Christian Family Care

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Family Information Packet – Copy of Policies

Welcome to Christian Family Care. Please take a moment to review the information included in this packet. This packet contains information that will be helpful as you receive services through CFC. Regular office hours of operation are Monday through Thursday, 8:30 am – 5pm Friday, 8:30am-4pm.

Policy Review Documentation for Foster, Adoptive and HCTC Families

Behavior Management Techniques Policy (3.15)

SERVICE APPLICABLE TO: All Staff; All Foster Homes, Regular and Treatment Based

Policy Topic: **THE USE OF BEHAVIOR MANAGEMENT TECHNIQUES**

Purpose: To establish policy for the appropriate use of behavior management techniques, and particularly to protect clients' safety and the safety of others when such techniques are used.

Policy: CFC shall follow the Arizona state guidelines (R6-5-5833 and R9-20-216.A.3) regarding training employees and foster parents in specialized behavior management techniques, including emergency safety responses. Particular emphasis shall be placed on promoting the safety of the individual client(s) and others involved, directly or indirectly.

Any isolation, locked seclusion, mechanical, and physical restraint of clients is **prohibited**. An emergency safety response is permitted **only** when the (foster) parent or staff member has completed a nationally recognized training in crisis intervention, including the safe use of an emergency safety response, and permission to use an ESR is stated in the case plan or crisis plan, and then **only** as a last resort.

"Emergency safety response" means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual. (AZ Admin Code R9-20-101.56)

PROCEDURES:

NOTE: PLEASE READ CAREFULLY – All Foster parents MUST review and sign this policy, however, with regards to paragraph #6, below, the annual training is required ONLY if the foster home will be receiving placement of children with behavioral health needs, which require specific interventions. CFC highly recommends that all foster homes and/or adoptive homes

pursue this training. Should children placed within a family require behavioral health interventions, appropriate training will then be required for continued placement.

CFC provides an explanation for and offers a copy of its written behavior support and management philosophy and procedures to service recipients or their parents or legal guardians at admission.

CFC informs service recipients or parents or legal guardians of strategies used to maintain a safe environment and prevent the need for restrictive behavior management interventions.

CFC encourages personnel and foster parents to:

- Develop positive relationships with clients
- Build on strengths and reinforce positive behavior
- Respond consistently to all incidents which impact the welfare and safety of clients
- All CFC employees, interns, volunteers, and foster parents shall:

1. recognize that permitted restrictive behavior management intervention is not to be used in excess, inappropriately or in place of best practice discipline techniques.
2. respect the rights and dignity of persons served when employing restrictive behavior management interventions.
3. adhere to the Behavior Management; Discipline Prohibitions; guideline (AZ Admin Code R6-5-5833) which is outlined in the Arizona Foster Parent Handbook and the ACYF Discipline Policy Resource Book.
4. recognize that many clients are the victims of physical abuse and that it is vital to use non-physical means to help them develop acceptable behavior and self-regulation. A brief gentle, physical touch, without force, in order to get attention, calm, comfort or re-direct a client may be used. The brief touch does not restrain or restrict the client's movement in any way. Taking a client's hand to safely escort him/her from one area to another is not considered a hold. Another example would be physically preventing a child from running into the street. These examples would not be considered holds or ESR's.
5. recognize that "timeout" means providing a client an opportunity to regain self-control in a designated area from which the client is not physically prevented from leaving. CFC policy states that time out should be no longer than one minute per year old (four years old = four minutes). For children under age five, time out should be within line of sight. For age five and over, the child may be sent to his/her room and monitored every 15 minutes, unless otherwise indicated by case plan. Arizona Administrative Code states that time out will not exceed two hours per incident or four hours per day, and will not result in the client missing a meal. (AZ Admin Code R9-20-215.).
6. complete a nationally recognized training program in crisis intervention that includes:
   i. Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;
   ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
   iii. The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response. (R9-20-216.3)
7. recognize that a person not trained as a Nonviolent Crisis Intervention Certified Instructor may not instruct a parent or staff to use an emergency safety response of any kind.
8. **recognize that only an employee or parent who has been properly trained and certified through a nationally recognized training program in crisis intervention**

may perform an emergency safety response, if a child is a danger to themselves or others, and only if this response is written into a child's care plan per DES guideline (AZ Admin Code R6-5-5833), and/or behavioral health plan. The employee or parent should first attempt to deescalate the situation through communication and non-physical crisis intervention techniques, and use an emergency safety response only if those methods are unsuccessful. The emergency safety response may last only five minutes or less, not occur more than twice in a 60-minute period, and not occur more than four times in a 12-hour period. If the employee or parent is not trained, and the child is a danger to self and others, then the police or paramedics may be called. A Crisis Intervention Team may also be called or the client may be transported to urgent psychiatric care by the parent, if it is safe to do so, or by ambulance.

