

BARNSTABLE PUBLIC SCHOOLS RESTRAINT PROCEDURES

(Source: School Committee Policy JKAA- Restraint and Behavior Support)

Physical restraint is defined as 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 shall only be used when needed to protect a student and/or a member of the Barnstable school community from assault or imminent, serious, physical harm. Furthermore, any such physical restraint shall be administered so as to prevent or minimize any harm to the student.

Physical restraint, including prone restraint where permitted under 603 CMR [46.03](#), shall be considered an emergency procedure of last resort and shall be prohibited except when a student's behavior poses a threat of assault, or imminent, serious, physical harm to themselves and/or others and the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions are deemed inappropriate.

Physical restraint is prohibited as a means of punishment, or as a response to destruction of property, disruption of school order, a student's refusal to comply with a school rule or staff directive, or verbal threats that do not constitute a threat of imminent, serious physical harm to the student or others.

Physical restraint is prohibited when it is medically contraindicated for reasons including, but not limited to, asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting.

This policy shall be reviewed annually and provided to Barnstable Public Schools staff and made available to the Parents and/or Guardians of enrolled students. Nothing in this policy precludes any teacher, employee, or agent of the Barnstable Public Schools from using reasonable force to protect students, other persons, or themselves from assault or imminent, serious, physical harm.

1. Alternatives to Physical Restraint -Methods for Preventing Student Violence, Self-Injurious Behavior, and Suicide

There are a variety of appropriate responses or interventions that should be used first when seeking to prevent challenging behaviors, student violence, self-injurious behaviors, or to de-escalate potentially dangerous or disruptive behavior among groups of students or with an individual student.

i. Prevention/De-Escalation Techniques

Prevention includes using positive steps taken **before** a behavioral crisis occurs. De-escalation means the reduction of the intensity of a conflict or situation. Prevention/De-escalation strategies also involve assuring staff has training; appropriate staffing; policies/procedures in place including behavioral support plans; appropriate programming; ability to recognize individuals strengths, weaknesses, awareness of signals and triggers.

Preventative/De-escalation methods and techniques include:

- a. Positive behavioral interventions:** Tiered interventions and strategies designed to create school- and classroom-based supports and strategies for students to understand and meet positive behavioral expectations in order to reduce the prevalence and likelihood of negative behaviors.

The district employs a variety of services and strategies to address the social, emotional and behavioral well-being of all our students:

1. Implementation of anti-bullying curriculum is provided throughout the district utilizing developmentally appropriate lessons and activities;
2. Formal implementation of Positive Behavioral Intervention and Supports (PBIS™);
3. Social Skills curricula is provided to students through classroom, small group and individualized instruction on a tiered level of support from level 1 classroom to level 3;
4. Small group and/or individual counseling services are available for all students across the district and provided by licensed, certified staff including school psychologists, school adjustment counselors, social workers, guidance counselors;
5. Development of partnerships with community-based wrap around providers to support students and families;
6. Re-entry meetings for students returning to school following hospitalization including implementation of Bridges Program™ for students re-entering the High School from psychiatric hospital programs; and,
7. Academic interventions and supports in order to supports students continued access to instruction while addressing any social/emotional/behavioral needs that may prevent a student from accessing the general education setting.

b. Interrupting

Interrupting is the first thing to do when trying to break a chain of behaviors, distracting the individual to another topic or something in the environment.

c. Planned Ignoring

Planned ignoring is a de-escalation technique during which the adult intentionally does not respond during the early stages of a negative behavior in order to avoid inadvertently reinforcing it. This technique is best reserved for behaviors intended to gain attention or avoid an undesired task. The adult is always aware of the student and the behavior. It does not mean that early danger signs are truly ignored and does not mean that dangerous behaviors are ever ignored.

d. Redirecting

Redirecting is used to manage a potentially dangerous behavior by deflecting or redirecting the behavior, and then reinforcing a more appropriate behavior by rewarding the individual for displaying the more appropriate behavior.

Effective redirection should occur through the student's preferred mode of communication and should include the following components:

1. Active listening;
2. Use of calm, non-threatening tones and language;
3. Offering the student(s) a choice;
4. Discussing options or possible resolutions with the student(s);
5. Verbal expectations to cease behavior;
6. "Help and Prompt" strategies to increase functional communication;
and
7. Wait time to give processing time with clear guidelines.

e. Basic Needs Communication

Reducing opportunities leading to escalating behavior includes checking that the student has had basic needs met such as food, water, and bathroom access. Basic needs also may include the use of Functional Communication strategies such as providing verbal, visual, or gestural prompts to encourage communication of a basic need, a sensory, or environmental factor contributing to distress.

