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Procedures for the Use of Physical Restraint in the Dover School District

A. Introduction

The Dover School District authorizes staff members to use physical restraints in limited situations and only as a last resort to prevent harm. Physical restraint may be used only under the following conditions:

1. Staff is trained in de-escalation and physical management; Non-Violent Crisis Intervention, through the Crisis Prevention Institute (CPI®), is the current training program adopted by Dover School District.
2. Physical action of a student creates a substantial risk of harm to self or others;
3. Other positive interventions have failed, or the level of immediate risk prohibits exhausting other means.
4. Conforms to the requirements of Ed 1113.06 Use of Aversive Behavioral Interventions of the New Hampshire Rules for the Education of Children with Disabilities.
5. Conforms to the requirements of NH RSA 126-U and Dover School Board Policy JKAA

The following scenarios are NOT considered a restraint for the purposes of this document:

1. A brief holding or touching to calm, comfort, encourage, or guide a child, so long as there is no limitation on the child's freedom of movement, or intervening in an ongoing assault or fight;
2. The temporary holding of the hand, wrist, arm, shoulder, or back, for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location;
3. Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages and supportive body bands, or other physical holding when necessary for routine medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling, or to permit a child to participate in activities without the risk of physical harm;
4. The use of seat belts, safety belts, or similar passenger restraints during transportation of a child in a motor vehicle.
5. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.

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Physical restraint is appropriate only when a student is displaying physical behavior that presents substantial risk to the student or others, and considered when, in the opinion of the supervising adult, the threat is imminent. Persons implementing a restraint will use extreme caution and the least amount of physical strength necessary to protect the student. The use of physical intervention should not exceed that necessary to avoid injury. The degree of physical restriction employed must be in proportion to the circumstances of the incident and the potential consequences.

A physical restraint of a student should be conducted in a manner consistent with the techniques prescribed in the District approved training program. The purpose of the restraint should be to assist the student to regain emotional and behavioral stability. It should last only as long as is necessary to accomplish this. To the extent possible, it should be conducted in such a way as to preserve the confidentiality and dignity of all involved.

Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal, Director or his/her designee. Untrained staff is limited to physically intervening by using the minimal amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.

School staff shall not use or threaten to use restraint as a punishment or consequence.

B. Definitions

1. Physical restraint occurs when manual method is used to restrict a child's freedom of movement or normal access to his/her body against his/her will.
2. Mechanical Restraint occurs when a physical device or devices are used to restrict the movement of a child and/or the movement or normal function of a portion of his/her body. Prohibited as per RSA 126-U:6.
3. Medication Restraint occurs when a child is given medication involuntarily for the purpose of immediate control of the child's behavior. Prohibited as per RSA 126-U: 6.
4. Serious bodily injury is harm to the body that would require hospitalization or would result in the fracture of any bone, non-superficial lacerations, injury to any internal organ, second- or third-degree burns, or any severe, permanent, or protracted loss of or impairment to the health or function of any part of the body.
5. Intentional physical contact is in response to a child's aggressive, combative, assaultive, or injurious behavior but does not meet the threshold of a restraint (e.g., blocking of a blow or forcible release from a grasp)
6. Dangerous Restraint Technique is any technique that:
 - a) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;

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- b) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back or abdomen of a child;
- c) Obstructs the circulation of blood;
- d) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face, or body with anything, including soft objects such as pillows, blankets, or wash clothes, or
 - (1) Endangers a child's life or significantly exacerbates a child's medical condition.
 - (2) Intentional infliction of pain, including the use of pain inducement to obtain compliance.
 - (3) The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near the child for the purpose of controlling or modifying the behavior of or punishing the child.
 - (4) Any technique that subjects the child to ridicule, humiliation, or emotional trauma.
- 7. Trained Staff are those individuals who successfully complete and stay current in a training program that results in acquisition of skills in verbal de-escalation, preventing restraints, evaluating risk of harm in an individual situation, use of approved techniques and monitoring the effect of the restraint.
- 8. District/facility shall mean the Dover School District.
- 9. Parent shall mean the student's parent, legal guardian, surrogate parent or student over the age of 18.
- 10. Seclusion means the involuntary placement of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation by a person, lock, or other mechanical device or barrier.

C. Risks of Restraint

Staff will understand that all physical restraints involve some risk. This may include injury, including in rare instances, death to the person being restrained and/or to staff. Restraint related positional asphyxiation or other physical injuries can occur. For this reason, it is essential that staff is trained in appropriate techniques that minimize the possibilities of risk.

There is also the risk of psychological impact in using restraints. An individual's past experience with abuse or the fear involved with being restrained may cause unanticipated responses. Staff should be aware that for some students the use of physical restraint might have the unintended consequence of acting as a positive reinforcer for their behavior.

