

Newton Public Schools- Restraint Prevention and Behavior Support Policy: Procedures and Protocols for Implementation, Documentation, and Review

Date: 1/13/16, revised 2/24/16, 2/3/17

In any unsafe situation, Newton Public Schools staff will conduct a careful assessment of the risks and benefits of any intervention. In most cases, unsafe situations can be de-escalated by verbal intervention and the use of positive behavior support strategies. Newton Public Schools is committed to the prevention of physical restraint whenever possible and its use only as a last resort. If physical restraint is necessary, the safe administration of physical restraint is of the utmost importance and will be done in accordance with the regulations for the prevention and safe use of physical restraint (603 CMR 46.00) which were established by the Department of Elementary and Secondary Education (DESE) and effective on January, 1, 2016.

Definitions:

1. Physical Restraint- Direct physical contact that prevents or significantly restricts a student's freedom of movement. Physical restraint does not include: brief physical contact to promote student safety, providing physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort. Physical restraint is allowed as emergency procedure of last resort.
2. Prone restraint- shall mean a physical restraint in which a student is placed face down on the floor or another surface, and physical pressure is applied to the student's body to keep the student in the facedown position. Prone restraint shall be prohibited in public education programs except on an individual student basis, and only under the following circumstances:
 - a. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
 - b. All other forms of physical restraints have failed to ensure the safety of the student and/or the safety of others;
 - c. There are no medical contraindications as documented by a licensed physician;
 - d. 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;
 - e. 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 supervisor of ABA services.
 - f. The program has documented 603 CMR 46.03(1)(b)1-5 in advance of the use of prone restraint and maintains the documentation.
3. Physical escort - a temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is agitated to walk to a safe location. This is not considered a restraint. However, if the escort is performed

against the active resistance of the student to go with the staff person, consider the procedure a restraint and document its occurrence as such.

4. Time-out- 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 his or herself.
5. Seclusion- 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. Seclusion restraint is prohibited.

Prevention of Physical Restraint

1. Physical restraint is an emergency procedure of last resort. There are many strategies and programs that foster social emotional learning and behavioral regulation and may reduce the need for physical restraint.
2. These strategies and programs form a continuum of supports, ranging from school-wide strategies (Tier 1), less intensive supports to small groups or individuals (Tier 2), and intensive and individualized supports (Tier 3).
 - a. Tier 1
 - i. Responsive Classroom
 - ii. Positive Behavior Intervention and Support (PBIS)
 - iii. Trauma Sensitive School Training
 - iv. Inclusionary time-out
 - b. Tier 2
 - i. Responsive Classroom
 - ii. Social Skills Groups
 - iii. Zones of Regulation
 - iv. Kids Connection
 - v. Child Study Teams
 - vi. Collaborative Problem Solving
 - vii. Inclusionary time-out
 - c. Tier 3
 - i. Individualized Counseling
 - ii. Collaborative Problem Solving
 - iii. Individualized Functional Behavior Assessment and Behavior Support Plan Development
 - iv. Inclusionary time-out
3. If a student engages in challenging behavior, staff is encouraged to contact building-based supports: child study teams, school psychologist, social worker, counselor, or special educator for assistance in developing behavioral supports that may reduce the likelihood of severe challenging behavior.

