

MONARCH SCHOOL RESTRAINT POLICY

RATIONALE:

Restraint is an emergency safety intervention that shall only occur when there is an immediate risk of physical harm to the student or others, and shall occur only in a manner that protects the safety of all children and adults at school.

Restraint is any method of restricting an individual's freedom of movement, including physical activity or access to his or her body in order to prevent harm to self or others. Monarch School only authorizes the use of physical restraint; the use of chemical, mechanical and prone restraints is prohibited. In the case where restraint is necessary, it shall be non-punitive and non-coercive with the goal of assisting the student to reestablish internal and behavioral control.

Restraint may be used as a response to an emergency only. A student may only be restrained when he or she is endangering him or herself or others. A restraint is discontinued as soon as possible, with the student returning to normal routines and activities.

Monarch School is committed to the prevention, reduction and elimination of the use of restraint. Restraint may only be used when other less restrictive interventions have been attempted and found to be ineffective in preventing harm to the student or to others. All prior attempts at less restrictive interventions regarding the use of restraint must be documented on the physical restraint form that is placed in the student file.

PROCEDURE:

Justification for the use of restraint must be documented in the student file on a physical restraint form; this includes prior attempts to use less restrictive interventions.

Student Enrollment:

Upon enrollment, each student is assessed for his or her potential need for restraint, this assessment includes:

- behaviors that the student has engaged in that have posed a risk to self or others;
- situations and/or events that occurred prior to the student engaging in behaviors that are a risk to self or others;
- interventions that the staff can initiate that are helpful in assisting the student to control his/her behaviors;
- interventions that are not helpful in assisting the student to control his/her behavior;
- tools that are helpful to the student in managing his/her own aggressive behavior;
- medical or psychological conditions that the student may have that school personnel should be aware, in the event a restraint is necessary

Parent/Guardian Notification:

At the time of enrollment, the student and his or her parent/guardian is informed of the Monarch School philosophy on the use of restraint. The parent and/or legal guardian will receive notification in writing at the time of enrollment that restraints are used. All episodes of restraint will be reported to the family and/or legal guardian according to their instructions documented on the Restraint Notification Policy form that is completed at the time of enrollment and annually thereafter. A copy of the restraint form shall be made available to the parent or guardian within twenty four hours.

Administrative School Notification:

Once the determination is made that less restrictive interventions have not proven effective, the Behavior Specialist must be contacted. All use of restraint must be reported immediately to the Monarch School Director, or his/her designee, to review for compliance with this policy.

Staff will notify an agency nurse if a student injury occurred that requires more than first aid (to include self injurious acts) during the course of a restraint and/or physical complaint made by the student during the physical restraint.

Outside Notification

The Monarch School will make its records concerning restraint available to staff from the Ohio Department of Education (ODE) upon request. The Monarch School will report information concerning its use of restraint annually to the ODE, upon request in the format and manner as prescribed by the Department.

Staff Training:

Restraint may be used as a response to an emergency situation only, where there is imminent risk of harm to the student or others.

All staff participating in a restraint must be qualified. Qualification is based on maintaining current (reviewed and updated annually) training. The 12 hours of annual training will include:

- Current certification in Cardio-Pulmonary Resuscitation (CPR).
- Current certification in First Aid.
- Training in non-physical techniques for intervention and de-escalation of disruptive or aggressive acts, persons, and/or situations. Successful completion of the non-violent crisis prevention course is required.
- Training in the school's restraint policy and procedures. As a part of training, each staff person must be placed in a physical restraint.
- Mediation, self-protection techniques.
- The underlying causes of threatening behaviors exhibited by the students served.
- Recognizing the ways in which their own (staff) behaviors can affect the behaviors of the students.
- Recognizing signs of physical and psychological distress in students who are being restrained.
- Taking vital signs and interpreting their relevance to the physical safety of the student in restraint.
- Assisting students in meeting behavior criteria for the discontinuation of restraint.
- Recognizing readiness for the discontinuation of restraint.
- Recognizing when medical or other emergency personnel are needed.
- Recognizing how age, developmental considerations, gender issues, ethnicity, medical conditions, physical disabilities, and history of sexual or physical abuse may affect the way in which a student reacts to physical contact
- A review of the Monarch School restraint policy

Use of Physical restraint:

- Prone restraint is prohibited
- Physical restraint, which is the use of physical contact with the student that immobilizes or reduces the ability of an individual to move the individual's arms, legs, body or head freely, as taught in Therapeutic Crisis Intervention (TCI) can only be used if:
 - A student's behavior poses an immediate risk of physical harm to the student or others and no other same effective intervention is available
 - The physical restraint does not obstruct the student's ability to breathe;
 - The physical restraint does not interfere with the student's ability to communicate in the student's primary language or mode of communication; and
 - By school personal who are trained in safe restraint techniques
- Physical restraint may not be used for punishment or discipline or as a substitute for other less restrictive means of assisting a student in regaining control

Documentation:

When a restraint occurs, the staff persons must:

- Complete all portions of the Physical Restraint Form, including the narrative that details the incident leading up to the restraint and the student's behavior and affect. The interventions attempted as taught in TCI, and the specific interventions from the student's Individual De-Escalation Plan prior to the restraint, along with the student's response to those interventions, must be clearly documented.
- Explain to the student the reason for the restraint and describe the behavior required of the student that would indicate sufficient behavioral control so that the restraint will no longer be needed.
- The staff must document the student's condition during the restraint every 15 minutes.
- End the restraint as soon as the student meets behavior criteria that would allow for discontinuation. Immediately discontinue the use of restraint if the student experiences any adverse side effects, such as illness, severe emotional or physical stress or physical damage.
- Document any injuries if sustained and treatment received i.e. first aid, for these injuries.