In addition, staff should be conscious of individual perceptions, experiences and cultural orientation and recognize that for some students any touching may be unwelcome and misinterpreted

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despite good intentions. In these situations, touching the student may evoke an extreme and intense response and make the use of restraint more dangerous for both student and staff.

D. Training

The District shall ensure all appropriate personnel are trained in the use of verbal de-escalation and physical restraint procedures. Efforts will be made to apply physical restraint only by individuals who have received training in the district approved program and have remained current in its use.

The District will notify all new personnel working in programs where the use of restraint is "anticipated" of the Use of Physical Restraint Policy and Procedures and the requirement they participate in the approved training program within a reasonable period. Staff will receive on-going training to maintain the requirements of the training program chosen by the District.

Staff members assigned to provide training must be a certified instructor in the training program selected by the District.

E. Prevention Strategies

It is expected that school staff will implement positive and constructive methods to verbally de-escalate potentially dangerous situations. When the district anticipates that a student is likely to behave in a way that may require physical restraint, staff will conduct a functional behavior assessment and develop a positive behavior plan including a plan for teaching replacement behaviors. When appropriate, a team of knowledgeable people will include behavioral goals and objectives in a student's Individual Education Plan, 504 Accommodation Plan or other Behavior Intervention Plan. Staff must implement all strategies identified in any formal plan such as an Individualized Education Plan (IEP), 504 Accommodation Plan or any other Behavior Intervention Plan.

Whether the student is eligible for special education or not, the school can still develop a specific behavior support plan in conjunction with the parent/guardians.

F. Dangerous Restraint Techniques are Prohibited

- a. Any technique that:
 - (1) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
 - (2) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back or abdomen of a child;
 - (3) Obstructs the circulation of blood;
 - (4) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face, or body with anything, including soft objects such as pillows, blankets, or wash clothes, or
 - (5) Endangers a child's life or significantly exacerbates a child's medical condition.

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- b. Intentional infliction of pain, including the use of pain inducement to obtain compliance.
- c. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near the child for the purpose of controlling or modifying the behavior of or punishing the child.
- d. Any technique that subjects the child to ridicule, humiliation, or emotional trauma.

G. Authorization and Monitoring of Extended Restraint

When restraint may permissibly be used on a child, school officials must comply with the following procedures:

1. Children in restraint shall be continuously and directly observed by personnel trained in the safe use of restraint;
2. When the period of restraint reaches 5 minutes, the principal or designee, (CPI certified) shall be notified to review and approve of the continuation of the restraint. This approval will be documented on the restraint incident report that accompanies these protocols.
3. Restraints will be observed by an administrator or designee, from the 5 minute mark forward and shall be recertified and documented at each 5 minute interval until the 20 minute mark (from the initiation of the restraint incident)
4. If the total time of restraint (from initiated time) reaches 20 minutes, the parent will be notified and the administrator will determine if the police department will be notified and requested to respond to the school. Re-certifications of the restraint by the CPI trained administrator or designee shall continue at 5 minute intervals and will be documented until such time as a parent or emergency responder arrives and can take over.
5. When the parent is notified, the nurse will be notified of a pending health check

H. Processing the Incident

Immediately after the student has restored emotional and behavioral control the school nurse or other health professional shall examine the student and staff to ascertain if any injury has been sustained during the restraint.

The individuals involved with the incident shall complete the initial report of restraint as soon after the incident as possible but not longer than the end of the school day or sooner if practicable. If a staff member is not able to immediately provide documentation (ex. because of injury) the reason will be noted on the Incident Form and the administrator will be notified. A final written report of restraint shall be completed and given to the administrator no later than 24 hours after the restraint.

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The staff members involved with the physical restraint will have the opportunity to meet with their supervisor after every incident. Staff will meet as a team to debrief after the initial incident reports are completed on the same day as the incident. Outside agencies, such as the Dover Police Department, will be invited as determined by the administrator. The purpose is to have staff process the incident, look at what could have been done to prevent the restraint and look at any more efficient ways to manage a restraint should it occur in the future. The supervisor will provide support to the staff members and determine when the staff members shall return to his or her duties. If a team member is uncomfortable with participating in a full team debrief or has information they wish to share individually they will notify the administrator immediately and will debrief individually.

The student, with assistance from staff, will process the event at the earliest appropriate time.

I. Informed Decision Making

When the use of physical restraint is included in a student’s written plan, the District will provide the parent/guardian with a copy of the Policy and Procedures for the Use of Physical Restraint.

