

Elizabeth McGonagle  
Executive Director

Dan Shovak  
Dir. of Finance & Operations



141 Mansion Drive, Suite 200  
East Walpole, Massachusetts 02032  
Phone: 781-352-5700 Fax: 508-660-1124

Dr. Zachary Abrams  
Dir. of Student Services

Dr. Jean Kenney  
Dir. of Professional Learning &  
Leadership

## **BEHAVIOR SUPPORT AND RESTRAINT POLICY**

Every school-based staff member at the TEC Education Cooperative is required and receives intensive training in crisis management and physical intervention techniques. The Education Cooperative (TEC) has trained two BCBA's as certified Safety Care trainers who conduct the 16-hour Crisis Intervention Training program to employees that will be participating in the use of physical restraint upon employment and annually thereafter.

TEC Education Cooperative identifies that all individuals have the right to effective instructional, behavioral, and medical strategies. TEC believes that positive behavioral supports should be used primarily as antecedent and pre-episodic preventions in an environment that strives to respect each individual's dignity and personal privacy. Preventive techniques and interventions used focus not only on eliminating challenging behaviors but also in identifying the function of such behaviors in order to provide proper instruction on replacing these with positive, socially acceptable behaviors.

The purpose of these regulations is to ensure that all students participating in a TEC education program be free from the use of prohibited restraints, seclusion, and crisis intervention.

As stated in 603 CMR 46.00, physical restraint shall be used only in emergency situations, after other less intrusive alternatives have failed or been deemed inappropriate, and with extreme caution. School personnel shall use physical restraint with two goals in mind:

- (a) To administer a physical restraint only when needed to protect a student and/or a member of the school community from imminent, serious, physical harm; and
- (b) To prevent or minimize any harm to the student as a result of the use of physical restraint.

As stated in 603 CMR 46.00, physical restraint is prohibited as a means of punishment or as a response to property destruction, 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. However, if such instances could escalate into, or could lead itself to serious, imminent harm to the student or to others, physical restraint is appropriate.

The Education Cooperative's use of physical restraint supports the following regulatory principles:

- *Least Restrictive Interventions*: The curriculum for physical management is organized in a "least-to-most" restrictive manner. The use of positive behavioral supports and antecedent strategies are implemented prior to determining that a situation warrants the use of physical restraint.
- *Students have the right to be free from restraints*: The use of restraint is allowed only if necessary for immediate safety.
- *Students have the right to be free from verbal, sexual, physical, mental, and emotional abuse or harm*: Staff are provided with a safe and comprehensive set of skills to replace practices that might otherwise lead to abuse.

As stated in 603 CMR 46.00,

- *The use of mechanical, medication, or seclusion restraint is **prohibited**.*
  - Mechanical restraint shall mean the use of any device or equipment to restrict a student's freedom of movement. The 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. Examples of such devices include: 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.
  - Medication restraint shall mean the administration of medication for the purpose of temporarily controlling behavior. Medication prescribed by a licensed physician and authorized by the parent for administration in the school setting is not medication restraint.
  - Seclusion shall mean 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.
- *Floor or prone restraints are **prohibited**.*
  - 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 face-down position.

**As stated in 603 CMR 46.00, the following terms shall have the following meanings:**

1. **Extended restraint**: If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval of the Program Director. The approval shall be based upon the student's continued agitation during the restraint justifying the need for continued restraint.
2. **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.

3. Physical restraint: shall mean 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.

The Education Cooperative implements physical restraint with extreme caution. Training for all staff working directly with students is provided by a certified trainer. Prior to learning physical management techniques staff are explicitly taught prevention and de-escalation procedures. Additionally, staff are instructed on relationship building techniques and other methods of preventing the need for physical restraint. Such procedures are drawn primarily from the field of Applied Behavior Analysis (ABA). All staff are informed of, tested, and experience hands-on role plays regarding the increased risk of injury to a student when an extended restraint is used, administering physical restraint in accordance with known medical or psychological limitations and/or behavioral intervention plans applicable to an individual student, monitoring of physical and emotional distress, and how to obtain medical assistance if necessary.

Required training shall be provided to each staff as appropriate within their first month of hire. Re-certification will be completed annually for all trained staff. The due date for re-certification is one year from the first day of the initial training. Certification lapses immediately if certification is not completed. A 90-day grace period is in effect to allow the staff to complete their re-certification training after their due date. However, they are not certified to implement physical restraint procedures until re-certification is completed. If the 90-days expire staff must complete the initial certification class rather than the abbreviated recertification in order to once again be in compliance.

**TEC Education Cooperative staff physically intervene during a crisis only if, in their judgment, an individual's behavior is creating a situation that is more dangerous than the danger of using physical intervention.**

- No restraint will be administered in such a way that the student is prevented from breathing or speaking.
- During the administration of a restraint, a staff member will continuously monitor the physical status of the student, including skin color and respiration. A restraint will be released immediately upon a determination by the staff member administering the restraint that the student is no longer at risk of causing imminent physical harm to him or herself or others.
- Restraint will be administered in such a way so as to prevent or minimize physical harm. If, at any time during a physical restraint, the student demonstrates significant physical distress, the student will be released from the restraint immediately, and staff will take steps to seek medical assistance.
- Staff will review and consider any known medical or psychological limitations and/or behavioral intervention plans regarding the use of physical restraint on an individual student.
- Following the release of a student from a restraint, the staff will implement follow-up procedures. These procedures include reviewing the incident with

the student to address the behavior that precipitated the restraint (when deemed appropriate to do so), 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.

