



Effective: July 1, 2023

UP Academy Restraint Prevention and Behavior Support Policy

UP Academy, in accordance with 603 CMR 46.00 et seq., has determined that the school staff will adhere to the following guidelines. These guidelines apply not only during school hours but also at school-sponsored events and activities, whether or not on school property.

Section 1: Use of Physical Restraint

School staff may use physical restraint¹ only as an emergency procedure of last resort and is only permitted when a student's behavior poses a threat of assault, or imminent, serious, physical harm to self or others and the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions. No written Individual behavior plan or Individualized education program (IEP) may include use of a physical restraint as a standard response to any behavior.

Per 603 CMR 46.01(4), nothing in 603 CMR 46.00 precludes 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.

Section 2: Prohibitions on the Use of a Physical Restraint

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 imminent, serious, physical harm.

Physical restraint shall not 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.

Only those staff members that have received in-depth training as described within this policy shall administer physical restraints. School staff must 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.

¹Physical restraint is 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.

Medication restraint², mechanical restraint³ and seclusion⁴ are prohibited at UAB.

Prone restraint⁵ is prohibited at UAB. In accordance with CMR 46.03 prone restraints can only be considered on an individual student basis, and only under the following circumstances:

- The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
- All other forms of physical restraint have failed to ensure the safety of the student and/or others;
- There are no medical contraindications as documented by a licensed physician;
- There is psychological and behavioral justification for the use of it and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional;
- The school has obtained consent to use prone restraint in an emergency as set out in 603 CMR 46.03.
- If all of the above conditions are met, all must be documented in advance of a prone restraint and the school should maintain this documentation.

The regulations do not prevent a teacher, employee or agent of UP Academy 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 603 CMR 46.00.

Description and Explanation of the Method of Physical Restraint

The following are descriptions of physical management techniques that members of the climate and administrative teams are trained in and are taught in the Safety Care Crisis Prevention Program. They are used only as an emergency procedure of last resort when a student's behavior poses a threat of imminent, serious, physical harm to him/herself or others.

Examples of behaviors that may necessitate a physical restraint includes, but is not limited to:

- Assault or violent behavior
- Self-injurious behavior
- Threatening injury with a weapon
- Use of furnishings or equipment as a weapon
- Attempting to break glass doors or windows, which could cause significant bodily harm
- Running, when failure to restrain, places students in danger of being struck by a vehicle.

When using restraint, the minimum amount of bodily force necessary to manage the behavior will

² 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.

³ Mechanical restraint is the use of a physical 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 services related professional, and are used for the specific and approved positioning or protective purposes for which such devices were designed (e.g. orthopedically prescribed devices).

⁴ Seclusion is defined as 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.

⁵ Prone restraint is 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.

be used and only after less restrictive alternatives have failed. Any physical restraint shall be limited to the use of such reasonable force as is necessary to protect a student or another member of the program from assault or imminent, serious, physical harm.

Members of the Response Team complete a minimum of sixteen (16) hours of annual training in the Safety Care Crisis Prevention Program for the prevention and minimization of crisis behaviors as an alternative to restraint. At least two (2) members of the Response Team will participate in the intervention. Whenever possible, the administration of the physical restraint will be witnessed by at least one other member of the Response Team or a staff member who does not participate in the physical restraint.

Physical management interventions are applied in the least restrictive manner that is safe, with the minimum physical force necessary for safety and stability and are presented below from least to most restrictive interventions:

Stability Holds

- One Person Stability Hold
- Call for assistance if appropriate.
- From the Shoulder Check or Supportive Guide position, use the hand above the person's elbow to sweep that arm in front of the person.
- Step behind the person. With your other hand, reach around the person, under the free arm, and grasp the person's swept arm just above the wrist. Pull that arm across the person's body so that the hand is held near the person's waist.
- Step in close behind the person, facing sideways toward the cupped elbow. Keep your head back or down to minimize head butting while maintaining a stable hold by placing your hip against the person's buttocks. The hand holding at the person's elbow should cup just above and in front of the elbow to keep the person from spinning out of the hold.
- If the person begins scratching, grabbing, or hitting with the free hand, quickly grasp that arm just above the person's wrist with the hand that is securing the elbow. Pull that arm across so that the hand is near the person's hip. (Often, this step is not needed because the person doesn't place the free hand in position to be grabbed.) Don't hunt for the free arm.
- When it is time to release, return to holding one arm (if you have both). Transition to Shoulder check, then Elbow Check, then Protective Stance.