Use of Time-out

1. Time-out is 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. Time-out can either be inclusionary or exclusionary.
2. **Inclusionary** time-out is when the student is removed from positive reinforcement or full participation in classroom activities while remaining in the classroom.
3. **Exclusionary** time-out is a staff- directed behavioral support where the student is separated from the rest of the class either through complete visual separation or by actual physical separation. Exclusionary time-out should only be used when the student is displaying behaviors that present, or potentially present, an unsafe or overly disruptive situation in the classroom. Staff- directed *exclusionary* time-out should not be used as a method of punishment for noncompliance, or for incidents of misbehavior that are no longer occurring. Exclusionary time-out spaces include rooms designed exclusively for calming, other classrooms, or cubicle spaces.
4. If it is not safe for the staff member to be present with the student, the student may be left in the time-out setting with the door closed.
5. A staff member must continuously observe the student during exclusionary time-out. Staff shall be with the student or immediately available to the student at all times. If the door is closed, the window must allow for observation of the student anywhere in the room.
6. For students displaying self-injurious behavior, a staff member must be physically present in the same setting with the student.
7. Exclusionary time-out shall end as soon as the student has calmed.
8. The staff implementing the exclusionary time out should have completed the 16 hr. in-depth training.
9. Inclusionary time-out occurs in the student's classroom.
10. The space used for exclusionary time-out must be clean, safe, sanitary, and appropriate for the purpose of calming.
11. For any **exclusionary** time-out that may last longer than 30 minutes, programs must seek approval from the principal for the continued use of time-out. The principal may not routinely approve such requests but must consider the individual circumstances, specifically whether the student continues to be agitated to determine whether time-out beyond 30 minutes is justified.
12. For any **exclusionary** time-out that may last longer than 30 minutes, programs must seek approval from the principal for the continued use of time-out. It is recommended that the

principal be contacted at the 20-minute mark of an exclusionary time-out. The principal may not routinely approve such requests but must consider the individual circumstances, specifically whether the student continues to be agitated to determine whether time-out beyond 30 minutes is justified. If it appears that the use of *exclusionary* time-out exacerbates the student's behavior, or the continuation of the *exclusionary* time-out beyond 30 minutes has not helped the student to calm, then other behavioral support strategies should be attempted.

13. All schools will maintain time-out logs for any student who has been removed from their educational setting because of unsafe or disruptive behavior either by staff direction or by the student's choice. The time-out logs will be kept in a binder by the student's inclusion facilitator or IEP case manager. Copies of the time-out logs should be sent to the district supervisor of ABA services and the building principal each week.

Safe Use of Restraint

1. ***Physical restraint, including prone restraint, shall be considered an emergency procedure of last resort and can only be used 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.***
2. Only restraints taught in the 16 hour in-depth training program may be used.
3. Physical Restraint should only be implemented by staff that has completed 16 hours of in-depth training.
4. Staff shall attempt the least restrictive and safest method possible. More restrictive methods should only be used if less restrictive methods have failed or have been deemed inappropriate to the situation.
5. Prior to the use of restraint, staff should have reviewed and considered 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 prior to the implementation of restraint.
6. Restraint cannot be used if it is medically contraindicated because of medical reasons such as asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting. Student's IEP teams should meet to discuss available alternatives if restraint is not medically allowable for a student. Use the attached form (Physical Restraint Safety Checklist) to document the meetings.
7. The amount of force used should be the minimum necessary to protect the student and others from harm.
8. All physical restraint must end as soon as the student is no longer an immediate danger to himself or others. Additionally, a restraint must be stopped immediately if the student indicates that he or she cannot breathe, or if the student expresses or is observed to be in severe physical distress, such as having difficulty breathing or sustained or prolonged

crying or coughing. If that occurs, school staff should take steps to seek medical assistance immediately.

9. Whenever possible, the restraint should be witnessed by more than 1 person. This person should be an individual not involved in the restraint.
10. If it appears that a student may need to be restrained for more than 20 minutes, program staff members must obtain the approval of the principal *before* continuing restraint beyond 20 minutes. It is recommended that the principal be notified at the 10-minute mark of the restraint. Before making a decision on the extension, the principal must be informed of all critical details regarding the restraint of the student, including the type of restraint and the student's behavior and condition during the restraint, so that he or she may determine whether continued restraint is justified based on the student's continued agitation
11. 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. Restraint methods should not prevent normal breathing or speaking. If the student demonstrates any significant physical distress, such as breathing difficulties the restraint must be ended immediately, and medical assistance should be sought.
12. After the release of a student from a restraint, 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.
13. Prone restraints (i.e. a physical restraint in which a student is placed face down on the floor or another surface, and physical pressure is applied to the student's body to keep the student in the facedown position) are only permissible under the following circumstances:
 - a. The student has a documented history of repeated, serious self-injuries or injuries to others.
 - b. A licensed physician has documented that there are no contraindications.
 - c. A licensed mental health professional has documented that there are no psychological or behavioral contraindications.
 - d. The building principal has approved its use in writing.
 - e. Other restraints have been attempted and have not been successful in ensuring the safety of the student and others.
 - f. Staff implementing the restraint have successfully completed the in-depth training

Staff Training

1. All staff must complete a one-hour training on the safe use and prevention of restraint and behavior support policy. This training must be completed within one month of employment.

