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### **Policy 325: Prevention of Physical Restraint and Requirements If Used**

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The Shrewsbury Public Schools complies with the DOE restraint regulations, 603 CMR 46.00 et seq. ("Regulations"), to the extent required by law. According to their terms, the Regulations apply not only at school but also at school-sponsored events and activities, whether or not on school property. A brief overview of the Regulations is provided below.

Physical restraint, including prone restraint where permitted, shall be considered an emergency procedure of last resort except when a student's behavior poses a threat of assault, or imminent, serious, physical harm to self or others and the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under the circumstances. Physical restraint shall mean direct physical contact that prevents or significantly restricts a student's freedom of movement. Physical Restraint is used with extreme caution in order to prevent or minimize any harm to the student as a result of use of Physical Restraint. Physical restraint does not include: brief contact to promote student safety, providing physical guidance and prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort.

The district shall have procedures for restraint prevention and behavior supports regarding appropriate responses to student behavior that may require immediate intervention. These procedures will be reviewed annually and provided to program staff and made available to parents of enrolled students.

SPS has various **tiered approach** methods for **supporting student well-being and** preventing student violence, self-injurious behavior, and suicide, including ~~time out and~~ de-escalation of potentially dangerous behavior occurring among groups of students or with an individual student. Resources include:

1. Functional Behavior Assessment to hypothesize what environmental variables may be contributing to the identified behavior of concern.
2. Development of individualized behavior support plans.
3. The application of time out procedures (where appropriate) as part of the student's individualized behavior support plan.
4. Trainings for mental and behavioral health, ~~such as "Mental Health First Aid"~~.

5. Verbal de-escalation and restraint training, such as ~~“Strategies of Limiting Violent Episodes (S.O.L.V.E.)”~~ **Safety Care Behavioral Safety Training Program**
6. Access to district wide Clinical Coordinators and consulting Child Psychiatrist.
7. Early Intervening Team (EIT), Student Support Team (SST) are groups made up of district personnel who problem solve and implement procedures prior to the clinical team being called in.

Methods for engaging parents in discussions about **student behaviors, functions of behaviors, de-escalation, and** restraint prevention and the use of restraint solely as an emergency procedure:

1. Parent Strategies class is offered each year. Clinical Coordinators and Child Psychiatrist focus on prevention and understanding behavior and functions of behavior. Mental health issues and strategies are discussed as well.
2. Behavior plans are reviewed with parents as part of a school based team. Plans emphasize positive behavioral supports and methods to increase appropriate and/or alternative behavior. If it is required for parents to understand emergency intervention, the team will meet with the parents to demonstrate what it looks like and feels like.

Shrewsbury Public Schools provide alternatives to physical restraint and method of physical restraint in emergency situations. The ~~“Strategies for Limiting Violent Episodes” (S.O.L.V.E.)~~ **Safety Care** curriculum teaches a variety of methodologies, including **de-escalation and** physical restraint, that highlight variables that an individual may need to control in an emergency situation (i.e. if a student’s behavior is escalating). In addition, the curriculum identifies a variety of verbal de-escalation strategies that **are focused on prevention and safety to provide humane supportive evidence-based interventions derived from Applied Behavior Analysis. Safety Care emphasizes de-escalation strategies to support students who are in crisis that can be used to de-escalate hard situations and promote calm and safety in the classroom.** ~~include but are not limited to: Setting up/Perception/Invitation/Knowledge/Emotions with empathy/Strategy, aka S.P.I.K.E.S. model of effective communication; action responses (e.g., asking clarifying questions, etc.); and listening responses (e.g., body language, clarification, confirmation, etc.).~~

Physical restraint shall not be used:

- (a) As a means of discipline or punishment;
- (b) When the student cannot be safely restrained because it is medically contraindicated for reasons including but not limited to asthma, seizures, cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting;
- (c) As a response to property destruction, disruption of school order, a student's refusal to comply with a program rule or staff directive, or verbal threats when those actions do not constitute a threat of assault, or imminent, serious, physical harm; or
- (d) As a standard response for any individual student. No written individual behavior plan or individualized education program (IEP) will include use of physical restraint as a standard response to any behavior. Physical restraint is an emergency procedure of last resort.

