

**GUIDANCE DOCUMENT ON BEHAVIORAL EMERGENCIES AND THE USE OF PHYSICAL RESTRAINTS
IN BOSTON PUBLIC SCHOOLS
Accompanying Superintendent Circular SSS-1**

DEFINITIONS

The following terms shall be defined pursuant to 603 CMR 46.02 et seq.:

Mechanical Restraint: The use of any physical device or equipment to restrict a student's freedom of movement. **The use of mechanical restraint is prohibited in Boston Public Schools.**

Medication Restraint: The use of medication for the purpose of temporarily controlling behavior. **The use of medication restraint is prohibited in Boston Public Schools.**

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.

Physical Restraint: Direct physical contact that prevents or significantly restricts a student's freedom of movement.

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

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. **The use of seclusion is expressly prohibited.**

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 purposes of calming. 603 CMR 46.02. If the program uses time-out as a behavioral support strategy, a procedure for the use of time-out that includes a process for obtaining principal approval of time-out for more than 30 minutes based on the individual student's continuing agitation. 603 CMR 46.03(1)(j). BPS will work with schools and programs regarding appropriate time-out usage and protocols.

RESTRAINT PREVENTION

Boston Public Schools (BPS) is guided by the principle that the use of seclusion and restraint can be prevented most effectively by implementing proactive procedures that prevent serious challenging behaviors from occurring. Massachusetts has developed a blueprint outlining a single system of supports that is responsive to the academic and non-academic needs of all students. This blueprint, the Massachusetts Tiered System of Supports (MTSS), provides a framework for school improvement that focuses on system level change across the classroom, school, and district. The MTSS model applies the three-tiered public health framework of prevention and interventions to address students' academic and behavioral concerns. It guides both the provision of high-quality core educational experiences in a safe and supportive learning environment for all students and academic and/or non-academic targeted interventions/supports for students who experience difficulties and for students who have already demonstrated mastery of the concept and skills

being taught. BPS is committed to support each school in developing and implementing school wide positive behavioral interventions and supports (PBIS) as well as a continuum of physical, social, and emotional supports to meet the needs of all students. BPS utilizes the MTSS blueprint as the vehicle for providing students and staff the support they need to optimize learning and subsequent academic achievement.

First, schools should operationalize the following principles through their leadership structures and utilization of their Student Support Teams (SST):

- Invest first in prevention to establish a foundation intervention that is empirically validated to be effective, efficient and sustainable.
- Teach and acknowledge appropriate behavior before relying on negative consequences.
- Use regular “universal screening” to identify students who need more intense support and provide that support as early as possible, and with the intensity needed to meet the student’s need.
- Establish a continuum of behavioral and academic interventions for use, including but not limited to, PBIS, Comprehensive Behavioral Health Model (CBHM), Second Step, mentoring, etc., when students are identified as needing more intense support.
- Use progress monitoring to assess (a) the fidelity with which support is provided and (b) the impact of support on student academic and social outcomes. Use data for continuous improvement of support.
- **Schools will convene a team to review the student’s intervention plan if there are ongoing behavioral concerns.**

Second, the frequency and intensity of a child’s challenging behaviors may be easier to address if the foundational (and less costly) procedures of universal (primary) and secondary prevention are implemented early and with integrity. Building positive relationships, providing high-quality environments, and assuring a child’s physiological and social-emotional well being can serve to prevent or mitigate the majority of challenging behaviors.

Third, BPS expects schools to clearly define and overtly teach universally (Tier 1):

- expected behaviors (rules) across all settings school-wide, including classrooms.
- procedures for teaching & practicing expected behaviors
- procedures for encouraging expected behaviors
- procedures for discouraging problem behaviors
- procedures for data-based decision making
- activities and strategies to promote family awareness and engagement

Fourth, schools should determine efficient and effective ways to identify at-risk students (through screening and data decision rules) needing additional supports (Tier 2). Strategies may include:

- informal assessment process to match intervention to student need & function of problem behavior
- small group social skill instruction
- self-management
- academic supports

Note: Tier 2 strategies are part of a continuum – these strategies must link to the universal (Tier 1) school-wide PBIS system

Finally, for more serious and challenging behaviors (Tier 3), the recommended PBIS approach begins with a functional assessment of the behavior. This assessment process yields information related to the function and maintaining consequences of the behavior, along with a detailed description of the antecedent and contextual events associated with occurrences and non-occurrences of the behavior. The functional assessment of the behavior can lead directly to a behavior support plan. The support plan should include strategies for:

- teaching replacement behaviors, especially functional communication, that can serve as alternatives to the targeted challenging behaviors;
- changing the consequences for challenging behaviors so that undesirable behaviors are no longer rewarded and so that, instead, prosocial behaviors are strengthened, and;
- modifying the antecedent and contextual events so that “triggers” for challenging behaviors are eliminated or ameliorated, and stimuli associated with desirable behavior are added and enhanced.
- Providing research based interventions such as Check and Connect, mentoring or counseling (as deemed appropriate)connections to mental health and community agencies (if needed)

Note: Tier 3 strategies are part of a continuum – these strategies must link to the universal (Tier 1) school-wide PBIS system

Note: For students identified as eligible for special education services, additional supports may be provided through their Individualized Education Program (IEP) and such students retain all rights afforded to them under state and federal special education laws at all times. Students on IEPs, or their Team members, may request a Team meeting at any time, request a Functional Behavioral Assessment, request review of a Behavior Intervention Plan (BIP) or request any other assessments or data relevant to the student’s needs either arising out of increased behavioral needs, or a restraint that occurred. Additionally, for students with cognitive or developmental disabilities (e.g., Autism) who exhibit challenging behaviors, the principles of Applied Behavior Analysis (ABA) can be utilized as the fundamental approach to addressing and preventing these problem behaviors. This instructional approach emphasizes the importance of looking at the antecedents, behaviors, and consequences (ABC’s) of challenging behaviors, teaching alternative or replacement skills, and developing instructional plans using task analysis. No written individual behavior plan or individualized education program (IEP) may include use of physical restraint as a standard response to any behavior, 603 CMR 46.03(3)(d).

USE OF RESTRAINT

If all other lawful and less intrusive alternatives have failed or been deemed inappropriate to prevent student violence, self-injurious behavior and/or de-escalating potentially dangerous behavior occurring among groups of students or with an individual student, a physical restraint may be used as a last resort.

If a student is presenting with ongoing difficulty resulting in a need to utilize physical restraints, please contact Behavioral Health Services for assistance at 617-635-9676.

1. **Pursuant to 603 CMR 46.03 (1)(c), Physical restraint, as an emergency procedure of last resort, may be used only when:**
 - (a) The student is not responsive to verbal directive or other lawful and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under the circumstances.

- (b) The student's behavior poses a threat of assault, or imminent, serious, physical harm to self or others.

2. **Limitations of restraint:**

Physical restraint 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. 603 CMR 46.03(3).

3. **Instances when restraint is not to be used:**

- (a) Mechanical restraint, medication restraint, and seclusion shall be prohibited in public education programs. 603 CMR 46.03(1)(a).
- (b) Physical restraint is not to be used as a means of discipline or punishment. 603 CMR 46.03(2)(a).
- (c) Physical restraint is not to be used when the student cannot be safely restrained because it is medically contraindicated for reasons including but not limited to asthma, seizures, cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting. 603 CMR 46.03(2)(b).
- (d) Physical restraint is not to be used as a response to destruction of property, school disruption, refusal of the student to comply with public education program rules or staff directive, or verbal threats when those actions do not constitute a threat of assault, or imminent, serious, physical harm. 603 CMR 46.03(2)(c).
- (e) Physical restraint should not be used 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. 603 CMR 46.03(2)(d).
- (f) Prone restraint shall be prohibited in public education programs except on an individual student basis, and only under the following circumstances¹:
 - 1. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
 - 2. All other forms of physical restraints have failed to ensure the safety of the student and/or the safety of others;
 - 3. There are no medical contraindications as documented by a licensed physician;
 - 4. There is psychological or behavioral justification for the use of prone restraint and there is no psychological or behavioral contraindications, as documented by a licensed mental health professional;
 - 5. 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,
 - 6. The program has documented 603 CMR 46.03(1)(b) 1 - 5 in advance of the use of prone restraint and maintains the documentation.