Additionally, the parent/guardian will be asked to share relevant information with school personnel. This information should include, but not be limited to, medical, health and/or psychological considerations, past experiences, patterns of behavior that may signal an imminent situation and/or de-escalation techniques that have proven to be successful. Whenever staff becomes aware of a medical condition, it is their responsibility to work with the parent/guardian to identify viable modifications/alternatives.

To the extent possible, the District will collaborate with the parent/guardian to identify appropriate and effective techniques for supporting student behavior. Ultimately, it is the responsibility of the District to provide for the safety of all students. The general welfare and safety of both the student and others must be considered at all times. In dangerous situations where the student can cause serious, probable and imminent bodily harm to himself/herself or others, or substantial damage to the learning environment, restraint may be used.

J. Documentation

All restraints must be documented. Two forms to be used for documentation have been provided in the Appendix. The forms are entitled “Individual Report” and “Incident Report – Use of Restraint”

K. Reporting Requirements

Appropriate personnel will use the following protocol after each incident:

1. Verbally notify the administrator or designee as soon as possible, but no later than at the first five minute interval.
2. If the total time of restraint (from initiated time) reaches 20 minutes, the parent will be notified and the administrator will determine if the police department will be notified and requested to

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respond to the school. The Administrator or designee will update the parent/guardian on the student's current emotional state and discuss strategies to assist the parent/guardian in dealing with any residual effects of the incident;

3. Schools shall make reasonable efforts to notify parent or guardian as soon as practicable and in no event, later than the time of the return of the child to the parent or guardian or the end of the business day whichever is earlier. Notification shall be made in a manner calculated to give the parent or guardian actual notice of the incident at the earliest practicable time.
4. Complete Incident Report –Use of Restraint and give to the school administrator or designee as soon as is practicable but no later than the end of the school day.
5. Send copy of the written report to the parent/guardian within 3 school days following the use restraint;
6. Place a copy of report in the student's discipline file and special education file if appropriate.
7. A copy of all reports shall be forwarded to the Pupil Personnel Services Director and Superintendent.
8. A copy of staff injury report shall be forwarded to the Restraint Review Committee.

Further, it is expected that each staff member involved in an incident will engage in a processing session(s). Components to be included in this session are outlined in the Appendix titled "Staff Processing of Restraint Incident". The staff member's supervisor or designee shall complete and file the form with the Restraint Review Committee.

L. Annual Review Process

The District shall establish a Restraint Review Committee to conduct quarterly review of all individual and program-wide data associated with this policy. The Committee shall review at a minimum, the following components related to the use of restraint. These include an analysis of the following components:

1. incident reports;
2. procedures used during restraint, including the proper administration of specific district/facility approved restraint techniques;
3. preventative measures or alternatives tried, techniques or accommodations used to avoid or eliminate the need of the future use of restraint;
4. documentation and follow up of procedural adjustments made to eliminate the need for future use of restraint;
5. injuries incurred during a restraint;
6. notification procedures;
7. staff training needs;
8. specific patterns related to staff or student incidents; and

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9. environmental considerations, including physical space, student seating arrangements, and noise levels.

Upon review of the data, the Committee shall identify any issues and/or practices that require further attention and provide written recommendations to the Superintendent of Schools. Further, the Committee can recommend review of the training program to ensure the most current knowledge and techniques are reflected in the district/facility's program.

The Committee or Superintendent of Schools will report annually to the School Board findings and recommendations from its annual review of district wide data concerning the use of restraint.

The Superintendent or designee shall ensure that all relevant personnel are aware of the District Use of Physical Restraint Policy and Procedures.

Principals will annually identify staff members who serve as school-wide resources to assist in ensuring proper administration of physical restraint. Each school will maintain and distribute an up to date list of trained staff to all relevant educational personnel.

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Appendix

FORMS AND GUIDELINES FOR PROCESSING A RESTRAINT

Form #1 – Incident Report – Use of Restraint shall be used to document an incident that led to the use of restraint and generate proactive responses to reduce or eliminate similar incidences in the future. This report will incorporate information from the Individual Report and will be completed and delivered to the building administrator no later than 24 hours after the incident.

Form #2- Individual Report-Use of Restraint shall be used by individuals involved in the incident as a first report of events that led to the restraint or of the restraint itself to provide initial documentation to the case manager or administrator. This report will be completed prior to the individual leaving the building at the end of the school day.

Form # 3 – Staff Processing of Restraint Incident shall be used to document that staff involved in an incident have engaged in a processing process that explores perceptions about what happened prior to, during and after the incident.

The staff member submitting documentation should be factual, objective, and concise and use direct quotes from both staff and students.

To this end there needs to be an investment in training and practice in both report writing and processing skills to achieve reliable data.