Shrewsbury Public Schools does not authorize the use of medication restraint, mechanical restraint, prone restraint (unless permitted pursuant to 603 CMR 46.03 (1)(b)), seclusion (as defined below) or the use of physical restraint in a manner inconsistent with 603 CMR 46.00.

Prone restraint shall be prohibited in public education except on an individual student basis, and only under the following circumstances:

1. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
2. All other forms of physical restraints have failed to ensure the safety of the student and/or the safety of others;
3. There are no medical contraindications as documented by a licensed physician;
4. There is psychological or behavioral justification for the use of prone restraint and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional;
5. The program has obtained consent to use prone restraint in an emergency as set out in 603 CMR 46.03(1)(b), and such use has been approved in writing by the principal; and,
6. The program has documented 603 CMR 46.03(1)(b) 1 - 5 in advance of the use of prone restraint and maintains the documentation.

Physical restraint in a public education program shall be limited to the use of such reasonable force as is necessary to protect a student or another member of the school community from assault or imminent, serious, physical harm.

Seclusion means the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. Seclusion does not include a time-out as defined in 603 CMR 46.02.

Time-out is **not** prohibited

Time-out means a behavioral support strategy developed pursuant to 603 CMR 46.04(1) in which a student temporarily separates from the learning activity or the classroom, either by choice or by direction from staff, for the purpose of calming. During time-out, a student will be continuously observed by a staff member. Staff will be with the student or immediately available to the student at all times. The space used for time-out will be clean, safe, sanitary, and appropriate for the purpose of calming. Time-out will cease as soon as the student has calmed. If a student has not calmed and the time-out may need to exceed 30 minutes, the principal or designee must be contacted in order to approve extending the time-out beyond this timeframe.

There are two situations in which time out procedures may be used:

- 1.If it has been outlined in the student's individualized behavior support plan and consented to by their parent/guardian.
- 2.If the student's behavior requires the immediate removal from a classroom environment due to the student demonstrating an acute/aberrant behavior that creates an emergency situation. Time out should not last longer than 20 minutes before adults assisting the student attempt to verbally redirect the student and de-escalate the situation. Only in the presence of a building administrator or designee can the time out procedure be employed for longer than 20 minutes.

At the beginning of each school year, the principal of each building or his or her designee will identify program staff who are authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. These staff must have participated or will participate in in-depth training in the use of physical restraint.

Such training shall be competency-based and at least 16 hours in length, with **at least 6 hour recertification refresher** training occurring annually thereafter. The curriculum will teach a variety of methodologies that an individual may need to control in an emergency situation (i.e. if a student's behavior is escalating). Content of in-depth training. In-depth training in the proper administration of physical restraint shall include, but not be limited to:

- (a) Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint;
- (b) A description and identification of specific dangerous behaviors on the part of students that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted;
- (c) The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;
- (d) Instruction regarding documentation and reporting requirements and investigation of injuries and complaints;
- (e) Demonstration by participants of proficiency in administering physical restraint; and,
- (f) Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has impact, including but not limited to psychological, physiological, and social-emotional effects.

#### Proper Administration of Physical Restraint

(1) Trained personnel. Only public education program personnel who have received training pursuant to 603 CMR 46.04(2) or 603 CMR 46.04(3) shall administer physical restraint on students. Whenever possible, the administration of a restraint shall be witnessed by at least one adult who does not participate in the restraint. The training requirements contained in 603 CMR 46.00 shall not preclude a teacher, employee or agent of a public education program from using reasonable force to protect students, other persons or themselves from assault or imminent, serious, physical harm.

(2) Use of force. A person administering a physical restraint shall use only the amount of force necessary to protect the student or others from physical injury or harm.

