

## **Frontier Regional and Union #38 Schools Restraint Prevention and Behavior Support Procedures**

### **Background Information:**

Massachusetts Department of Elementary and Secondary Education revised Prevention of Physical Restraint and Requirements If Used Regulation ([603 CMR 46.00](#)) took effect on January 1, 2016. These revisions highlight the importance of identifying and using behavior support alternatives to the use of restraint in schools.

*“Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate, and with extreme caution.”*

### **Purpose:**

Frontier Regional/Union #38 School is committed to supporting academic and social-emotional development. Through relationship building, verbal de-escalation, and positive behavior supports we minimize the use of physical restraint. If physical restraint is necessary, the safe administration of physical restraint will be done in accordance with the regulations for Prevention of Physical restraint and Requirements If Used (603 CMR 46.00 , January, 1, 2016).

This document includes Frontier Regional/Union #38 Schools Restraint Prevention and Behavior Support Procedures that are consistent with 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. These procedures will be reviewed annually by administration and be provided to program staff. Families can access the policy and procedures on the district website. Additional information for parents on positive behavioral supports, restraint prevention and the use of restraint solely as an emergency procedure is included in the student/family handbook, on our school’s website, and in the resource section below. At any time, parents are encouraged to contact the school with information, questions, concerns regarding their child’s programming.

Definitions of important terms are included at the end of this procedure document and may be useful in its interpretation. Language translations of policy, procedures, and forms will be made available.

## **FRONTIER REGIONAL AND UNION #38 BEHAVIORAL MANAGEMENT PROCEDURES**

### **Prevention of Physical Restraint:**

Physical restraint is an emergency procedure of last resort. There are many strategies/programs used at our schools to foster social emotional learning, behavioral regulation, and skill development. These strategies and programs form a continuum of supports within our multi-tiered system of supports, ranging from widely used classroom strategies (Tier 1), specific and targeted classroom supports for individuals or small groups (Tier 2), and intensive and individualized supports (Tier 3). Tiered methodologies used are designed to overlap and can increase/decrease in intensity depending on students’ skill development and social/emotional/behavioral needs. Using tiered supports fluidly and consistently is foundational to reducing the need for physical restraint.

#### Examples of Tier 1 Strategies/Supports:

- i. Responsive Classroom

- ii. Relationship Building
- iii. Second Steps Curriculum
- iv. Positive Behavior Feedback
- v. Zones of Regulation
- vi. Trauma Sensitive School Training
- i. Inclusionary Time-Out
- ii. Collaborative Problem Solving
- vii. Sensory Breaks

Examples of Tier 2 Strategies/Supports:

- iii. Social Skills Groups
- iv. Zones of Regulation Groups
- v. Sensory Breaks
- vi. Student Support Teams
- vii. Inclusionary Time-Out
- viii. Behavioral Conference

Examples of Tier 3 Strategies/Supports:

- i. Individualized Functional Behavior Assessment and Behavior Support Plan
- ii. Individualized Counseling
- iii. Individualized Crisis Planning
- iv. Strategic Breaks/Exclusionary Time-Out
- v. Escorting to Self-Regulate/Calm, Process, and Skill Building

**Use of Time-Out as an Alternative to Physical Restraints:**

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 (see Definitions section for more information). When a student is exhibiting behavior that poses a danger to self or others and an exclusionary time-out has been identified by staff, parents will be notified. If an escort is needed, trained staff will carry out the procedure and parents will be informed as well.
  - a. 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. At no point will a door be locked or obstructed of access.
  - b. A staff member must continuously observe the student during an 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.
  - c. For students displaying self-injurious behavior, a staff member must be physically present in the same setting with the student.

- d. Exclusionary time-out shall end as soon as the student has de-escalated/calmed.
- e. The staff implementing the exclusionary time out should have completed competency-based in-depth training.
- f. The space used for exclusionary time-out must be clean, safe, sanitary, and appropriate for the purpose of calming.
- g. 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. The administrator will contact the family at this point.
- h. Once the trained team has responded and use of an exclusionary time-out increases the magnitude and/or frequency of the student's behavior, or the continuation of the exclusionary time-out beyond 30 minutes has not helped the student to calm, then other resources will be accessed and parents will be notified.