Two Person Stability Hold

- Call for assistance if appropriate.
- When sufficient staff has arrived (at least two total), decide who will be the team leader.
- At the direction of the team leader, each staff approaches the person from opposite sides at the same time
- Both staff, with the outside hand, grasp the person's closest arm just above the wrist (Staff on the right takes the person's right arm with their own right hand; staff on the left takes the person's left arm with their own left hand.)
- Both staff reach with their inside (free) hand inside the person's arm closest to them and grasp the arm of their own outside hand (the one holding the person's arm).
- Staff establishes a secure stable grip without digging elbows into ribs or pulling the arm back.
- Staff move behind the person, facing outward with their hips behind the person's hips and leaning somewhat back with their inside leg close and outside the person's leg. Keep the person's hands near his or her pockets, with the arms slightly bent.
- When it is time to release, transition to Shoulder Check, then Elbow Check, then Protective Stance.

Seated Stability Hold

- As you feel the person begin to sit or kneel down, step back to provide enough space for the person to sit down without ending up on your lap or leg. If this is a 2-person hold, adjust the position of your inside leg to allow sufficient space for your partner to kneel down.
- Lower the person gently to the ground:
 - Shift your weight to your back foot.
 - Move your front foot back and kneel on your front knee.
 - Once your front knee is on the ground, bring your back foot out behind you for stability.
 - At this point, it may be possible to safely release it. Transition to Shoulder Check, then Elbow Check, then Protective Stance.
- If necessary for safety, continue the hold with the person in a seated position:
- Kneel on the closer leg, next to the person's torso. If this is a 1-Person Seated Stability Hold, kneel directly behind the person. If this is a 2-Person Seated Stability Hold, each staff person kneels behind and to the side.
- Maintain the person's arms in the standard 1-person or 2-person hold position, with the hands near his or her pockets. Keep your head back or to the side to protect against head-butting.
- Extend your rear foot behind you, flat on the floor. This allows you to resist the person's backward movement, while keeping the person's torso vertical. Never bend the person forward. When it's time to release, transition to Shoulder Check, then Elbow Check, then Protective Stance. Stand up without pushing off against the person.

Chair Stability Hold

- Begin in the 2-Person Standing Stability Hold.
- The team leader states the need to use a Chair Stability Hold and calls for a third staff person.
- The third staff, at the instruction of the team leader, gets a sturdy chair with arms and places it in an appropriate location for the hold. If possible, move the chair behind the person. If necessary, use Safety-Care escort to move the person to the chair.
- The third staff announces that the chair is in place and holds the chair behind the person. At the instruction of the team leader, the two staff holding the person's arms walk the person back into the chair.
- The staff on the person's arms kneels down (on the knee closest to the person) on either side and somewhat behind the person, with the outside leg out for stability. As they do so, the person will tend to sit in the chair.
- Maintain the same hold on the person's arm as is used with the 2-Person Stability Hold. Keep the person's arm near the pocket, the elbow bent, and the upper arm vertical. Adjust the position of the arm for comfort. It's OK if the person wants to hold the arm of the chair.
- If necessary, the staff person on the chair can assist with stability by using a cupped hand to hold the outside of each of the person's shoulders. Stabilize the chair with your hip and position yourself to avoid a bite or a head butt. 8. When ready to release, shoulder staff releases and steps back slightly. Arm staff transition to Shoulder Check, then Elbow Check, then Protective Stance.