2. Staff that work directly with students with a documented history of unsafe behavior and other staff identified as members of school-based crisis intervention teams must receive a competency-based 16-hour, in-depth training. Refresher trainings must be held annually. The in-depth training incorporates the content required for certification in nonviolent crisis intervention from the Crisis Prevention Institute (CPI), which is the program currently adopted by Newton Public Schools.
3. The in-depth training must be provided by an instructor who has been certified in the crisis intervention program in use in Newton Public Schools.

Documentation and Notification

1. All schools will maintain physical restraint/time-out binders for any student who has had a physical restraint, a physical escort against active resistance, or an exclusionary time-out that is not otherwise already identified as a calming strategy within a behavior support plan (BSP) that has been approved by the student's parent or guardian. The binders will contain copies of any restraint/exclusionary time-out reporting forms pertaining to that student.
2. Each instance of restraint should be recorded on the NPS restraint reporting form (see attached).
3. Each instance of exclusionary time-out that is not otherwise or already identified as a calming strategy within a behavior support plan (BSP) that has been approved by the student's parent or guardian should be recorded on the NPS exclusionary time-out reporting form (see attached).
4. If the exclusionary time-out is identified as a calming strategy on the student's BSP, then the internal NPS time-out log should be used to document the use of the room. Send this data monthly to the building Principal and Supervisor of ABA Services.
5. Even if an exclusionary time-out is otherwise and already identified on a student's BSP, if the door is held shut by staff during an exclusionary time-out then document the incident on the NPS exclusionary time-out reporting form
6. The physical restraint/time-out binders will be kept in the student's inclusion facilitator or IEP case manager.
7. Copies of the completed restraint and exclusionary time-out reporting forms should be:
 - a. filed in the student's binder
 - b. sent to the district supervisor of ABA services
 - c. (restraint reporting forms only) sent to Beth White in Student Services at the Education Center who will send them to the DESE at the end of the school year.
8. If any restraint related injury occurs to a student or program staff member, the injury report (see attached form) should be sent to the DESE within three working days along with copies of any restraint reporting that were kept at that school or program for the 30 days prior to the incident.

Administrative Review of Physical Restraint Reports and Time-Out Logs

1. Only use the NPS restraint and exclusionary time-out reporting forms to document all restraints and exclusionary time-outs that are not otherwise and already identified as a calming strategy on an approved BSP. However, completion of the exclusionary time-out reporting form and the notifications listed below for exclusionary time-out should occur if the door is held shut during an exclusionary time-out even if it is on an already identified BSP.
2. The NPS Time-out log may also be used as an internal form of data collection, however, a NPS exclusionary time-out reporting form must be completed as well.
3. Each principal should be notified of a restraint or exclusionary time-out not otherwise and already identified as a calming strategy on an approved BSP as soon as possible and by written report no later than the next school working day.
4. Each principal or designee should notify the student's parents or guardian verbally within 24 hours of the restraint or exclusionary time-out not otherwise and already identified as a calming strategy on an approved BSP and by mail postmarked no later than 3 school working days.
5. Each principal shall identify a building-based review team or teams to review incidents of physical restraint and exclusionary time-out not otherwise and already identified as a calming strategy on an approved BSP.
6. The principal must review any individual restraint and exclusionary time-outs not otherwise and already identified as a calming strategy on an approved BSP data weekly to analyze events with the goal of evaluating all restraints and time-outs and to determine if all best-practice guidelines were followed with the goal of reducing future incidents of physical restraint and exclusionary time-out. Monthly meetings chaired by the principal must also be held to evaluate school wide data (*see the checklist for these weekly and monthly reviews at the end of this packet*).
7. Copies of these completed checklists should be sent to the District Supervisor of ABA Services for review.
8. All restraint data (but not time-out data) should be sent to Beth White at Student Services at the Education Center monthly. District-wide restraint data will be aggregated and sent to DESE yearly.
9. The district supervisor of ABA services will be available to assist each team with developing clinical and educational suggestions with the goal of reducing future incidents of physical restraint or removal from the educational setting.