- f. **Opportunity for a take a break from the situation** leading to escalation which may include the use of a formal Time-Out.

Time-outs are 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 must be continuously observed by a staff member. Staff shall be with the student or immediately available to the student at all times. The space used 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. Any time-outs over thirty (30) minutes must obtain principal approval.

Break opportunities may also manifest in the removal of other students from the classroom so as to remove an audience and/or reinforcement for the behavior. The student may also be physically escorted from the environment. A physical escort is not a restraint and must be brief in durations. A physical escort is a temporary touch or holding, without the use of force, or the hand, wrist, arm, shoulder or back for the purpose of inducing a student who is agitated or upset to walk to a safe location.

g. General guidelines for **de-escalating** potentially dangerous behavior include:

1. Remain calm -To possibly help prevent the likelihood of a student experiencing distress from escalating his/her behavior use a neutral and level tone of voice, control one's facial expressions and use a supportive non-threatening body language.
2. Proximity- Increase or reduce close proximity of staff and/or students to the individual through both nonverbal and verbal methods. A Supportive Guide strategy to redirect the student to another location, along with a monitoring adult, may assist with the use of proximity.
3. Environment: Be mindful of environmental materials that could be used as dangerous (injurious) items, depending on individual's intent of use and ease of access. Subtly remove objects or substances that could pose a hazard.
2. Obtain Assistance - Whenever possible, school personnel should immediately take steps to notify school administrators, the school's administrative response team and/or other school personnel of a potentially dangerous situation and to obtain additional assistance.
3. One Person Speaks - In order to minimize the likelihood of confusion and/or the likelihood of a student experiencing distress from escalating his/her behavior having one person providing overall direction to the response and the follow up procedures is advisable. This often may be either the first trained staff person on the scene or the staff person with the most information about the particular situation.

g. **Loss of earned tokens/rewards/privileges**

Loss of earned tokens/ reward/ privileges may reduce or further escalate the behavior so we follow instructions in a student's Behavior Intervention Plan or Reinforcement Schedule Plan if there is one in place that addresses the unsafe behavior, its signals, and triggers.

ii. Crisis Planning

a. **Follow-up Response to Threats of Violence Or Suicide**

Threats of violence or self-injury, made by a student or group of student(s) should be reported to the school principal and reviewed with the Threat Assessment team, regardless of whether a student's behavior resulted in the use physical restraint. Based on the situation, the Threat Assessment team may recommend or require that the student(s) undergo a Threat Assessment, or if the student is in obvious crisis, a referral to the local hospital will be made.

b. **Self-Injurious Behavior or Suicidal Ideation:**

When a teacher or staff member becomes aware of any student experiencing at-risk behavior (verbal statements, writing, report from peers, parents etc.) they will report immediately to counseling staff and/or crisis team.

At risk for self-injury/suicide is defined as: Any student who indicates through actions speech or writings that they may be at risk of harming themselves physically.

Student Support Team. A predefined group of district staff who are familiar with response guidelines for students in crisis. The team may include the Principal, Assistant Principal, BCBA, School Psychologist, School Nurse, Social Worker, School Counselor and/or Special Education Coordinator.

Protocol: The Student Support team will follow the district's protocol for self-injurious behavior and/suicidal ideation.

2. Methods of Physical Restraint in Emergency Situation:

i. Physical restraint shall not be used:

a. As a means of discipline or punishment;

b. If the student cannot be safely restrained due to medical contraindications for reasons including, but not limited to, asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting;

c. As a response to property destruction, disruption, refusal to comply with rules or staff directives, 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) may include use of physical restraint as a standard response to any behavior. Physical restraint is an emergency procedure of last resort.

ii. Limitations on use of restraint. 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.

iii. Trained personnel. Only 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.

iv. Use of force. A person administering a physical restraint shall use only the amount of force necessary to protect the student or other member(s) of the school community from assault or imminent, serious, physical harm.

v. Safest Method. The staff member(s) 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). Staff shall continuously monitor the physical status of the student during restraint, and the student shall be immediately released from the physical restraint if the student expresses or demonstrates significant physical distress.