Leg Wrap

- Begin with Seated 1-Person Stability Hold, Seated 2-Person Stability Hold, or Chair Stability Hold. The team leader calls for an additional staff person to help control the legs.
- The staff person approaches the legs from the side with closer forearm held forward, fingers together, to block kicks. The closer forearm makes contact and covers across the top of both legs while the other arm wraps underneath.
- The staff person positions self to safely limit leg mobility. In chair hold, kneel. In seated 1- or 2- person hold, position yourself over the person's legs while supporting yourself with your arms. **Never place any weight on the person.**

Escorts

Forward Escort

- Call for assistance if appropriate.

- Begin in the 2-Person Standing Stability Hold. Wait until the hold is safe, secure, and stable.
- If possible, get an extra staff person to clear and secure the path to ensure safety and person privacy. Never try to escort a person up or down stairs or on an unstable surface such as ice or mud.
- Once stable management has been obtained, participants should (if appropriate) announce to the person, "We are going to walk together to [location]."
- If necessary for safety, stop and wait for stability.
- Begin forward motion in a position behind and to the side, shuffling forward and applying pressure behind the person's hips with each step. If resistance decreases, then staff may move more to the side and walk rather than shuffle. If struggling makes the escort unstable, then stop and wait for stability.
- When you reach the desired location, stop and wait for stability in the 2-Person Stability Hold. When it's time to release, transition to Shoulder Check, then Elbow Check, then Protective Stance.

Reverse Escort

- Begin in the 2-Person Stability Hold position.
- Team leader tells partner that they will initiate a reverse escort.
- At the same time, each staff person:
 - Steps forward with outside leg.
 - Switches the grip on the arm from one hand to the other, grasping overhand.
 - Pivots into position on the other side of the arm, facing backward from the person.
 - Reaches under the person's armpit with inside arm while using the outside arm to bring the person's arm up and across his or her own torso.
 - Supports under the person's shoulder with crook of inside arm.
 - Presses own hip inward and slightly behind the person's hip.
- When stable, walk the person backward. Do not trip the person or pull the person's arms or torso backward—he or she must stay in a natural, comfortable position during this procedure, with arms directly out to the sides. When you arrive at the desired location (or if the hold becomes unstable), stop and switch back to 2-Person Stability Hold (reversing steps 3a-f).

Section 3: Prevention & Alternatives to Restraint

As part of UP Academy's commitment to using physical restraint only as an emergency procedure of last resort, school staff will engage in a number of strategies to prevent the use of restraint. As a first response, school staff will utilize a number of CPI Nonviolent Crisis Intervention-approved alternative strategies, including, but not limited to:

- Allowing students a safe place to calm down on his/her own using reinforcing, positive, and calm language
- When necessary, evacuating a space to ensure the safety of others in order to allow for de-escalation without the need for restraint
- Not engaging with unproductive language, remarks, or questions that may escalate a student unnecessarily
- Acknowledging a student's feelings and frustration with a situation
- Seeking support from the student's school-based support team

In some cases, the school may utilize time-out as a behavioral support strategy to prevent the need for restraint. Time-out will only be utilized as a calm-down strategy when a student needs to de-escalate in a space away from the classroom or learning area; if the student demonstrates continued agitation and a need for time-out beyond 30 minutes, the principal will be notified and give verbal approval for continuing the time-out.

Time out shall mean 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. At no time should the student be in the space alone or forced in the space. UP schools keep a log of the use of the time out room and that log includes the student name, when the student entered the space, who was with them in the space, and the time they left the space. If the student needs to use the space beyond 30 minutes, the staff member with the student must first obtain permission from the principal. This log may be requested at any time from the Dean of Students.

