

SIX TO SIX INTERDISTRICT MAGNET SCHOOL

EMERGENCY INTERVENTIONS FOR BEHAVIORS THAT POSE AN IMMEDIATE OR IMMINENT RISK OF INJURY TO SELF OR OTHERS

Introduction

Effective schooling for students can occur only within the context of a safe and secure school environment. To ensure that such conditions exist, the Six to Six Magnet School is designed, not only to maximize student learning, but also to minimize the likelihood that students will engage in unsafe or highly disruptive behaviors. Thus, program staff pay careful attention to maintaining a safe and secure physical environment; to providing a structured and developmentally appropriate curriculum of study for each student; to providing support for students in the skills needed to manage and control their behavior; and to ensuring the presence of a sufficient number of trained and competent staff at all times.

In spite of these preventive efforts, however, students in the Six to Six Magnet School, at times, may engage in behaviors that are highly likely to cause injury to themselves or others. When such behaviors occur, program staff must quickly shift the focus of their attention from primarily instructional, to ensuring the maintenance of a safe and secure environment. Whenever possible, staff will achieve this goal using requests, instructions, redirections, physical proximity, mild physical prompting, and/or other de-escalation techniques. When these de-escalation techniques are unsuccessful, however, and the unsafe behavior continues, intervention team staff are trained to intervene using emergency interventions as necessary. If the student's behavior is determined to represent an immediate or imminent risk of injury to self or others, physical restraint or seclusion may be used as emergency interventions. These restrictive procedures are used only when less restrictive procedures have proven ineffective, and their use is discontinued as soon as students are able to demonstrate that they are capable of successfully managing their own behavior.

Health Assessment

In an effort to ensure the physical wellbeing of all the students enrolled in the Six to Six Magnet School, the school nurse will routinely be consulted regarding awareness of any physical condition that might affect the students' instructional program, including but not limited to, behavior management

strategies. Information regarding any significant medical concern (e.g., allergies, heart problem) is also requested from the parent/guardian at the time of enrollment, and maintained in the student's file. When an identified physical condition precludes the use of specific practices for a certain student (e.g., allergies to certain food reinforcements; a heart problem that may compromise the child's health during extreme physical exertion that may occur during a physical education activity), such practices will be prohibited, and the staff will be informed of the prohibition and/or necessary precautions.

Consistent with agency practices, the school nurse will be consulted whenever a student experiences an injury, possible injury, and/or health related symptoms or signs of physical distress (e.g., choking, vomiting, difficulty breathing) during the course of a behavioral or emergency intervention. The school nurse will examine the student, document findings, and provide/arrange for treatment as deemed necessary. Parents will also be notified in the event of an injury and/or signs of physical distress.

Furthermore, pursuant to state law, an injury that results from the use of physical restraint or seclusion, or while a student is going into or out of physical restraint or seclusion, will be reported to the Associate Executive Director who will report the injury to the State Department of Education. Consistent with instructions put forth by the State Department of Education, this written report must include the name of the student, the student's date of birth, the student's disability (if disabled), the date, time, and location of the injury, a description and cause of the injury, and indication whether or not the student was in restraint at the time of the injury as well as the total number of hours the student was in restraint within the previous 24 hours. Any other further actions, including on-site first aid and medical intervention, or investigations taken by your facility must also be noted, along with the name and address of the facility. Also consistent with instructions C.E.S. has received from the State Department of Education, this report is to be submitted to the Bureau of Special Education within 2 business days of the incident for any student receiving special education services. A report of this kind will be made utilizing the Report of Physical Injury During Physical Restraint/Seclusion Form (see Appendices).

Staff Training

All Staff at Six to Six will be trained by July 1, 2017. Furthermore, a Crisis intervention team of certified professionals, paraprofessionals, and/or administrators in the Six to Six Magnet School will receive annual in-service training related to behavior management procedures, including emergency interventions. The principal will be primarily responsible for providing these staff development activities on an annual basis to the crisis intervention team.

- E. The primary goal of this requirement is to ensure that school personnel on the crisis intervention team are educated to the philosophy and procedures of the behavior management strategies utilized by the school staff, including the proper use and documentation of emergency interventions (i.e., restraint and seclusion). In-service programs for both certified and non-certified staff should include, but need not be limited to the following elements:
- 6) The rationale and intervention philosophy that underlies the behavior management system (e.g., emphasis on the proactive strategies that reduce the need for restraint or seclusion, as well as a least restrictive treatment model).
 - 7) The primary proactive behavior management strategies utilized by the program (e.g., social skills instruction, positive reinforcement, de-escalation strategies).
 - 8) The criteria for use, the procedures involved in the proper implementation of emergency interventions (i.e., restraint and seclusion), the various types of physical restraint and seclusion and an overview of the laws governing restraint and seclusion.
 - 9) Documentation requirements associated with the use of the more restrictive procedures (e.g., restraint and seclusion).
 - 10) Precautions and safeguards associated with the use of the more restrictive procedures (e.g., restraint and seclusion) such as the distinction between proper/missible restraint procedures and life-threatening or pain compliance techniques which are prohibited from use, and proper monitoring procedures that help to prevent harm to a student who is physically restrained or in seclusion.
- F. Annual training in the use of physical restraint and seclusion that meet state requirements will be provided to all Six to Six staff and crisis intervention team staff members. The initial training for new employees in the use of physical restraint will be a full day training provided by a certified PMT (Physical Management Associates) trainer. Subsequent training, for staff members who have previously attended the full day training, will consist of an annual refresher course. This refresher course will be taught by C.E.S. staff members who are certified PMT coaches. Trainings on the proper use of seclusion will be provided by C.E.S. staff.
- G. When ongoing monitoring of the staff's implementation of behavior management strategies identifies additional staff training needs, this will be provided by the appropriate program staff member(s). Such training may include verbal instruction, demonstration, and/or review of school documents. The frequency of this training will be a function of the individual or collective needs of the school staff. Staff members are also expected to seek out assistance from the administration and/or senior staff members when they identify their own need for assistance in a particular area or skill.
- H. Six to Six staff and/or substitute teachers who have not been adequately trained in PMT or a comparable training curriculum that meets state requirements, will not be permitted to implement physical restraint or seclusion with a Six to Six student. In the event of an unlikely situation wherein an untrained staff member must act in order to prevent injury to self or others because no trained staff member is present, and the situation calls for immediate action, the staff member should use reasonable physical force to secure the child/prevent injury and summon the assistance of trained

