

Policy on the Use of Restraint in CAPS Collaborative Educational Programs

As pertinent to Physical Restraint Regulations (603 CMR 43.00) and Program and Safety Standards (603 CMR 18.00) effective January 1, 2016 every student participating in CAPS education programs has the right to be free from the unreasonable use of restraint. Restraints should be used only in emergency situations and with extreme caution. CAPS personnel should utilize restraints with two goals in mind: To administer a restraint only when needed to ensure the safety of the student and the school community and to prevent any harm to the student as a result of the use of restraints.

1. Procedures and Training- When Restraint May Be Used:

The use of restraint is proper in the following circumstances:

- The student's behavior poses a serious threat of injury to self or others; and,
- All less restrictive alternatives have been determined inappropriate or ineffective or have been tried and have failed.
- There are no medical or psychological contraindications for the use of restraint noted by a physician or licensed mental health professional. The documentation expected of a licensed physician and licensed mental health professional does not require the individual to state his or her agreement to the use of restraint with a particular student. It requires only that the professional state his or her informed opinion that there are no contraindications with respect to the use of restraint.

No type of restraint should be used as punishment or to control a student's behavior over an extended period of time. Use of restraints cannot be part of a student's IEP or behavior plan. Restraint is a last resort, emergency measure; it is not a treatment option, and use of restraint may not be a condition of admission or continued enrollment. Programs may not seek parental consent to the use of restraint except for prone restraint.

2. Proper Administration of Restraints:

- a. Chemical restraint: CAPS does not utilize chemical restraint(s). Medication restraint does not include use of medication prescribed by a licensed physician and authorized by parent for administration in the school setting.
- b. Mechanical Restraint: No student should be placed or left in mechanical restraint(s). Mechanical restraint does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional, and are used for the specific and approved positioning or protective purposes for which such devices were designed. For example, the use of a Rifton chair for positioning is allowed; however it may not be used to restrain a student for behavior management purposes.

- c. Seclusion Restraint: CAPS does not utilize seclusion restraint.
- d. Physical Restraint: A person administering a physical restraint should use only the amount of force necessary to stop the dangerous or violent actions of the student. Whenever possible, physical restraint should be applied by holding the student in an upright standing or sitting position. Prone restraints should be used only when directed by trained personnel. The use of prone restraint is now prohibited except when the following criteria, set out in 603 CMR 46.03(1) (b), are met:
- The student has a documented history of repeatedly causing serious injury to self or others;
 - All other forms of restraint have been unsuccessful in ensuring safety;
 - There are no medical contraindications as documented by a licensed physician;
 - There is psychological or behavioral justification with no psychological or behavioral contraindications as documented by a licensed mental health professional;
 - The program has obtained consent from the parent to use prone restraint in an emergency, and the consent has been approved in writing by the principal
 - The program has documented all of the above in advanced of the use of prone restraint.

These additional precautions and requirements are necessary to reduce the risk to the student, because use of prone restraint has been linked to significant injury and death. If consent is not given or the other criteria set out in 603 CMR 46.03(1) (b) are not met, prone restraint is prohibited and may not be administered.

General Guidelines:

- a. No restraint should be administered in such a way that the student is prevented from breathing or speaking. No restraint should be administered in such a way that the student is physically harmed by such restraint (s).
- b. When a physical restraint is used, to the extent that the student is able to communicate, she/he should be offered the opportunity to have a restraint removed at any time that he/she agrees to cease the dangerous or violent behavior. Such offer should be made periodically throughout the restraint. Staff should be particularly sensitive to student's attempts to communicate, especially when working with non-verbal students.
- c. 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 if 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 cry or coughing. Furthermore, 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 the restraint beyond the 20 minutes. 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.

When monitoring students who are being restrained, staff members must look for any changes in how the student typically presents. A noticeable change in skin color or skin temperature may indicate that the student is in distress and he or she should be released from the restraint.

3. Reporting Requirements:

Staff are required to track and document every restraint that occurs during the school day. It is required that the principal or program supervisor of the program will maintain an ongoing record of restraints. There is a requirement for notification to the parents both verbally and by written report (see 603 CMR 46.06(2-3)). The written report must include the following:

- 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).
- 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.
- 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.
- Information regarding any further actions (s) that the school has taken or may take, including any consequences that may be imposed on the student.
- 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.

4. Review of Reports:

Individual reviews must be conducted on a **weekly basis** by the school principal or program supervisor to determine if any student has been restrained multiple times during the week. If so then the principal must convene a review team to discuss and assess the written reports for each individual student identified. In addition, the review team will consider any comments provided by the student or parent and will 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. The review team will agree on a written plan of action to that

end for each student discussed.

Additionally, the principal or program supervisor shall conduct a monthly review of program-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 or program supervisor shall determine whether it is necessary or appropriate to modify the program'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.