**Safe Use of Restraint in Emergency Situations:**

1. Mechanical restraint, medication restraint, and seclusion are prohibited in public education programs.
2. Physical restraint, including prone restraint, are 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.
3. Physical Restraint should only be implemented by staff who have completed an approved in-depth training. Only restraints taught in an in-depth competency-based training program may be used.
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 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 (e.g., 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. The [Physical Restraint Safety Checklist](#) will be completed to document the medically contraindicated conditions.
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, there should be multiple staff present during a restraint to perform specific roles. Team Intervention is safer for all those involved and is more likely to give the student the impression that "we are here to help you and keep you safe." Team members perform specific roles such as a team leader, a timekeeper, and a recorder.
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, student checked by nurse, 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 not 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 training on the safe use and prevention of restraint and behavior support policy. This training must be completed within one month of employment. New staff beginning work after the start of the school year must receive the same training within one month of the start of their employment.
2. General training for all staff must cover information (consistent with 603 CMR 46.04(2)) on the role of the student, family, and staff in preventing restraint. Interventions that could be used to preclude the need for restraint including de-escalation techniques and other alternatives are emphasized in this training.
3. The principal must identify program staff who will receive in-depth training in the use of physical restraint. These individuals will serve as a school-wide resource to assist other and to help ensure the proper administration of physical restraint. 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 will receive an in-depth competency-based training. Refresher trainings must be held annually.
4. The in-depth training must be provided by an instructor who has been certified in the crisis intervention program in use in Frontier Regional/Union #38 Schools. Any employee whose duties are primarily related to maintain school safety (e.g., school resource officers) should be included in the in-depth training.

**Documentation, Notification, and Reporting Requirements:**

1. All schools will maintain physical restraint documentation for any student who has had a physical restraint on the district approved [Physical Restraint Reporting Form](#).
2. Principal or designee should notify the student's parents or guardian verbally within 24 hours of the restraint and in writing (a copy of the physical restraint report form) by mail postmarked no later than 3 school working days. Written notification can also be provided through an email

address provided by the parents/guardians for the purpose of communicating about the student.

3. Contents of the districts written report include:
  - a. The name of the student and the names and job titles of the staff who administered the restraint, date of the restraint, time the restraint began and ended, the name of the principal or designee who was verbally informed following the restraint, and, if applicable, the name of the principal or designee who approved continuation of the restraint beyond 20 minutes.
  - b. A description of the activity in which the restrained student and other students/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; alternative to restraint that were attempted; and the justification for initiation physical restraint.
  - c. A description of the restraint including the holds used and the reasons 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 actions(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/guardians to discuss with school officials the administration of the restraint, any consequence that may be imposed on the student, and any other related matter.
4. Episodes involving multiple restraints will be recorded as a single incident with start and end times inclusive of all restraints imposed during the episode and should be categorized according to the most restrictive hold.
5. Copies of the completed restraint reporting forms should be:
  - a. Filed in the student's file with a copy sent to appropriate personnel at Central Office.
  - b. Restraint reporting forms sent to Principals who will send them to the DESE at the end of the school year.
  - c. If any restraint related injury occurs to a student or program staff member, the [Student/Staff Restraint Injury Report](#) 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.
  - d. Principals are required to conduct weekly reviews of restraint data. If the principal identifies a student or students who have been restrained multiple times during the course of the week, the principal shall convene a team to assess the restrained student's progress and needs and to create/update student action plan.

#### **Periodic Review of Data and Documentation on the Use of Physical Restraints:**

1. All restraints conducted during the school day will be documented.

2. Each principal should be notified of a restraint or exclusionary time-out as soon as possible and by written report no later than the next school working day.
3. 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.) The review team will discuss and assess the written reports for each individual student identified, consider comments provided by student and parents, and analyze the circumstances leading up to each restraint in order to consider factors that may have contributed to the escalation of behaviors and alternatives that could be used in the future. The goal of the review team is to reduce or eliminate the use of restraint in the future. A written plan of action for students discussed will be agreed on by this team.
4. The principal must review any individual restraint data weekly to analyze circumstances leading up to each restraint, including factors such as time of day, day of the week, antecedent events and individuals involved. De-escalation techniques and appropriate alternative intervention used will be review at this time with the goal of reducing or eliminating future incidents of physical restraint. Monthly meetings chaired by the principal must also be held to evaluate school wide data ([Individual Restraint Review Record](#) and [Monthly Restraint Data Review](#)).