9. discontinue permitted behavior management interventions if they produce adverse side effects such as illness, severe emotional or physical stress or physical damage.
10. participate in a debriefing with those staff members and caregivers involved, and document within 24 hours after an emergency safety response is used. The debriefing evaluates the well-being of the client, client needs, services needed, precipitating factors, modifies the service plan, if necessary, and reviews how the incident was handled including needed changes to procedures and/or staff training. Documentation includes date/time of incident, name of client, names of staff members using the emergency safety response, specific emergency safety response used, precipitating factors, outcome of the response including any injuries, whether R9-20-202 was complied with, and if any individual was injured, the circumstances that caused the injury, and a plan to prevent future injuries.
11. recognize that any use of an emergency safety response must be reported using the agency's Incident Report, form #9004, and the procedures outlined in CFC's Policy 1.14-Health, Safety and Welfare.
12. adhere to CFC Policy 1.14-Health, Safety, and Welfare and Administrative Guideline 24, in reporting a violation of this policy and its procedures.
13. adhere to CFC Policy 1.16-Professional Practices, as it relates to this policy and its procedures.
14. utilize the parenting techniques presented in the Positive Behavior Support model, which is a strengths-based, non-coercive approach to behavior management.
15. at no time allow a child to discipline another child.

Also Refer to: CFC's Risk Management Program Guide
AG-24 – Incident Reports
AG-41 – Emergency Safety Response Debriefing
Policy 1.14 – Health, Safety and Welfare

NOTE: For the purposes of this policy, the following definitions apply -

"Emergency safety response" means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual. (AZ Admin Code R9-20-101.56)

"Isolation" means the practice of separating a person from others in a monitored non-locked or "quiet" room in order to calm the person removed. A person in isolation is physically prevented from leaving the designated space or room where s/he is placed. For purposes of COA accreditation, isolation is distinguished from "time out". (COA 8th Edition BSM 1.02)

"Personal restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a client's body, but: a. For a Level 1 RTC or a Level 1 sub acute agency, does not include: i. Holding a client for no longer than five minutes, without undue force, in order to calm or comfort the client, or ii. Holding a client's hand to safely escort the client from one area to another; (AZ Admin Code R9-20-101.120)

"Physical restraint" means the use of bodily force to restrict a child's freedom of movement, but does not include the firm but gentle holding of a child with no more force than is necessary to protect the child or others from harm (AZ Admin Code R6-5-5801.28).

"Mechanical restraint" means: a. An article, device, or garment that: i. Restricts a child's freedom of movement or a portion of a child's body; ii. Cannot be removed by the child; and iii. Is used for the purpose of limiting the child's mobility; b. But does not include an orthopedic, surgical, or medical device that allows a child to heal from a medical condition or to participate in a treatment program (AZ Admin Code R6-5-5801.25).

"Seclusion" means placing a child alone in a room with closed, locked doors that cannot be opened from the inside as prohibited by R6-5-7456(C)(6) (AZ Admin Code R6-5-7401.63).

"Time out" means providing a client an opportunity to regain self-control in a designated area from which the client is not physically prevented from leaving. (AZ Admin Code R9-20-101.157)

Referenced CFC Policies and Administrative Guidelines are available at the CFC Office or from your CFC Caseworker.

Medication Policy (5.3)

SERVICE APPLICABLE TO:	Foster Homes/HCTC Homes (TX Foster Homes)
Policy Topic:	**MEDICATION**
Purpose:	*To provide guidelines for the safe and proper administration of medication.*
Policy:	Foster/HCTC parents shall maintain the following minimum CFC standards and procedures for medication prescription, administration, storage, and disposal to assure the health and safety of all children.

PROCEDURES:

TX = Treatment Foster/HCTC homes

1. Upon a child's arrival/admission, the foster/HCTC family parents shall list all medications a child is taking including administration requirements. A medication log for the child shall be created at this time.
2. Prescription medication shall be continued, as prescribed, upon arrival.
3. Foster/HCTC parent shall restart the medication, as prescribed, the following day, in consultation with a medical professional if the last dose of prescription medication is not known at the time of the child's arrival.