(3) Safest method. A person administering physical restraint shall use the safest method available and appropriate to the situation subject to the safety requirements set forth in 603 CMR 46.05(5). Floor restraints, including prone restraints otherwise permitted under 603 CMR 46.03(1)(b), shall be prohibited unless the staff members administering the restraint have received in-depth training according to the requirements of 603 CMR 46.043(3) and, in the judgment of the trained staff members, such method is required to provide safety for the student or others present.

(4) Duration of restraint. All physical restraint must be terminated as soon as the student is no longer an immediate danger to himself or others, or the student indicates that he or she cannot breathe, or if the student is observed to be in severe distress, such as having difficulty breathing, or sustained or prolonged crying or coughing.

(5) Safety requirements. Additional requirements for the use of physical restraint:

(a) No restraint shall be administered in such a way that the student is prevented from breathing or speaking. During the administration of a restraint, a staff member shall continuously monitor the physical status of the student, including skin temperature and color, and respiration.

(b) Restraint shall be administered in such a way so as to prevent or minimize physical harm. If, at any time during a physical restraint, the student expresses or demonstrates significant physical distress including, but not limited to, difficulty breathing, the student shall be released from the restraint immediately, and school staff shall take steps to seek medical assistance.

(c) If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval of the principal. The approval shall be based upon the student's continued agitation during the restraint justifying the need for continued restraint.

(d) Program staff shall review and consider any known medical or psychological limitations, known or suspected trauma history, and/or behavioral intervention plans regarding the use of physical restraint on an individual student.

(e) After the release of a student from a restraint, the public education program shall implement follow-up procedures. These procedures shall include reviewing the incident with the student to address the behavior that precipitated the restraint, reviewing the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed, and consideration of whether any follow-up is appropriate for students who witnessed the incident.

#### Reporting Requirements When a Restraint Occurs:

1. All physical restraints and/or time out procedures will be documented ~~via the SPS Incident Report Form~~. In addition all physical restraints will be reported on an annual basis to DESE via the Restraint Reporting Form or as directed by the department.

(2.) Informing the principal. The staff member who administered the restraint shall verbally inform the principal of the restraint as soon as possible, and by written report no later than the next school working day. The written report shall be provided to the principal for review of the use of the restraint. If the principal has administered the restraint, the principal shall prepare the report and submit it to an individual or team designated by the superintendent or board of trustees for review. The principal or director or his/her designee shall maintain an on-going record of all reported instances of physical restraint, which shall be made available for review by the parent or the Department upon request.

3. Informing parents. The principal or designee will make reasonable efforts to verbally inform the student's parents as soon as possible of the restraint, and no more than 24 hours following the event, and will also notify the parent by written report sent either within three school working days of the restraint to an email address provided by the parent for communications about the student, or by regular mail postmarked no later than three school working days of the restraint. If the parent of a student receives report cards and other necessary school-related information in a language other than English, the written restraint report will be provided to the parent or guardian in that language. The principal will provide the student and the parent an opportunity to comment orally and in writing on the use of the restraint and on information in the written report.

(4.) Contents of report. The written report required by 603 CMR 46.06(2) and (3) shall include:

- (a) The name of the student; the names and job titles of the staff who administered the restraint, and observers, if any; the date of the restraint; the time the restraint began and ended; and the name of the principal or designee who was verbally informed following the restraint; and, as applicable, the name of the principal or designee who approved continuation of the restraint beyond 20 minutes pursuant to 603 CMR 46.05(5)(c).
- (b) A description of the activity in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint; the behavior that prompted the restraint; the efforts made to prevent escalation of behavior, including the specific de-escalation strategies used; alternatives to restraint that were attempted; and the justification for initiating physical restraint.
- (c) A description of the administration of the restraint including the holds used and reasons such holds were necessary; the student's behavior and reactions during the restraint; how the restraint ended; and documentation of injury to the student and/or staff, if any, during the restraint and any medical care provided.
- (d) Information regarding any further action(s) that the school has taken or may take, including any consequences that may be imposed on the student.
- (e) Information regarding opportunities for the student's parents to discuss with school officials the administration of the restraint, any consequences that may be imposed on the student, and any other related matter.