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INCIDENT REPORT—USE OF RESTRAINT

To be filled out by: Case Manager or Designee (admin if not identified) within 24 hours of the incident

Student: _____ Date of Incident: _____

School/Program: _____ Grade: _____

Person Completing Report: _____ Signature: _____

Job Title: _____ Date of Report: _____

Staff Involved in Incident: (individual reports used for compilation)

Duration of Incident Start Time _____ End Time _____

Duration of Restraint Start Time _____ End Time _____

Nurse Report Attached

Location(s):

Describe Incident:

Before Restraint (Include interventions used prior to restraint and student response to those interventions)

During Restraint:

After Restraint:

Possible Motivators:

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Describe Restraint Used and Why Hold Was Deemed Necessary:

Describe any injuries to staff, student or any property damage.

Describe processing that occurred with the student and any follow up plans generated:

Copy of Behavior Plan attached? If no indicate why not.

Staff Signatures (please print name underneath)

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INDIVIDUAL REPORT—USE OF RESTRAINT

(This report is designed to be used to fill out the formal report; it does not constitute a formal report. This must be filled out and returned to the case manager or Administrator prior to leaving the building on the same school day as the incident)

NAME: _____ JOB _____
 TITLE _____ Date _____

NAME OF STUDENT _____ GRADE _____
 SCHOOL _____

DATE OF INCIDENT _____ DATE OF REPORT (if different) _____

LIST OTHER STAFF INVOLVED:

BEGINNING/ENDING TIME OF YOUR INVOLVEMENT IN INCIDENT ____ - ____

Please describe the incident:

POSSIBLE MOTIVATORS: Check all that apply.

- obtain peer attention
 avoid adults
 obtain adult attention
 avoid task or activity
 obtain items/activities
 avoid peers
 get/avoid self-regulation (sensory issue)
 other _____
 don't know

Check interventions used prior to restraint:

- | | | |
|--------------------------|---------------------------|---------------------------|
| Hurdle Help
Attention | Sensory Strategies | Planned ignoring/Positive |
| Proximity | Talk with Counselor/Staff | Prompting |
| Redirection | Change of Face | Time |

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Caring Gestures
Describe

Change of Space

Managing the environment –

Directive Statements Space

WHAT TYPE OF RESTRAINT WAS USED? Check all that apply.

Child Control Team Control Team Transport Interim Control Other _____

YOUR ROLE IN THE INCIDENT? Check all that apply.

Team Leader Restrainer Observer/Recorder Runner/Messenger Other _____

DID YOU SUSTAIN ANY INJURY DURING THIS INCIDENT? YES NO

IF YES, DID YOU SEE THE NURSE? YES NO

DID YOU WITNESS ANY PROPERTY DAMAGE? YES NO.

IF YES, DESCRIBE:

SIGNATURE:

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Staff Processing of Restraint Incident

All staff involved in a crisis incident should be part of a processing session. This should occur after the incident report has already been written and as soon as possible after the event occurred. The focus of processing is to increase the effectiveness of staff response and to decrease the need for future restraint.

The following are important elements of the processing and should be checked off as discussed:

- Staff discussed what lead up to the incident. (Check each area discussed).
 - Each staff member described the incident from his/her own perspective without interruption from others. (Not everyone will perceive or remember the incident in the same way.)
 - Staff discussed the triggers that initiated the escalation of behavior, including student, staff and environmental triggers.

- Staff talked about their own feelings and reactions regarding: (Check each area discussed).
 - What aspects of the restraint process went well? What were the strengths in deescalating the incident?
 - Was there anything staff could have done differently that might have decreased or eliminated the need for restraint?
 - How did staff feel about how the restraint situation was handled and how it turned out?
 - Was the restraint necessary to maintain the safety of staff and student(s)? Were there other options?
 - What was the staff attitude prior, during, and after the restraint? How did it escalate or de-escalate the student?
 - Was the appropriate number of staff involved in the restraint? Too many? Too few? How did it impact the restraint in terms of intensity and duration?

- Staff discussed what to do next. (Check each area discussed).
 - Was the event processed with the student?
 - What was the result?

 - Overall, what were the issues that must be addressed by student/staff?
 - What resources will staff need to assist in working more effectively with the student in the future? What are the training needs?

A staff processing session is a time to review the facts, to acknowledge staff feelings regarding the crisis, and to give and receive support and encouragement from others.

Staff Processing of Restraint Incident
Staff Sign in and Notes

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Facilitator: _____

Date: _____

Building: _____

Student Initials/date of incident: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Notes from Processing Session (attach more pages as necessary) forward completed form(s) to the Restraint Review Committee.