4. For HCTC Parents, only: The HCTC parent shall ask the Behavioral Health professional to provide a diagnosis and recommendations for care either in writing or e-mail within 48 hours to CFC HCTC department personnel.
5. Within 24 hours of the child's arrival, the medical professional (Arizona physician, psychiatrist, physician assistant or nurse practitioner) prescribing the medication, or their office staff, shall be contacted to verify that the prescription is correct and continuation is required.
6. The child is referred to a licensed medical professional when symptoms indicate medication may be needed.
7. Foster/HCTC parents shall maintain a medication log (schedule) within the child's record. The record shall include a copy of each prescription; the name of the prescribing medical professional; an emergency phone number for the prescribing medical professional; reason for prescribing the medication; date on which the medication was prescribed; generic or commercial name of the medication; dosage level and time of day when medication is to be administered, including any special administration instructions.
8. Medical professionally prescribed and over-the-counter medication is kept in a solely designated secure locked box that is inaccessible to children. A separate lock box is available for medications that must be kept refrigerated. Refrigerated medications must be kept under temperature ranges recommended by the manufacturer.
9. All medications shall be kept in the original container, which will have a label with the following information:
    a. Child's name
    b. Name of medication
    c. Prescribing physician or other medical professional
    d. Date of purchase and, if known, expiration date
    e. Directions for administration
10. For HCTC Children, only: Written consent to administer medications shall be obtained from the child's guardian and kept in the child's file in the home. A copy shall be kept in the client's file in the CFC office.
11. For HCTC Parents, only: The CFC HCTC Specialist shall request that the guardian sign a mutual Release of Information form to allow the medical professional and CFC to communicate regarding the client. All contacts shall be documented in the client record. Copies of reports shall also be kept in the client file. Notice to provider for DCYF placements.
12. Only trained CFC Foster/HCTC parents shall administer medications. Training is provided on a quarterly basis through CFC's Parent University training program. This training is required annually for HCTC parents. This training is highly recommended, on an annual basis, for regular Foster Parents, especially those who have children requiring medication administration. Training dates and hours are documented in the personnel or foster family file, which ever applies. An Arizona licensed medical professional conducts the training.
13. Any variation in the administration of the medication given shall be documented on the medication report and an incident report shall be written by the CFC caseworker or foster parent within 72 hours. The medical professional shall be notified of the variation by the Foster/HCTC parent.
14. If a client refuses medication, the foster/HCTC parent shall document the refusal on the appropriate document. The refusal shall also be reported to the guardian and /or medical provider so that consequences of the refusal can be discussed with the client.
15. Adverse reactions will be assessed for their severity:
    a) Non-life threatening reactions; notify the 24-hour on call nurse.

b) In emergency situations, medical attention shall be obtained immediately. When in doubt, emergency medical attention shall be obtained.

c) An Incident Report shall be completed with the occurrence of any adverse reaction to medication administration or the lack thereof.

16. Medications shall be inventoried on a quarterly basis. Discontinued or outdated medications shall be destroyed according to proper procedure.

17. CFC Foster/HCTC parents shall assure proper disposal of unused medications, syringes and medical waste at all times.

Also refer to: Policy 1.14 – Health, Safety and Welfare
AG-24 – Incident Reports
AG-41 – Emergency Safety Response Debriefing
CFC Medication Log – Form #9071

Referenced CFC Policies and Administrative Guidelines are available at the CFC Office or from your CFC Caseworker.

Incident Report Writing Instructions (Form #9004 Cover Sheet)

Foster Families & HCTC Families:

According to CFC's policy, all incidents must be verbally reported to your licensing worker, their supervisor, or through the emergency cell phone **within 24 hours**, except in cases outlined below by Article 58, which requires reporting **within 2 hours**. A written report, on CFC form 9004-1, must then be completed and turned in to the appropriate staff **within 24 hours**.

When completing incident reports please remember that you must follow the guidelines set out by Article 58, which states:

R6-5-5834 Notification of Foster Child Death, Illness, Accident, Unauthorized Absence, or Other Unusual Events

A. Within 2 hours after a foster child suffers any of the following events, a foster parent shall notify a child's placing agency **[CPS]**
   1. Death;
   2. Serious illness or injury requiring hospitalization or emergency room treatment;
   3. Any non-accidental injury or sign of maltreatment;
   4. Unexplained absence;
   5. Severe psychiatric episode;
   6. Fire or other emergency requiring evacuation of the foster home;
   7. Removal of a foster child from the foster home by any person or agency other than the placing agency, or attempts at such removal; and
   8. Any other unusual circumstance or incident which might seriously affect the health, safety, or the physical or emotional well-being of a foster child

B. Within 48 hour of occurrence, a foster parent shall notify the placing agency of any other events likely to affect the well-being of a foster child in the foster parent's care, including the following circumstances:
   1. Involvement of a foster child with law enforcement authorities;
   2. Serious illness or death involving a member of the foster family's household or a significant person;
   3. Change in foster family or household composition; and

4. Absence of 1 foster parent from a 2 parent household for more than 7 continuous days.

C. Within 24 hours of giving notice as prescribed in subsection (A) or (B), a foster parent shall send the placing agency and licensing agency a written report on the event. The report shall include the following information:
   1. A description of the event, with the date and time of occurrence;
   2. The names and telephone numbers of any persons involved in the event;
   3. Any measure taken to address, correct, or resolve the event, including treatment obtained, and persons notified.

Also refer to: AG-24 – Incident Reports
Incident Report forms #9004-1 and #9004-2

See form #6087 for Signatures of receipt of this packet.

CHRISTIAN FAMILY CARE

Serving Children and Families Since 1982