vi. Duration of restraint. All physical restraints must terminate as soon as the student is no longer an immediate danger to themselves or others, or if the student indicates that they 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. If any physical restraint approaches twenty (20) minutes, staff will obtain the approval of the building Principal to continue the restraint based upon the student's continued agitation. All physical restraints shall be administered in compliance with 603 CMR 46.00.

vii. 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 school 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.

vii. Prohibited Forms of Restraint

Medication restraint, mechanical restraint, and seclusion, as defined in 603 CMR 46.02, are strictly prohibited in the Barnstable Public Schools.

a. Any form of physical restraint used in a manner inconsistent with 603 CMR 46.00 is prohibited in the Barnstable Public Schools.

b. Mechanical restraint shall mean the use of any device or equipment to restrict a student's freedom of movement. This term 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.

c. Medication restraint shall mean the administration of medication for the purpose of temporarily controlling behavior. Medication prescribed by a physician and authorized by the parent for administration in the school setting is not medication restraint.

d. Prone restraint, as defined in 603 CMR [46.02](#), shall only be permitted under the following, limited circumstances:

1. The student has a documented history of serious self-injury and/or injuries to other students or staff;
2. All other forms of physical restraint have failed to ensure the safety of the student and/or the safety of others.
3. There are no medical contraindications 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 documented by a licensed mental health professional;
5. The student's Parent and/or Guardian has provided voluntary, informed, written consent to the use of prone restraint; consent shall mean agreement by a parent who has been fully informed of all information relevant to the activity for which agreement is sought, that the parent understands that the agreement is voluntary and may be revoked at any time. The agreement describes the activity and lists the records (if any) which will be released and to whom. The agreement has been approved in writing by the principal.
6. The program has documented the above circumstances in advance of the use of prone restraint and maintains the documentation.

3. Staff Training, Physical Restraint Reporting, and Follow-Up Process

i. Staff Training

a. All staff/faculty will receive training regarding the District's physical restraint policy within the first month of each school year, and employees hired after the school year begins will receive training within one month of starting their employment.

b. Required training for all staff will include review of the following:

1. The role of the student, family, and staff in preventing physical restraint;

- 2.** Barnstable Public Schools Physical Restraint and Behavior Support Policy and school building-level physical restraint procedures, including the use of time-out as a behavior support strategy distinct from seclusion;
- 3.** Interventions which may preclude the need for restraint, including de-escalation of problematic behaviors and other alternatives to restraint in emergency circumstances;
- 4.** When behavior presents an emergency that requires physical restraint, the types of permitted physical restraints and related safety consideration, including information regarding the increased risk of injury to a student when any restraint is used, in particular a restraint of extended duration;
- 5.** 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
- 6.** Identification of district staff who have received in-depth training pursuant to 603 CMR 46.03(3) in the use of physical restraint.

ii. In-Depth Training

- a.** At the beginning of the school year, the building Principal or their designee will identify those designated staff who will participate in in-depth training and who will then be authorized to serve as school-wide resources to assist in ensuring proper administration of physical restraint.
- b.** Designated staff members shall participate in in-depth training in the use of physical restraint, with at least one refresher training annually.
- c.** In-depth training will include:
 - 1.** Appropriate procedures for preventing the need for physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint;
 - 2.** 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;
 - 3.** 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;
 - 4.** Instruction regarding documentation and reporting requirements and investigation of injuries and complaints;
 - 5.** Demonstration by participants of proficiency in administering physical restraint; and

6. Instruction regarding the impact of physical restraint on the student and family, including but not limited to psychological, physiological, and social-emotional effects.

4. Physical Restraint Reporting

i. Report to Building Principal:

- a. 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 for review.
- b. The Principal or designee shall maintain an ongoing record of all reported instances of physical restraint, which shall be made available for review by the parent or the Department upon request.

ii. Report to Parent(s) and/or Guardian(s) of Physically Restrained Student:

- a. The Principal or designee shall make reasonable efforts to verbally inform the student's Parent(s) and/or Guardian(s) of the physical restraint within twenty-four (24) hours.
- b. The Principal or designee shall provide the Parent a written report of the physical restraint within three (3) school days. This written report may be provided via email, if the Parent(s) and/or Guardian(s) have provided the District with an email address. If the school customarily provides a parent of a student with report cards and other necessary school-related information in a language other than English, the written restraint report shall be provided to the parent in that language.
- c. The principal shall provide the student and the parent(s) and/or guardian(s) an opportunity to comment orally and in writing on the use of the restraint and on information in the written report.
- d. The Parent/Guardian and/or student may also pursue the Grievance Procedure described in Section 10, below.