- Parents or guardians must be informed of all restraints involving their children, regardless of duration. The TEC Program Director or designee will contact parents or guardians within the same school day of the incident(s) to inform them of the restraint.
- All instances of physical restraint will be documented and available for review by the Department of Elementary and Secondary Education upon request. Individual student logs will be maintained and be available for review by the student's District and Parents or Guardians upon request.
- Food and/or drinks are never withheld from students. If the student has not regrouped sufficiently to participate in instructional activities, regularly scheduled school work, related services, or clinical services, food and/or drink will be brought to the student.
- As stated in 603 CMR 46.00, when a restraint has resulted in a serious injury to a student or program staff member or when an extended restraint (20 consecutive minutes) has been administered, the program shall provide a copy of the written report required by 603 CMR 46.06(4) to the Department of Elementary and Secondary Education within five school working days of the administration of the restraint. The program shall also provide the Department with a copy of the record of physical restraints maintained by the program administrator pursuant to 603 CMR 46.06(2) for the thirty-day period prior to the date of the reported restraint. The Department shall determine if additional action on the part of the public education program is warranted and, if so, shall notify the public education program of any required actions within thirty calendar days of receipt of the required written report(s).
- Staff at The Education Cooperative are mandated reporters. Any injury that staff members have "reasonable cause" to believe resulted from abuse or neglect must be verbally documented and written pursuant of TECs Child Abuse Policy.

## Student Protective Management Form

<b>Name of Student(s):</b>	
<b>School Name:</b>	
<b>TEC Program Name:</b>	
<b>Location(s) of Incident:</b>	
<b>Date of Incident:</b>	
<b>Start Time/End Time/length of procedure:</b>	
<b>Reported By:</b>	
<b>Staff involved in Protective Management:</b>	

### **De-escalation Procedures attempted before the Protective Management**

Identify the type of protective management used by placing a number to the left of the technique, in the order in which they were attempted. Use blank spaces for other de-escalation procedures used.

	Provided choices		Use of reinforcement program		Used Safety Stance and Elbow Check
	Provided sensory input		Removed potentially dangerous items from the area		Used the Help Strategy "What do you need?"
	Verbal redirection		Reduced verbal interaction		Used the Prompt Strategy "Touch head, toes..."
	Calming techniques		Brought to quiet area within the room: Non-Exclusionary Time-Out		Used the Wait Strategy
	Reduced demands		Brought to room away from peers: Exclusionary Time-Out		Used supportive guide
	Staff Change				

### Incident

#### ***Antecedent Events-Triggers and Signals:***

Where was the student?
Who (initials of peers; staff names) was with the student?
Were there other disruptions in the area (announcements over the loud speaker; other student having behavioral problems, etc.)?
What was the student doing IMMEDIATELY prior to the behavior that resulted in protective measurements?
What behavior was exhibited that resulted in the use of Protective Management by staff?

### ***Protective Management***

Identify the type of protective management used by placing a number to the left of the technique, in the order in which they were used.

	1 – Person Stability Hold		1-Person Stability Hold – seated on floor		1-Person Stability Shuffle
	2-Person Stability Hold		2-Person Stability Hold-seated on floor		2 - Person Forward Escort
			2-Person Stability Hold-seated in chair		2 – Person Stability Escort

### **Post-Incident Response**

How was the incident resolved? What injury(ies) occurred, if any? Describe medical follow up. Who from TEC administration was informed of the incident and when/how did this occur? Were parents contacted? If so, by whom? Was the student involved in a debriefing? If so, what was discussed? Attach student debriefing report if necessary.

### **Behavioral Services Follow-up**

Has this behavior been assessed previously? Is this a targeted behavior / response that is in the students current Behavior Support Plan (BSP)? Are there other techniques that may be more effective?

Date of follow up with staff: \_\_\_\_\_

## Critical Incident Report Form

<b>Name of Student(s):</b>	
<b>School Name:</b>	
<b>TEC Program Name:</b>	
<b>Location(s) of Incident:</b>	
<b>Date of Incident:</b>	
<b>Start Time and End Time:</b>	
<b>Reported By:</b>	
<b>Staff involved with student at time of incident:</b>	

### **Triggers and Signals**

What factors occurred before the incident. Consider both triggers (what was happening in the classroom, what was the student doing, what were other people doing, etc.) and signals (what antecedent behaviors did the student show before the incident occurred such as pacing, non-compliance, verbal statements, etc.) Also state the duration of this phase.

### **Incident Summary**

Describe the incident in detail. Describe behavior or action of student, how staff members responded, duration of incident, etc.

### **Post-Incident Response**

How was the incident resolved? What injury(ies) occurred, if any? Describe medical follow up. Who from TEC administration was informed of the incident and when/how did this occur? Were parents contacted? If so, by whom? Was the student involved in a debriefing? If so, what was discussed? Attach student debriefing report if necessary.

### **Behavioral Services Follow-up**

Has this behavior been assessed previously? Is this a targeted behavior / response that is in the students current Behavior Support Plan (BSP)? Are there other techniques that may be more effective?
Date of follow up with staff: _____