5. Individual student review. The principal of the program will conduct a weekly review of restraint data in order to identify students who have been restrained multiple times during the week. If such students are identified, the principal shall convene one or more review teams as the principal deems appropriate to assess each student's progress and needs. The assessment shall include at least the following:

- (a) review and discussion of the written reports submitted in accordance with 603 CMR 46.06 and any comments provided by the student and parent about such reports and the use of the restraints;
- (b) analysis of the circumstances leading up to each restraint, including factors such as time of day, day of the week, antecedent events, and individuals involved;
- (c) consideration of factors that may have contributed to escalation of behaviors, consideration of alternatives to restraint, including de-escalation techniques and possible interventions, and such other strategies and decisions as appropriate, with the goal of reducing or eliminating the use of restraint in the future;
- (d) agreement on a written plan of action by the program.

6. Administrative review. The principal will conduct a monthly review of school-wide restraint data. This review shall consider patterns of use of restraints by similarities in the time of day, day of the week, or individuals involved; the number and duration of physical restraints school-wide and for individual students; the duration of restraints; and the number and type of injuries, if any, resulting from the use of restraint. The principal shall determine whether it is necessary or appropriate to modify the school's restraint prevention and management policy, conduct additional staff training on restraint reduction/prevention strategies, such as training on positive behavioral interventions and supports, or take such other action as necessary or appropriate to reduce or eliminate restraints.

7. Report all restraint-related injuries to the Department. When a physical restraint has resulted in an injury to a student or staff member, the principal will send a copy of the written report to the Department postmarked no later than three (3) school working days of the administration of the restraint. The principal will also send the Department a copy of the record of physical restraints maintained by the principal for the 30-day period prior to the date of the reported restraint. Every program shall collect and annually report data to the Department regarding the use of physical restraints. Such data shall be reported in a manner and form directed by the Department.

Complaints and investigations regarding restraint practices are covered by District Policy 132, Steps for Handling Complaints. At this time, if parents of a student have concerns/complaints about SPS policy and/or procedures regarding physical restraint and/or the use of time out

procedures, they should contact the building administrator and the Assistant Superintendent for Student Services to file concerns/complaints and/or initiate an investigation on a particular student. Investigations will include a review of the written incident report(s), staff interviews, consultation from district Board Certified Behavior Analyst and communication with families.

The above procedures and guidelines will be reviewed annually with school personnel and shared with students and parents. During the first month of school, all staff review the revised restraint prevention and behavior support policy as part of the online district wide compliance training. Any new employee will, also, review the restraint prevention and behavior support policy within one month of their hire date. Each principal or director shall determine a time and method to provide all program staff with training regarding the program's restraint prevention and behavior support policy and requirements when restraint is used. Such training shall occur within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. Training shall include information on the following:

- (a) The role of the student, family, and staff in preventing restraint;
- (b) The program's restraint prevention and behavior support policy and procedures, including use of time-out as a behavior support strategy distinct from seclusion;
- (c) Interventions that may preclude the need for restraint, including de-escalation of problematic behaviors and other alternatives to restraint in emergency circumstances;
- (d) When behavior presents an emergency that requires physical restraint, the types of permitted physical restraints and related safety considerations, including information regarding the increased risk of injury to a student when any restraint is used, in particular a restraint of extended duration;
- (e) Administering physical restraint in accordance with medical or psychological limitations, known or suspected trauma history, and/or behavioral intervention plans applicable to an individual student; and
- (f) Identification of program staff who have received in-depth training pursuant to 603 CMR 46.03(3) in the use of physical restraint.

All policies and procedures are available to parents through the district website, schools and department offices. A copy of the regulations can be obtained from the Assistant Superintendent for Student Services, who can be reached at (508) 841-8660.

A copy of the regulations of Department of Education may also be obtained at the following website: [www.doe.edu/lawsregs/603cmr46.html](http://www.doe.edu/lawsregs/603cmr46.html)

This policy will be reviewed within five years of its last revision.