iii. Report to Department of Elementary and Secondary Education (DESE):

- a. Whenever a physical restraint results in injury to the student or any school community member, the District shall send a copy of the written report to DESE within three (3) school days.
- b. A copy of the ongoing physical restraint log from the past thirty (30) days will also be provided to DESE.
- c. Barnstable Public Schools shall report all physical restraints to DESE annually, as directed by DESE.

iv. Report to Law Enforcement and Other State Agencies:

- a. Nothing in this policy prevents any individual from reporting a crime to the appropriate authorities;
- b. Nothing in this policy prevents any individual from exercising their responsibilities as a mandated reporter under M.G.L. c. 119, §51A.

v. Contents of Written Report:

The written report of any physical restraint shall include:

- a. Name of the student; name(s) and job title(s) of staff who administered the physical restraint, and observers, if any; the date, time restraint began, and the time that restraint ended; the name of the Principal or designee who was verbally informed following the restraint, and who approved continuation of the restraint beyond twenty (20) minutes, if applicable.
- b. A description of the activity in which the restrained student and other students and staff in the vicinity were engaged immediately preceding the use of the physical restraint; the behavior that prompted the restraint; the efforts made to prevent escalation of behavior, including 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, 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 Parent(s) 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. Post-Restraint Procedures

i. After a student is released from a physical restraint, staff shall implement follow-up procedures, including:

- a. Reviewing the incident with the student to address the behavior that precipitated the physical restraint;
- b. Reviewing the incident with the staff member(s) who administered the physical restraint to ensure proper restraint procedures were followed and if additional training or review of specific techniques is necessary; and

- c. Consideration of whether any follow-up is appropriate for students who witnessed the physical restraint, if any.

ii. Individual Student Review: The principal of the program shall 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 developed in accordance with 603 CMR 46.06 and any comments provided by the student and parent/guardian about such reports and the use of the restraints;
- b. An 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. An agreement on a written plan of action by the program.
- e. If the principal directly participated in the restraint, a duly qualified individual designated by the superintendent or board of trustees shall lead the review team's discussion. The principal shall ensure that a record of each individual student review is maintained and made available for review by the Department or the parent, upon request.

iii. Administrative Review: The principal shall 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.

6. Procedure for the Use of Time-Out

Principals shall develop a procedure for the use of time-outs that include the process by which staff will obtain the Principal's approval for any time-out lasting longer than thirty (30) minutes. Such approval shall be based on the student's continuing agitation, as well as information about the use of de-escalation actions and student responses.

7. Methods for Engaging Parents and Students

- i.** Barnstable Public Schools will conduct an annual workshop, open to the entire school community, concerning restraint prevention and the use of restraint solely as an emergency procedure. This workshop may be coordinated with the special education parent advisory council (SEPAC), the parent-teacher organization (PTO), and other relevant community groups.
- ii.** Any parent/guardian with concerns about the use of physical restraint at any school within Barnstable Public Schools may request a meeting with the building Principal or the Superintendent to discuss such concerns. Any individual who believes that a physical restraint of a student may have been unwarranted or conducted inappropriately may also make use of the Grievance Procedure described in Section 10, below.

8. Grievance Procedures

This grievance procedure is established to ensure procedures are in place for receiving and investigating complaints regarding physical restraint practices. Any individual who believes that a physical restraint of a student may have been unwarranted or conducted inappropriately may file a complaint by utilizing this procedure:

- i.** The complaint must be submitted in writing or on audiotape to the Executive Director of Social-Emotional Learning and Student Services.
- ii.** The Executive Director will meet with the complainant within ten (10) school days of receipt of the complaint.
- iii.** A thorough investigation will be conducted which may include interviewing witnesses, staff involved and/or the student; reviewing all written documentation leading up to and pertaining to the incident and all reports filed with the Executive Director and the Department of Elementary and Secondary Education.
- iv.** A written report will be developed by the Executive Director and provided to the complainant.

References:

School Committee Policy JKAA

[603 CMR 46.00](#)