



## **LABBB Collaborative Restraint Prevention and Behavior Support Policy**

The LABBB Collaborative complies with the DESE restraint regulations, 603 CMR 46.00 et seq. ("Regulations"), to the extent required by law. According to their terms, the Regulations apply not only at school, but also at school-sponsored events and activities, whether or not on school property. A brief overview of the Regulations is provided below.

### **Methods and Conditions for Implementation**

Program staff may use physical restraint, with extreme caution, only in emergency situations as a last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate. Staff shall use physical restraint with two goals in mind:

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

Physical restraint will 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.

Physical restraint may not be used as a means of discipline or 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 when those actions do not constitute a threat of assault, or imminent, serious, physical harm.

Physical restraint shall not be used when a student cannot be safely restrained because 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. The use of physical restraint may not be written into an Individual Education Program (IEP), or individual behavior plan as a standard response to any behavior.

Mechanical restraint, medication restraint, and seclusion are prohibited. The use of prone restraint is prohibited unless (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 are no psychological or behavioral contraindications, as documented by a licensed mental health professional; (5) signed consent to use prone restraint in an emergency has been obtained, and

such use has been approved in writing by the principal; and (6) documentation of numbers 1-5 above has been obtained and is maintained prior to the use of the prone restraint.

The Regulations do not prevent a teacher, employee or agent of the Collaborative from using reasonable force to protect students, other persons or themselves from assault or imminent serious harm or from restraining students as otherwise provided in the Regulations.

Staff Training. All program staff must receive training with respect to the Collaborative's restraint prevention and behavior support policy (i.e., following the Regulations), including receiving information about the role of the student, family and staff in preventing restraint, the use of time out as a behavior support strategy, interventions that may preclude the need for restraint, types of restraints and related safety considerations, and administering physical restraint in accordance with known medical or psychological limitations and/or behavioral intervention plans applicable to an individual student. Additionally, the LABBB will identify specific staff to serve as resources to assist in ensuring proper administration of physical restraint. These individuals shall participate in in-depth training with respect to restraint, the use of de-escalation strategies, and implementation of the Regulations.

Proper Administration. Only staff that has received training shall administer physical restraint on students. Staff administering physical restraint shall use only the amount of force necessary to protect the student or others from physical injury or harm, and the safest method available and appropriate to the situation. Floor restraints, including prone restraints otherwise permitted under the regulations, shall be prohibited unless the staff members administering the restraint have received in-depth training, and in the judgment of the trained staff, such method is required to provide safety for the student or others present.

A physical restraint must be terminated as soon as the student is no longer an immediate danger to himself or others, or the student demonstrates or expresses 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. Staff shall continuously monitor the physical status of the student, including skin temperature and color, and respiration.

If a student is restrained for longer than 20 minutes, program staff shall obtain the approval of the principal. Such approval shall be based on the student's continued agitation during the restraint justifying the need for continued restraint.

Reporting Requirements and Follow-Up. Following every instance of a physical restraint, staff shall review the incident with the student to address the behavior that precipitated the restraint, review the incident with staff involved in the restraint to discuss whether proper restraint procedures were followed, and consider whether any follow-up is appropriate for students who witnessed the incident.

Every instance of a physical restraint shall be verbally reported to the Program Coordinator as soon as possible, recorded in the classroom or program's Physical Incident Log AND a Physical

Incident Report Form must be completed. The form will then be submitted to the Program Coordinator for review no later than the next school or working day. If the Coordinator was involved in the restraint, the report shall be submitted to an individual or team designated by the Executive Director for review. The Program Coordinator, or his/her designee, will make reasonable efforts to verbally inform the student's parents of the restraint within 24 hours of the incident, and shall notify the parent by written report sent either within three school working days of the restraint to an email address provided by the parent for communications about the student, or by regular mail postmarked no later than three school working days of the restraint. The written restraint report must be provided to the parent or guardian in the language in which report cards and other necessary school-related information are customarily provided.

The coordinator may also facilitate a clinical team meeting to discuss the incident and what if any additional planning needs to occur to prevent future incidents. In instances where a physical restraint lasts 20 minutes, staff must get approval from the Coordinator or Director to continue the restraint. The Program Director must maintain an ongoing record of all restraints, which will be made available in accordance with the state and federal law & regulations.

In the event that a physical restraint results in serious injury to the student or staff member, the Program Director shall send a copy of the written report, along with a copy of the record of physical restraints maintained by the director for the 30-day period prior to the date of the reported restraint, to DESE postmarked no later than three school working days of the administration of the restraint.

The Coordinator or Director shall conduct a weekly review of individual student restraint data to identify students who have been restrained multiple times during the week. For students identified, the coordinator or director shall convene one or more review teams, as deemed appropriate, to review reports and any comments provided by student or parent, analyze the circumstances leading up to the incidents, consider factors that may have contributed to the escalation of behaviors, and assess each student's progress and needs, with the goal of reducing or eliminating the use of restraint in the future. The review team will agree on a written plan of action by the program. If the coordinator or director participated in the restraint, a qualified person, designated by the Executive Director, shall lead the review of the team's discussion. The coordinator or director will maintain a record of individual student reviews.

The Coordinator or Director shall conduct a monthly review of school-wide restraint data that considers patterns of use of restraint, the number and duration of restraints school-wide and for individual students, and the number and types of injuries, if any, resulting from the use of restraint. Based on the review, the coordinator or director will determine whether any further action should be taken.

The program will collect and annually report data to the DESE regarding the use of physical restraints.

Complaints. Complaints and investigations regarding restraint practices should be directed to the Executive Director of the LABBB Collaborative, 339-222-5615.

Procedures. All Collaborative staff who work in programs will participate in an annual training regarding restraint regulations before the end of September of each school year.

All LABBB programs will have staff that is certified to administer physical restraint according to DESE regulations. These staff will participate in recognized training programs or refresher courses such that their training remains current.

### **Behavior Support Plans**

LABBB students are provided with the necessary structures and supports they need to be successful in the classroom, community, and vocational setting. For some students, this requires developing an individualized Behavior Support Plan. To develop this plan, a member from the LABBB Clinical Resource Team meets with the student's teachers and specialists to discuss target challenging behaviors, replacement behaviors, reinforcement and other consequences, and strategies used both to prevent behavioral episodes and manage the episodes should they occur. The clinician will then write a plan, train staff, and monitor the plan's effectiveness. For some students, the plan may involve utilizing a quiet area or the use of time-out procedures in or outside of the classroom, where a student temporarily separates from the learning activity or classroom, either by choice or by direction from staff, for the purpose of calming. Approval from the director is required for any time-out procedure lasting more than 30 minutes, and will be based on the student's continued agitation.