#### **Receiving and Investigating Complaints Regarding Restraint Practices:**

1. A complainant who believes that they or someone else has been subject to improper use of physical restraint may first discuss his/her concerns with the building Principal in an attempt to resolve the matter informally. If the complainant is not successful in achieving a resolution that is satisfactory to the complainant within ten (10) calendar days, or if the complainant wishes to bypass the informal process, he/she may notify the Superintendent of Schools that he/she would like to file a formal grievance. This must be filed within ninety (90) calendar days after the complainant becomes aware of the alleged improper use of physical restraint. (Processing of allegations of improper use of physical restraint which occurred before this grievance procedure was in place will be considered on a case-by-case basis.)
2. To file a formal grievance the complainant must inform the Superintendent of Schools in writing and must include:
  - a. The name and address of the person filing and a brief description of the alleged improper use of physical restraint, including the date the action occurred and the name(s) of the person(s) believed to be responsible.
  - b. Upon receiving the complaint the Superintendent or his/her designee will conduct an investigation with respect to all timely filed complaints. This investigation procedure contemplates informal but thorough and impartial investigations, affording all interested persons and their representatives an opportunity to present witnesses and other evidence relevant to a complaint.
  - c. The District will provide a prompt and equitable resolution, including taking steps to prevent recurrence of any improper physical restraint that it finds has occurred, and to correct the effects of such improper physical restraint on the complainant and others, if appropriate. The Superintendent of Schools or his/her designee will issue a written

determination as to the validity of the complaint and a description of the resolution, if any, and forward a copy to the complainant no later than thirty (30) calendar days after the complaint was filed.

- d. A complainant who is dissatisfied with the resolution can request a reconsideration of the case. The request for reconsideration must be made in writing to the Superintendent of Schools within ten (10) calendar days after the complainant's receipt of the written determination. The District will consider the request for reconsideration within sixty (60) days after the District's receipt of the request.

**Definitions:**

1. *Behavior Support Plan (BSP)*- is a plan that assists a member in building positive behaviors to replace or reduce a challenging/dangerous behavior. This plan may include teaching, improved communication, increasing relationships, and using clinical interventions, etc.
2. *Emergency Procedure of Last Resort*- the use of restraint as a last resort means that other methods of de-escalation and/or behavior support than been unsuccessful, or would be inappropriate, and the student represents an imminent danger to self or others.
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. *Functional Behavioral Assessment (FBA)*- a process that identifies specific target behavior(s), the purpose of the behavior(s), and what factors maintain the behavior(s) that interfere with the student's educational progress.
5. *Inclusionary time-out* is when the student is removed from positive reinforcement or full participation in classroom activities while remaining in the classroom. Inclusionary timeout occurs in the student's classroom.
6. *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, the procedure is considered a restraint and will be documented as such.
7. *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.

8. *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.
  
9. *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.
  
10. *Self-regulation*- the ability to respond to the ongoing demands of an experience using a range of emotions and behaviors that are socially tolerable and sufficiently flexible to permit spontaneous expected reactions as well as the ability to delay spontaneous reactions as needed.
  
11. *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. During a time-out, a student must be continuously observed by a staff member. The space for time-out must be clean, safe, sanitary, and appropriate for the purpose of calming. Time-out shall cease as soon as the student has calmed.
  
12. *Verbal De-escalation*- tactics that are non-physical skills used to prevent a potentially dangerous situation from escalating into a physical confrontation or injury.

**Resources:**

[DESE Restraint and Time out Training Video](#)

[Prevention and Use of Physical Restraint Published by DESE January 2016](#)

[Technical Assistance From DESE](#)

[Seclusion and Time-out Advisory](#)

[Positive Behavioral Interventions and Supports](#)

[Collaborative Problem Solving](#)  
[Social Emotional Principles of Learning](#)  
[Trauma-Informed Care](#)  
[Pyramid Model](#)

**Forms:**

[Restraint Reporting Form](#)  
[Student/Staff Restraint Injury Report](#)  
[Individual Restraint Review Record](#)  
[Monthly Restraint Data Review](#)  
[Physical Restraint Safety Checklist](#)