Principal Weekly and Monthly Restraint Review Checklist v.1/13/16

Date:

Members of the review team: _____

Principal's Signature: _____

	Check that it's completed
Identification of students	
1. Inclusion Facilitator or Teacher provide restraint reporting forms and exclusionary time-out reporting forms to principal	
2. Principal brings logs to review meeting	
3. Identified students who have been restrained or were in exclusionary time-out.	List student names:
4. Describe the type of restraint, and the severity of the episode. For time-out, discuss if the door was closed and the student's behavior in time-out.	
5. Identify staff who participated	
6. Identification of students who have been restrained or were in exclusionary time-out more than once in the week	
Analyze Data	
1. Look for patterns in restraints and time-out: Antecedent events, Time of day, Day of week, Specific activities, Staff involved, Etc.	
2. What other strategies were tried prior to restraint or time-out?	
3. Document techniques were successful or unsuccessful in de-escalation of student.	
Injuries	
1. List any staff injuries that occurred during the restraint or time-out	
2. If any staff or student is injured, send copy of injury incident report and the last 20 days of restraint logs for school to DESE within 3 school days.	
Date sent:	
Review/Develop a Plan of Action	

<ol style="list-style-type: none"> 1. Review current plan in place 2. Review behavior support plan if applicable 3. Identification of more training 	
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NEWTON PUBLIC SCHOOLS V1-13-16

SCHOOL NAME

Restraint Reporting Form

Instructions: Use this form to document physical restraint

Student Name: _____ SASID#: _____

Does Student have an IEP? Yes No Gender: _____

Name of Person filling out the form: _____

Was anyone injured during the restraint? YES NO If Yes, complete the injury incident report and send to DESE.

DATE OF RESTRAINT		
<i>Date</i>	<i>Start Time</i>	<i>Stop Time</i>
Subject Period: Academic, Homeroom, Study Hall, Enrichment, Lunch, Recess, Other		
Location: Classroom, Cafeteria, Bathroom, Hallway, Gymnasium, Outside, Other		
Hold Used : Standing, Floor Supine , Floor Prone, Seated, other		
DESCRIPTION OF INJURIES (IF ANY) AND MEDICAL CARE PROVIDED		