Student Assessment Following a Restraint:

At the end of each restraint, staff members must take the student's vital signs and assess the student's functioning. All attempts to take vitals must be documented, even if unsuccessful, i.e. student too agitated etc. Staff will document any student injury (to include self injurious acts) and/or physical complaints made by the student during the physical restraint and actions taken as a result of a student injury and/or physical complaint made by the student during the restraint.

Form completion following a Restraint:

The physical restraint form must be completed by the end of the school day with the appropriate signatures of all staff who were involved in the restraint. The behavior supervisor will conduct an administrative review of each restraint for compliance with this policy. After the administrator review, the original, completed form will be given to the school administrative assistant for placement in the student file.

Debriefing:

A debriefing of all the staff involved in the restraint, will occur as soon as possible after the use of restraint but no later than the end of the next school day. A debriefing is used to do the following:

- Evaluate the trigger for the incident
- Identify the staff's response
- Identify if anything could have been done differently
- Evaluate the methods to address the student's behavioral needs
- Modify the students De-escalation Plan, when indicated

Quality Improvement Activities:

Once the Physical Restraint Form has been signed, reviewed and made ready for filing in the student file, the Behavior Specialist will notify the agency Quality Improvement Specialist of the restraint. The Quality Improvement Specialist will enter restraint information into the computer for the purpose of generating quality improvement information. The data collected on all restraints includes:

- The student in the restraint
- Length of each restraint
- Date and time each restraint was initiated
- Day of the week each restraint was initiated
- Gender of the student
- The physical hold used during the restraint

The information reviewed monthly through Performance Improvement activities consist of:

- The aggregate number of restraints.
- The total number of restraints by type.
- The aggregate number of students restrained.
- The total number of restraints by individual/student.
- The total amount of time (minutes/hours) in restraints, per student.
- The number of restraints by day of week
- The number of restraints by time of day (hourly between the hours of 8am and 3 pm)
- Type of restraint hold used
- The restraint ratio via the school attendance
- Staffing patterns at the time of the implementation of the restraints.

NOTE: If a student repeatedly engages in dangerous behavior that leads to instances of restraint and/or seclusion, the school shall conduct a functional behavioral assessment to identify the student's needs and more effective ways to addressing those needs. If necessary, this functional behavioral assessment should be followed by a behavioral intervention plan that incorporates appropriate positive behavioral interventions.

Filing of Complaints:

If a parent and/or guardian have a concern related to a restraint or seclusion; he or she may do so in writing by completing the Restraint/Seclusion Complaint form located on the Monarch School Website or by contacting the Monarch School Director, or the agency Client Advocate. An investigation of the complaint

will be investigated and the parent will be informed of the results within 30 days of the filing of the complaint.

MONARCH SCHOOL APPROVED PHYSICAL RESTRAINT HOLDS:

Yoke Hold

With a signal from the team leader, the team leader and the assisting staff approach the young person from opposite sides and grasp the young person's arms above the wrist with the outside hands. Both workers then slide their inside arms under the student's armpits. Both adults bring the student's arms across the plane of their bodies, securing the student's arms against their chests with the student's hand at the adult's waist. Worker's stand hip to hip to the young person, putting their inside leg a bit behind the student's feet. This position can be utilized for moving the student to a safe location.

Standing Hold

Staff goes into the Yoke Position. On the leader's signal, both staff pivot and step behind the student, standing hip to hip, and grab their own upper arms with their inside hands.

Seated Restraint

If the young person cannot be contained in a standing position, the adults walk the student backward a short distance to the wall, and sliding down the wall, bring the student down on the inside of the adults' legs. The result is that the student and adults are seated on the floor, with the student sitting between the adults. The adults' shoulders should be leaning against each other to support each other and avoid the possibility that the student could hit her head against the wall. The adults must turn their heads outward and back in order to avoid getting hit in the face. A third staff member may assist with the legs by entering from the side and wrapping his/her arms around the student's legs, avoiding knees and ankles, facing away from the student.

Supine Restraint

Once in the yoke position, both staff simultaneously take one step forward with their outside legs and kneel on the floor on their inside knees. This action brings the student down backwards. The staff brings the student the rest of the way to the floor, taking their hand that was yoked under the student's arm and placing it on the shoulder of the young person. The team leader and assistant secure the young person's arms by placing the arm on the floor and holding it above the wrist with their outside arms. The most secure hold is to have the young person's palms down on the floor but do not force the arms into that position. A third staff gets on the floor and wraps the student's legs by extending his/her inside arm over the student's legs to protect his/her face and placing his/her outside arm under the student's legs above the knees. The third staff secures the legs by wrapping his/her arms around the student's legs, "circling the legs" above the knees.

Small Child Restraint

From behind the child, the staff pushes forward on the back of the student's upper arms and in doing so crosses the child's arms in front of his or her body. The adult grasps the child's crossed arms above the wrist and secures them by locking the elbows. The adult brings the child to the floor by stepping backward and bringing the child down along the inside of the staff's leg. Assisting staff enter from the side; wrap his arms around the child's legs.