UP Academy staff will also utilize varied methods for more broadly preventing student violence, self-injurious behavior, and suicide, including but not limited to:

- Utilization of the school's behavior ladder, which directs staff when to intervene if students are engaging in potentially dangerous behavior
- The Lead School Culture Coordinator, in collaboration with school support staff, will develop Individualized plans for students that require more support than the school-wide behavior intervention system provides
- Individual crisis counseling and student support by the school-based social worker and counselors, in conjunction with the Principal and the Lead School Culture Coordinator for any student who may be at risk of suicide and/or self-injurious behavior
- Partnering with external providers, as needed, to provide additional counseling and support to individual students, and when necessary, families

UP Academy will partner with families and students in these prevention efforts, engaging them in discussions about restraint prevention and the use of restraint solely as an emergency procedure. UP Academy will annually share this policy with all families and students through UP Academy's Family Handbook. In addition, UP Academy's school culture and student support teams work closely with students and families, as needed, on developing self-regulation and de-escalation strategies to prevent scenarios where restraint may be required. This may happen in whole-school, small-group, or individual settings.

Section 4: Proper Administration of a Physical Restraint

Only trained school personnel shall administer physical restraints. Trained school personnel are those individuals who have received in-depth training in accordance with the section below regarding staff training and with state law [603 CMR 46.04(2) and 603 CMR 46.04(3)].

Whenever possible, the administration of the physical restraint shall be witnessed by at least one adult who does not participate in the physical restraint. When administering a physical restraint, school personnel shall use only the amount of force necessary to protect the student or others from physical injury or harm.

School personnel administering a physical restraint shall use the safest method available and appropriate to the situation. Currently, UAB utilizes Safety Care Crisis Prevention Training for training in de-escalation and the use of physical restraint.

School personnel shall discontinue all restraints 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.

Section 5: Duration & Safety Requirements

No restraints shall be administered in such a way that a student is prevented from breathing or speaking. During the administration of a restraint, school personnel shall continuously monitor the physical status of the student, including skin temperature and color, and respiration. Additionally, restraints shall be administered in such a way as to prevent or minimize physical harm.

Restraint shall be administered in such a way 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.

If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval of the principal or designee. The approval shall be based upon the student's continued agitation during the restraint justifying the need for continued restraint. School personnel 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.

Section 6: Follow-Up Procedures

After the release of a student from restraint, the school shall implement the follow-up procedures set forth below:

- Review the incident and restraint with the student to address the behavior that precipitated the restraint;
- Review the incident with school personnel who administered the restraint to discuss whether proper restraint procedures were followed; and
- Consider whether any follow-up is appropriate for the students who witnessed the incident.

Section 7: Reporting & Reviewing Requirements

A. Verbal and Written Reports: School Personnel

School staff shall report and document the use of physical restraint, for any length of time. The school staff member who administers a physical restraint shall verbally inform the Principal or designee of the restraint as soon as possible and no later than the close of the school day in which the restraint was administered. A written report shall be completed and provided to the Principal or designee no later than the next working day after the restraint was administered. If the Principal has administered the restraint, the principal must prepare the report and submit it to an individual or team designated by the superintendent for review. The Principal/designee must maintain an ongoing record of all such reported instances, which will be made available for review by the Department or the student's parent, upon request. In addition, the school will annually report all data regarding the use of physical restraint to the Department. Such data shall be reported in a manner and form directed by DESE.

In the event that a physical restraint results in an injury to the student or staff member, the school must send a copy of the written report to the Department postmarked no later than three school working days of the administration of restraint. The school must also send the department a copy of the record of physical restraints maintained by the Principal for the

30-day period prior to the date of the reported restraint. The Department shall determine if additional action by the school is warranted, and if so, shall notify the school of any required actions within 30 calendar days of receipt of the required written report(s).

B. Verbal and Written Reports: Parents/Guardians

The Principal or designee must make reasonable efforts to inform the student's parents of any physical restraint within 24 hours of the event, and by written report either within three school working days to an e-mail address provided by the parent for communication about the student, or by regular mail postmarked no later than three school working days of the use of the restraint. If the school customarily provides a parent of the student with school-related information in a language other than English, the written restraint report must be provided to the parent or guardian in that language. The principal must provide the student and parent an opportunity to comment orally and in writing on the use of restraint and on information in the written report.