DESCRIPTION OF CHILD'S EMOTIONAL AND PHYSICAL STATUS AND HOW IT WAS MONITORED DURING THE RESTRAINT

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DESCRIPTION OF WHY RESTRAINT HOLD WAS CHOSEN

--

ANTECEDENT ACTIVITY

--

DESCRIPTION OF DE-ESCALATION TECHNIQUES AND ALTERNATIVES TO RESTRAINT THAT WERE ATTEMPTED

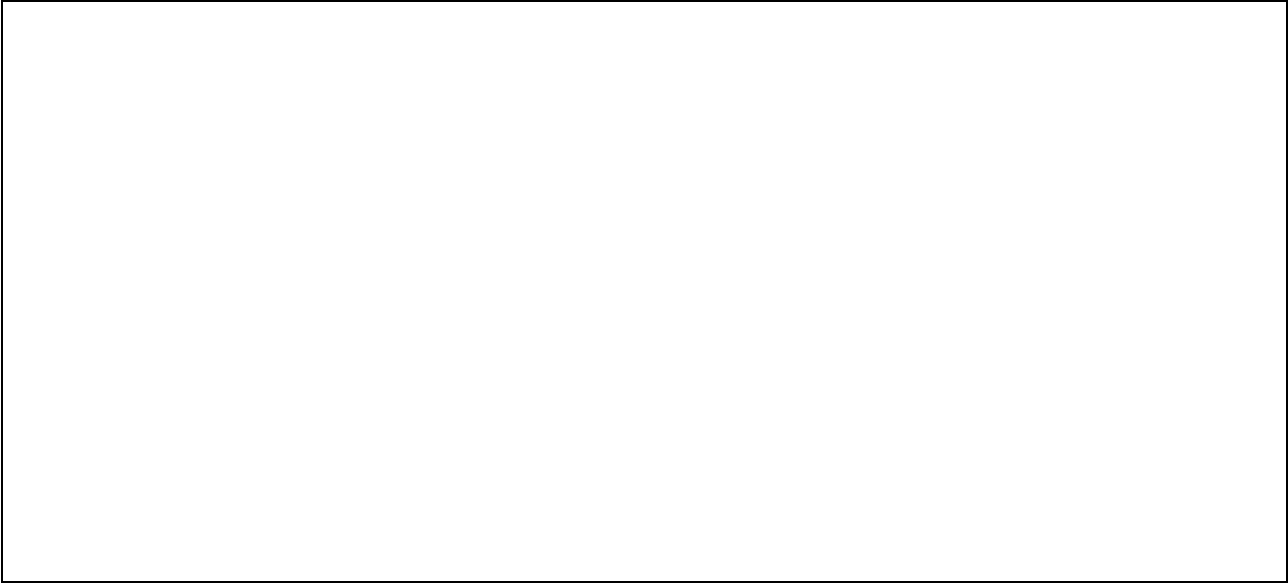
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BEHAVIOR THAT JUSTIFIED THE NEED TO USE RESTRAINT
DATE AND TIME OF VERBAL PARENTAL NOTIFICATION. INDICATE NAME OF PARENT CONTACTED
NAME OF PRINCIPAL OR DESIGNEE WHO WAS IMMEDIATELY NOTIFIED AND IF NECESSARY APPROVED CONTINUATION BEYOND 20 MINUTES:
<u>Document time of Notification for continuation beyond 20 minutes and person notified.</u>
DATE, TIME AND METHOD OF DEPARTMENT NOTIFICATION IN THE EVENT OF INJURY
DESCRIPTION OF DISCIPLINARY ACTIONS TAKEN

Person 1 Involved		<i>Title</i>	
Person 2 Involved		<i>Title</i>	
Person 3 Involved		<i>Title</i>	
Observer		<i>Title</i>	

PARENTS WISHING TO DISCUSS RESTRAINT, CONSEQUENCES THAT MAY BE IMPOSED, OR ANY RELATED MATTER SHOULD CONTACT:

Summary of follow up of restraint with the student:



Summary of follow up of restraint with the parent:



DESCRIPTION OF DE-ESCALATION TECHNIQUES AND ALTERNATIVES TO ETO THAT WERE ATTEMPTED:	
BEHAVIOR THAT JUSTIFIED THE NEED TO USE ETO	
DATE AND TIME, OF VERBAL PARENTAL NOTIFICATION. INDICATE NAME OF PARENT CONTACTED.	
NAME OF PRINCIPAL OR DESIGNEE WHO WAS IMMEDIATELY NOTIFIED AND IF NECESSARY APPROVED CONTINUATION BEYOND 30 MINUTES:	
<u>Document time of Notification for continuation beyond 30 minutes and person notified.</u>	
DATE, TIME AND METHOD OF DEPARTMENT NOTIFICATION IN THE EVENT OF INJURY	
DESCRIPTION OF DISCIPLINARY ACTIONS TAKEN	

Person 1 Involved	_____	Title	_____
Person 2 Involved	_____	Title	_____
Person 3 Involved	_____	Title	_____
Observer	_____	Title	_____

PARENTS WISHING TO DISCUSS THE ETO, CONSEQUENCES THAT MAY BE IMPOSED, OR ANY RELATED MATTER SHOULD CONTACT:

Summary of follow up of ETO with the student:

Summary of follow up of restraint or ETO with the parent:

Physical Restraint Safety Checklist

Name of NPS Staff completing form: _____

Student: _____ School: _____ Date: _____

Instructions:

1. This checklist is for students who may engage in challenging behavior that poses a serious, imminent physical threat to the safety of self and others and may require physical restraint.
2. The student’s IEP case manager should complete this checklist with the student’s parent or guardian at the start of the school year and the completed form should be kept in the student’s permanent file and a copy should be kept in the restraint/exclusionary time-out binder.
3. If there are any psychological limitations identified on the checklist, the team, including the school nurse, should meet to consider if physical restraint is appropriate or if there are alternatives to physical restraint. If there are medical contraindications, physical restraint should not be used and alternatives should be identified.