4. **With the adoption of these new regulations the following forms of restraint are absolutely prohibited: mechanical, medication, and seclusion. Boston Public Schools has established a prohibition on Prone restraint.**

¹ See 603 CMR 46.03(1)(b)(1-6)

5. **Nothing in this document, or in 603 CMR 46.00, prohibits:**

- (a) The right of an individual to report to appropriate authorities a crime committed by a student or another individual.
- (b) Law enforcement, judicial authorities or school security personnel from exercising their responsibilities, including the physical detention of a student or other persons alleged to have committed a crime or posing a security risk.
- (c) The exercise of an individual's responsibilities as a mandated reporter of child abuse/neglect pursuant to MGL c. 119, s 51A to the appropriate state agency.
- (d) The protection afforded publicly funded students under other state or federal laws, including those laws that provide for the rights of students who have been found eligible to receive special education services.
- (g) Any teacher, employee or agent of a public education program from using reasonable force to protect students, other persons or themselves from assault or imminent, serious physical harm.

PROPER ADMINISTRATION OF PHYSICAL RESTRAINT

1. **Trained personnel:**

EVERY staff member shall receive training on physical restraint policies, restraint prevention and behavioral support policies within the first month of each school year, and for new employees hired after the school year begins, within a month of their employment. 603 CMR 46.04(2).

Only public education program personnel who have received training pursuant to 603 CMR 46.04(2) or 603 CMR 46.04(3) shall administer physical restraint on students. **BPS is recommending at least 4 such individuals per school.** Whenever possible, the administration of a restraint shall be witnessed by at least one adult who does not participate in the restraint. **However, nothing in 603 CMR 46.00 or this policy shall preclude a teacher, employee or agent of the public education program from using reasonable force to protect students, other persons or themselves from assault or imminent, serious physical harm. 603 CMR 46.05(1).**

2. **Use of force:**

Any individual(s) administering physical restraint shall use only the amount of force necessary to protect the student or others from physical injury or harm. 603 CMR 46.05(2).

3. **Duration of Restraint:**

All physical restraints must be terminated as soon as the student is no longer an immediate danger to himself or others, or 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 crying or coughing. 603 CMR 46.05(4).

4. **Safety requirements:**

Pursuant to 603 CMR 46.05(5), the following is required:

- (a) A restraint will not be administered in a manner that prevents the student from speaking or breathing.
- (b) A restraint shall be administered in such a way so as to prevent or minimize physical harm.
- (c) During a restraint, a staff member shall continuously monitor the physical status of the student including skin temperature and color, and respiration.
- (d) If at any time during the restraint the student expresses or demonstrates significant physical distress including, but not limited to, difficulty breathing, the restraint will immediately terminate and medical assistance will be sought.
- (e) Program staff will 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.
- (f) During a restraint, staff will continuously talk to and engage the student in an attempt to de-escalate behavior and to end the restraint as soon as possible.
- (g) Staff administering physical restraint will use the safest method available that is appropriate to the situation.
- (h) If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval from the principal. The approval shall be based upon the student's continued agitation during the restraint justifying the need for continued restraint.
- (i) After the release of a student from restraint, the incident, when applicable, will be reviewed with the student and the behavior that led up to the restraint will be addressed.
- (j) The staff person(s) who administered the restraint will also have a review to discuss whether proper restraint procedures were followed, and consider whether any follow-up is appropriate for students who witnessed the incident.

REPORTING REQUIREMENTS

1. All restraints must be reported:

- **Any staff member, who administers ANY restraint, shall verbally inform the Principal/Headmaster as soon as possible and by written report no later than the next school working day.**
- The principal shall maintain an on-going record of all reported instances of physical restraint electronically in Aspen under Incidents, restraints.
- If the Principal/Headmaster has administered the restraint, then he/she shall submit the report to an individual or team designated by the superintendent for review.
- In the event a restraint results in: (1) an injury to a student or program staff member, the program shall send a copy of the written report required by 603 CMR 46.06(4) to the Department postmarked no later than three school working days of the administration of the restraint. The program shall 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. The Department shall determine if additional action by the program is warranted and, if so, shall notify the program of any required actions within 30 calendar days of receipt of the required written report(s). 603 CMR 46.06(7).

Review of Restraint Data and Reports

Individual Student Review: (See Attachment A)

The principal shall also conduct a weekly review of restraint data to identify students who have been restrained multiple times during the week (defined as two (2) times or more). 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. Such reviews shall include review and discussion of written reports of the incidents and of any comments provided by the student and parents; analysis of the circumstances leading up to each restraint, including factors such as time of day, day of week, antecedent events, individuals involved and consideration of factors that contributed to behavioral escalation, alternatives to restraint, including de-escalation techniques and other interventions etc. The review shall include an agreement on a written plan of action by the program. A record of the review must be maintained in the student record. If the plan of action leads to changes in the IEP, a Team meeting needs to occur.

