes any physical restraint, chemical restraint, mechanical restraint, emergency physical restraint, Safeguarding Intervention, or Safeguarding Equipment.
- Restraint does not include escorting a child without use of force to safety by the hand or arm or assisting the child with a task if the child is not resisting
- “Involuntary seclusion” means the confinement of a child alone in a room from which the child is prevented from leaving by any means.
- “Involuntary seclusion” does not include age-appropriate time-out if the time-out is in a setting from which the child in a setting is not prevented from leaving.

Limitations on the Use of Restraint

Providers may not place a child in a restraint or involuntary seclusion unless:

- The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact; or,
- The child’s behavior poses a reasonable risk of imminent serious bodily injury to the child or others and less restrictive interventions would not effectively reduce that risk; and,
- The intervention is not a prohibited restraint. In addition to those already described in Oregon Administrative Rules, prohibited restraints under SB 710 include:
 - Nonincidental use of a solid object, including the ground, a wall, or the floor, to impede an individual’s movement, unless the restraint is necessary to gain control of a weapon.
 - Pressure or risk of pressure on neck/throat or mouth unless the restraint is necessary for the purpose of extracting a body part from a bite.
 - Anything that impedes or risks impeding breathing.
 - Intentional placement of hands, feet, elbows, knees, or object on neck, throat, or genitals.
 - Pressure or risk of pressure on stomach, chest, joints, throat, or back by a foot, knee, or elbow.

When a restraint or seclusion is allowed by a circumstance identified above the following must be true:

- The intervention uses the least amount of physical force and contact possible
- The restraint or involuntary seclusion is used only for as long as the child's behavior poses a reasonable risk of imminent serious bodily injury;
- The individuals placing the child in the restraint are trained, as required by the department by rule, in the use of the type of restraint or involuntary seclusion used;
- Each person who participates in the restraint is trained in the use of the type of restraint applied;
- The program staff continuously monitor the child for the duration of the restraint or involuntary seclusion; and
- The restraint or involuntary seclusion is performed in a manner that is safe, proportionate, and appropriate, taking into consideration the child's chronological and developmental age, size, gender identity, physical, medical and psychiatric condition and personal history, including any history of physical or sexual abuse.

Authorization to Continue a Restraint

When a restraint allowed by a circumstance above has lasted 15 minutes, the program must get authorization to continue the restraint from a Program Supervisor. A "Program Supervisor" is a trained program staff person who is designated by the Executive Director to authorize the ongoing application of the restraint or involuntary seclusion of a child.

Authorization must be given every five minutes after the first authorization. For example, this means authorization is required at 15 minutes, 20 minutes, and 25 minutes. Authorization may be verbal if the supervisor is on-site or may be written in an electronic format such as an email or text message. The written authorization must document why the restraint or involuntary seclusion continues to be the least restrictive intervention to reduce the risk of imminent serious bodily injury in the given circumstances.

The designated program supervisor must be trained in the ODDS-approved behavior intervention curriculum, specifically in the type of restraint or involuntary seclusion being used. If the supervisor is not on-site at the time the restraint is used, the supervisor may provide the written authorization electronically.

The program must provide the child with adequate access to the bathroom and water at least every 30 minutes.

Notification of Restraint:

The agency shall maintain a record of each incident in which a reportable injury arises from the use of a restraint or involuntary seclusion. The record under this subsection must include any audio or video recording immediately preceding, during and following the incident. "Reportable injury" means any type of injury to a child, including but not limited to rug burns, fractures, sprains, bruising, pain, soft tissue injury, punctures, scratches, concussions, abrasions, dizziness, loss of consciousness, loss of vision, visual disturbance, or death.

If a provider places a child in a restraint or involuntary seclusion the provider must immediately, but not later than one business day following the restraint or involuntary seclusion, provide the child's services coordinator, attorney, court appointed special advocate (CASA), and parents or guardians verbal or electronic notification that a restraint or involuntary seclusion was used.

If a program places a child in a restraint or involuntary seclusion and the child suffers a reportable injury arising from the restraint or involuntary seclusion, the program provider shall immediately provide the department, the child's attorney, court appointed special advocate and parents or guardians with written notification of the incident and upon request, access to copies of all records related to the restraint or involuntary seclusion, including any photographs and audio or video recordings.

All incidents involving restraint or involuntary seclusion must be documented in an incident report as required by OAR 411-323-0063 and must also include all the following:

- The date of the restraint or involuntary seclusion.
- The date of the restraint or involuntary seclusion.
- The times when the restraint or involuntary seclusion began and ended.
- A description of the child's activity that necessitated the use of the restraint or involuntary seclusion.
- The efforts the program used to deescalate the situation and the alternatives to restraint or involuntary seclusion attempted before placing the child in the restraint or involuntary seclusion.
- The names of each person who placed the child in the restraint or involuntary seclusion and who monitored or approved the placement of the child in the restraint or involuntary seclusion when applicable.
- If any person involved in the restraint is not currently trained in the restraint used the Incident Report must contain a description of the training deficiency and the reason a person without the proper training was involved in the restraint or involuntary seclusion

Debriefing Meeting:

When a restraint or involuntary seclusion must be reported, the program provider must hold a debriefing meeting with each person involved in the restraint or involuntary seclusion, including the child, not later than two business days following the restraint or involuntary seclusion. Written notes of each debriefing meeting must be taken and provided to the Residential Specialist, attorney, CASA, and the child's parent or guardian. This meeting may be held virtually or in person.

Agency Policies and Procedures

No later than 11/1/2021, an agency subject to this policy shall establish policies and procedures for the agency to follow when a child is placed in a restraint or involuntary seclusion, consistent with this Department policy.

Training/communication plan:

This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here:

[Join Microsoft Teams Meeting](#), or you can call 971-277-2343 using conference ID: 468 508 153# to hear only the audio portion of the meeting. Please send questions in advance to ODDS.Questions@dhsola.state.or.us.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Caitlin Shockley	
Phone: 503-510-7228	Fax:
Email: caitlin.shockley@dhsola.state.or.us	