Indicator	yes	no	Comments
Trauma History			
Behavior Support Plan in effect is in conflict with use of restraint			
Asthma			
Seizures			

Cardiac condition			
Obesity			
Bronchitis			
Increased risk of vomiting			
Communication-Related Disorder			

I have had the purpose of this form explained to me and the information provided is an accurate account of known medical and psychological concerns.

Parent/Guardian Signature: _____ Date: _____

Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4096 Telephone: (781) 338-3700 TTY: N.E.T. Relay 1-800-439-2370

Student/Staff Restraint Injury Report 603 CMR 46.06(7)

NOTE: This report is required to be submitted to the Department of Elementary and Secondary Education, Director of Program Quality Assurance Services, by a publicly funded education program if a physical restraint of a Massachusetts student results in an injury to a student or staff member. This report must be sent to the ESE within three (3) school working days of the administration of the restraint.

IDENTIFYING INFORMATION:

Name of School District, Charter School, Educational Collaborative or Approved

Private Special Education Program:

Name of Student/Staff member Injured: _____

Name of Student Restrained: _____ Date of restraint: _____

Student Date of birth: _____ Age: _____ Gender: _____
Grade level: _____

Does student currently receive special education services? Yes: No:

Date of this report: _____ Site of restraint:

This report prepared by: _____ Position:

Address: _____

Telephone: () _____

Staff administering restraint:

Name: _____ Title: _____ Completed in-depth restraint training program: No Yes

Name: _____ Title: _____ Received prior restraint training: Yes No Name: _____ Title:

_____ Received prior restraint training: Yes No Name of restraint methodology:

Observers (if any): Name: _____ Title:

Name: _____ Title: _____ Administrator who was verbally informed following the restraint:

Name: _____ Title:

Reported by: _____ Title: _____
Parent who was informed of
this restraint:

Name: _____ Telephone: () _____
_____ Called by: _____
_____ Title: _____

Description of injury to student and/or staff and any medical or first aid care provided: Was needed medical treatment sought promptly?

What hospital was student/staff taken to?

PRECIPITATING ACTIVITY:

Thorough description of activity in which the restrained and other students were engaged immediately preceding use of physical restraint:

Behavior that prompted and justified the restraint:

Thorough description of efforts made to prevent escalation of behavior and alternatives to restraint that were attempted:

DESCRIPTION OF PHYSICAL RESTRAINT:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm

Describe holds used and why such holds were necessary:

Student's behavior and reaction during restraint:

Time restraint began: _____ Time restraint ended: _____

CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*):

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the restraint.
- Review incident with staff to discuss whether proper restraint procedures were followed.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Conduct a local investigation of any complaint regarding this restraint (*describe investigation procedures*):
- Disciplinary action/sanctions taken by the program (*describe*):
- Contact with parents, responsible school district, other state agency (*describe*):

PARENT/GUARDIAN NOTIFICATION

Verbally informed of restraint on _____ by
teacher/administrator/other or documented attempts to contact verbally (*describe*):

Written report sent within 3 school working days of administration of restraint
injury to parent/guardian on _____ by
_____ (*teacher/administrator/other*) at the following

address:

_____ Sent in native language of the parent/guardian
(*language*): _____

Parent/guardian was offered opportunity to discuss with school officials the administration of restraint and consequences that may be imposed on the student . Results of discussion (*Attach separate page if necessary*)

Please ensure the copy required by 46.06(2) of the log of all physical restraints for the 30-day period prior to the date of the reported restraint for all students in this program is attached to this report for ESE review. The log must indicate dates of each restraint, student initials and length of each restraint. (Restraint Form Revised 12/30/15)