Monthly School-Wide Review: (See Attachment B)

The principal shall also 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. 603 CMR 46.06(5)(a-d). Principal shall consider whether any additional training is necessary for program staff.

Behavioral Health shall review school-wide data on restraints monthly. If a school's individual student review or monthly review raises concerns regarding the use of restraints, the school shall contact Behavioral Health for support.

2. Informing parents:

The Principal/Headmaster will verbally inform the student's parents of the restraint **within 24 hours** of the time when the restraint occurred. Additionally, the Principal/Headmaster shall notify the parent by written report sent within **three (3)** school working days following the use of restraint to an email address provided by the parents for communications about the student, or by regular mail postmarked (See Attachment C, Parent Notification). If the program customarily provides parents 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 English and in that language. The translated forms will be made available via the Boston Public Schools Website. The principal shall provide the student and the parent an opportunity to comment orally and in writing on the use of the restraint and on information in the written report. 603 CMR 46.06(3). **The parent can request a meeting to review the student's intervention plan. The school Student Support Team or a subset of this team can be convened to review the needs and interventions for this student.**

3. Reporting to Department of Elementary and Secondary Education:

The principal shall maintain an on-going record of all reported instances of physical restraint electronically via Aspen, which shall reviewed by Behavioral Health Services monthly.

A report of all district-wide physical restraints shall be sent annually sent to DESE by July 31.

Any restraint that results in injury shall be reported to DESE pursuant to 603 CMR 46.06(7).

GRIEVANCE PROCEDURES

Informal Complaints

Parents will notify principal or designee of any concerns regarding restraint practices and procedure. If a designee receives the complaint or a concern, that designee shall notify principal within the school day. The principal shall attempt, within his/her authority to work with the parent/guardian to resolve the complaint fairly and expeditiously. If the parent/guardian are not satisfied with the resolution, or does not choose informal resolution, then the parent/guardian may proceed with the formal complaint process.

Formal Complaints

A complaint may be submitted to the Administrators of Operations regarding any restraint.

Parents/Guardians can also utilize the “*Student, Families and Other Third Party Grievances of Discrimination or Harassment- Uniform Procedures*” articulated in Superintendent’s Circular EQT-3.

CONTACTS:

Amalio Nieves
Assistant Superintendent, Social Emotional Learning and Wellness
Anieves2@bostonpublicschools.org
617-635-9234

Andria Amador
Assistant Director, Behavioral Health Services
aamador@bostonpublicschools.org
617-635-9676

Updated December 17, 2015

[School Name]

Individual Restraint Review Record			
Student's Name		Date of Review	

Please complete the following steps when conducting an individual restraint record review:

- Review the written reports submitted for the student.
- Convene a team to discuss the written reports.
- Review comments provided by the student and parent about such reports and the use of the restraints.
- Conduct analysis of the circumstances leading up to each restraint including factors such as:
 - Time of day
 - Day of the week
 - Antecedent events
 - Individuals involved
- Consider factors that may have contributed to the escalation of behaviors.
- Consider 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.
- Agree on a written plan of action by the program.

Team members participating in this review:

- _____
- _____
- _____

Principal's Signature:



Boston Public Schools

[School Name]

Monthly Restraint Data Review			
Today's Date		Month of Review	

This monthly review will consider:

- Patterns of the use of restraints by similarities in:
 - Time of day
 - Day of the week
 - Individuals involved
 - Location
- The number of physical restraints school-wide
- The duration of physical restraints
- For individual students:
 - The number of restraints
 - The duration of restraints
 - Injuries, if any, resulting from the use of restraint
- 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
 - Take such other action as necessary or appropriate to reduce or eliminate restraints

Review Completed By:

- Principal's
Name _____ Signature _____

Attachment C

Parent Notification

Boston Public Schools

Date: _____

Dear _____,

This is to inform you that on _____ it was necessary for our staff to intervene and perform a restraint on your daughter/son, _____. This intervention took place after all other attempts to de-escalate the behavior either failed, or were deemed inappropriate at the time.

If you would like to discuss the use of this intervention or would like to request a meeting to discuss your child, please call the school at 617-635-_____.

Sincerely,

Principal/Headmaster

Cc: Behavioral Health Office