C. Contents of the Reports

All written reports of restraint referenced above must include the following information:

- The name of the student; the names and job titles of the staff who administered the restraint, and observers, if any; the date of the restraint; the time the restraint began and ended; the name of the principal or designee who was verbally informed following the restraint; and, as applicable, the name of the principal or designee who approved continuation of the restraint beyond 20 minutes pursuant;
- A description of the activity in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint; the behavior that prompted the restraint; the efforts made to prevent escalation of behavior, including the specific de-escalation strategies used; alternatives to restraint that were attempted; and the justification for initiating physical restraint;
- 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, during the restraint and any medical care provided;
- Information regarding any further action(s) that the school has taken or may take, including any consequences that may be imposed on the student; and
- Information regarding opportunities for the student's parents to discuss with school officials the administration of the restraint, any consequences that may be imposed on the student, and any other related matter.

D. Individual Student Review

The Principal will conduct a weekly review of restraint data to identify students who have been restrained multiple times during the week. If such students are identified, the principal will convene one or more review teams as the principal deems appropriate to assess each student's progress and needs. If the principal directly participated in the restraint, a duly qualified Individual designated by the superintendent must lead the team's discussion. The assessment must include at least the following:

- Review and discussion of the written reports submitted in accordance with 603 CMR 46.06 and any comments provided by the student and parent about such reports and the use of restraints
- 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
- 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
- An agreement on a written plan of action by the program

The principal or designee 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.

E. Administrative Review

On a monthly basis, the principal will conduct a school-wide review of restraint data. This review should 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 use of the restraint. The principal will determine whether it is necessary or appropriate to modify the school's restraint prevention and management policy, conduct additional staff training on restraint reduction and prevention strategies, such as training on positive behavior strategies and supports, or take such other action as necessary or appropriate to reduce or eliminate restraints.

Section 8: Training Requirements

All staff will receive training regarding the school's restraint prevention and behavior support policy. Such training shall occur within the first month of staff returning for orientation, and for employees hired after the school year begins, within a month of their employment. This training shall also include:

- The role of the student, family, and staff in preventing restraint;
- The school's restraint procedures, including use of time-out as a behavior support strategy distinct from seclusion;
- Interventions that may preclude the need for restraint, including de-escalation of problematic behaviors and other alternatives to restraint in emergency circumstances;

- When behavior presents an emergency that requires physical restraint, the types of permitted physical restraints and related safety considerations, including information regarding the increased risk of injury to a student when any restraint is used, in particular a restraint of extended duration;
- 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
- Identification of program staff who have received in-depth training pursuant to 603 CMR 46.04(3) in the use of physical restraint.

In addition to the training for all school staff, at the beginning of each school year, the Principal shall ensure any staff who may administer restraint receive an in-depth training in accordance with 603 CMR 46.04(4). This will include:

- Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint;
- 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;
- 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;
- Instruction regarding documentation and reporting requirements and investigation of injuries and complaints;
- Demonstration by participants of proficiency in administering physical restraint; and
- Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has impact, including but not limited to psychological, physiological, and social-emotional effects.

Section 9: Complaint Procedures

Resolution of Concern about Use of Physical Restraint

A student and/or their parent/guardian, who has concerns regarding a specific use of a physical restraint, may seek to resolve their concerns regarding a specific use of a physical restraint by submitting a written complaint to the Principal. The student and/or their parent/guardian should submit this letter within twenty (20) days of the parent/guardian's receipt of the written report from the school detailed above. The written complaint shall include (a) the name of the student; (b) the name of the school where the physical restraint allegedly occurred; (c) the name of the individuals involved in the alleged physical restraint; (d) the basis of the complaint or concern; and (e) the corrective action being sought. The Principal shall conduct an investigation into the complaint promptly after receiving the complaint. In the course of their investigation, they shall contact those individuals that have been referred to as having pertinent information related to the complaint. Strict timelines cannot be set for conducting the investigation because each set of circumstances is different. The Principal will make sure that the complaint is handled as quickly as is feasible. After completing the formal

investigation, the Principal shall contact the individual who filed the complaint regarding the outcome of their investigation and their determination as to whether any corrective action is warranted.