Reporting to the Department of Education:

CAPS Principals or Program Supervisors must report all serious restraint-related injuries to the Department. As of January 1, 2016 when a physical restraint results in **any** injury to a student or program staff member the program must send a copy of the written report required by 603 CMR 26.06(4) to the Department postmarked no later than three school working days of the administration of the restraint. The program must also send the Department a copy of the record of physical restraints maintained by the principal pursuant to 603 CMR 46.06(2) for the 30-day period prior to the date of the reported restraint.

Additionally, under the revised regulations, programs and schools will report **all** physical restraints to the Department in a manner and form directed by the Department and maintain a log of restraints in a form specified by the Department. Each CAPS education program should ensure that procedures are developed and communicated regularly to collaborative staff and reviewed at least annually regarding:

- prevention of student violence and suicide
- proper responses to student altercations and other situations that may require immediate intervention
- use of the Collaborative's code of student discipline
- the proper use of restraint for each building in which a CAPS education program is conducted, either the teacher or his/her designee is provided with training on the proper use of physical restraints.

5. Training:

General Training:

The 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. The training must cover the program's restraint prevention and behavior support policy and procedures, including the use of time-out as distinct from seclusion. Participants must learn about interventions that could be used to preclude the need for restraint, as well as de-escalation techniques and other alternatives. Staff must receive information on the types of permitted physical restraints and related safety considerations, including medical or psychological limitations, known or suspected trauma history. Staff who have received or will

receive in-depth training and who can serve as resources to others should be identified to the school staff as a whole.

In-Depth Training:

According to regulation at 603 CMR 46.04(4), In-depth training must include at least the following:

- 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;
- 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;
- 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;
- instruction regarding documentation and reporting requirements and investigation of injuries and complaints;
- demonstration by participants of proficiency in administering physical restraint; 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.
 - ✓ each program supervisor determines a time and method to instruct staff regarding the restraint policies of the collaborative and state. Such discussion should take place within the first month of each school year and should include a review of the applicable policies, as well as identification of program staff who have been trained in the use of restraints.
 - ✓ at the beginning of each school year, CAPS education programs identify those classrooms and programs that serve students with behavioral difficulties. Staff assigned to those classes and programs should be offered training in the proper use of restraints. Although training should be offered to all staff, the program should identify key staff members who are required to participate in such training.
 - ✓ whenever possible, restraints be administered by trained personnel, and the administration of a restraint be witnessed by at least one adult who does not participate in the restraint.

6. What is Not Considered Restraint:

Brief Physical Contact to Promote Student Safety refers to measures taken by school personnel consisting of physical contact with a student for a short period of time solely to prevent an imminent harm to a student, for example, physically redirecting a student about to wander on to a busy road, grabbing a student who is about to fall, breaking up a fight between students. Brief Physical Contact is not considered restraint.

Physical escort is the temporary touching or holding without the use of force for the purpose of guiding or inducing a student who is agitated to walk to a safe

location. An escort to time-out is considered a restraint only if physical force is required to move the student against his/her will.

Mechanical devices implemented by trained school personnel, or utilized by a student;

- that have been prescribed by an appropriate medical or related services professional; and
- are used for the specific and approved positioning or protective purposes for which such devices were designed.”

Examples of exceptions: adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; vehicle safety restraints when used as intended during the transport of a student in a moving vehicle; restraints for medical immobilization; or orthopedically prescribed devices that permit a student to participate in activities without risk of harm.

Definitions

Restraint - Generally: Deliberately limiting the physical freedom of an individual student by means of physical holding, mechanical devices, or the oral administration of drugs. The term shall also include seclusion in a limited space or location as a means of limiting freedom of movement.

Mechanical Restraint: The use of tapes, padded ties, restrictive blankets or other devices to restrict the movement of a student. Devices used to physically support a student, prevent physical harm to a student or assist a student to function independently such as lap trays on a wheelchair, splints to prevent joint contractures or helmets designed to protect a child with a seizure disorder from injuring his/her head, are not considered mechanical restraints.

Physical Restraint: Physically holding a student in order to restrict the student's freedom of movement.

Seclusion Restraint: Confinement of a student alone in a limited physical space as a means of limiting his/her freedom of movement. The use of "time out" shall be considered "seclusion restraint" only if the student is completely removed from his/her classroom and locked in a location within or outside the school without an adult present. CAPS does not use any form of seclusion where a student is locked in a time out or seclusion area.

Chemical restraint: Chemicals or drugs, including prescription medication, orally administered on an "as needed" basis to limit the physical freedom of the student. Chemical restraint does not include prescription medication that is regularly administered to the student for medical reasons rather than to restrain the student's freedom of movement (e.g. Ritalin).

School Working Day: Any day or partial day that students are in attendance at a CAPS education program for instructional purposes.

Disclaimer: This policy is not intended to deter any individual from reporting to appropriate authorities a crime committed by a student or other individual. This policy does not prevent state law enforcement and judicial authorities from exercising their

responsibilities with regard to the application of Federal and State law to crimes committed by any person.

Legal References: Physical Restraint Regulations (603 CMR 43.00) and Program and Safety Standards (603 CMR 18.00) effective January 1, 2016, MGL CH 69, Section 1B and CH 71 Section 37G

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