staff as soon as possible. Should this occur, an incident report shall be written and submitted to the principal. This report will be shared with the Associate Executive Director and Executive Director if appropriate.

(NOTE: It is suggested that staff reference PMT training materials as a periodic review).

Seclusion

Definition

Consistent with Connecticut State Law, seclusion is defined as the involuntary confinement of a student in a room, whether alone or with supervision, in a manner that prevents the student from leaving. State regulations further clarify seclusion as not to include any confinement of a student in which the student is physically able to leave the area of confinement including, but not limited to, in-school suspension and timeout.

Criteria for Use

In accordance with state law, seclusion may only be used as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative. State law also requires that the area of seclusion be equipped with a window or other fixture allowing the student a clear line of sight beyond the area of seclusion.

Review/Monitoring/Documentation

Because of the restrictive nature of a seclusion procedure, its use is carefully prescribed and monitored. As an emergency intervention, seclusion may only be used to prevent immediate or imminent injury to self or others.

Documentation of the use of this procedure shall consist of an Incident Report of Restraint or Seclusion (see Appendices) on which the following information is recorded for each individual use of the procedure: the date, the student's name, the student's date of birth, the student's disability, the student's gender, the student's race, the name of the staff member preparing the report, the name of the staff member(s) implementing the procedure, the name of the staff member(s) monitoring the procedure, the precipitant behavior that warranted the procedure, the staff's intervention prior to its use (including de-escalation strategies), start time, end time, total duration, the disposition of the student following the procedure, and student injury status. The documentation also includes an indication of whether the procedure impacts the student's educational plan as well as an indication of whether the parent was notified within 24 hours and if the form was sent home to the parent within 2

business days. Monitoring of the student's behavior and physical condition (i.e., signs of physical distress) during this procedure will also be documented on the Incident Report of Restraint and Seclusion.

While in seclusion, students must be frequently monitored (i.e., direct observation) by a staff member. Documentation of this monitoring, which includes regularly evaluating the student for indications of physical distress, will be made on the Incident Report of Restraint or Seclusion form every 3 minutes by the staff member monitoring/evaluating the student. The completed Incident Report of Restraint or Seclusion will be filed in the student's individual student record. This data shall be maintained and reviewed by an administrator, or his/her designee, on a regular basis as a means of monitoring the appropriate use and the effectiveness of the procedure for individual students. Data regarding the use of seclusion with an individual student will be shared with the student's parent(s) through phone contact, notes home, email communications, quarterly progress reports, and the IEP team meeting if the student receives special education services. Should a seclusion procedure result in an injury, staff will make every reasonable effort to notify the parent(s) immediately. Additionally, the use of seclusion that results in an injury to the student will be reported to the State Department of Education.

Consistent with State regulations, when seclusion is used as an emergency intervention to prevent immediate or imminent injury to self or others, a reasonable effort shall be made to notify the parent immediately, and not later than twenty-four hours after the initiation of the procedure. Such notification shall be made by phone, e-mail or other method which may include, but is not limited to, sending a note home with the child. Furthermore, a copy of the incident report shall be sent to the parent no later than two business days after the emergency use of seclusion.

In the event that seclusion is used with a regular education student four or more times within twenty school days, an administrator, one or more of such student's teachers, a parent or guardian of such student and, if any, a mental health professional, as defined in section 10-76t of the general statutes, shall convene for the purpose of (A) conducting or revising a behavioral assessment of the student, (B) creating or revising any applicable behavioral intervention plan, and (C) determining whether such student may require special education pursuant to section 10-76ff of the general statutes.

In the event that seclusion is used with a student requiring special education services or in the process of being evaluated for eligibility of such services pursuant to section 10-76d of the general statutes, four or more times within twenty school days, a PPT meeting shall convene for the purpose of (A) conducting or revising a behavioral assessment of the student, and (B) creating or revising any applicable behavioral intervention plan, including , but not limited to the student's Individual Education Plan (IEP).

Initiating the Seclusion Procedure

Once a student has been directed to enter a seclusion area, the staff should interact with the student as little as possible, yet encourage the student to comply using the least restrictive procedures possible. If a student resists entering the seclusion area, staff may increase the use of verbal and physical prompts, including physical guidance/escort if necessary and appropriate.

Procedure

Once the student has entered the seclusion area and a door is closed or the student is otherwise being physically prevented from leaving the room (e.g., staff blocking the exit), he/she is instructed to be safe and reasonably calm for a specified period of time (see paragraph under "Release Criteria"), and is informed that he/she will be allowed to leave the area of seclusion after regaining behavioral control. The student should be informed that the specified time will commence once he/she begins to comply with the expectations (i.e., safe and calm). The specified time should restart if the student exhibits aggressive, highly agitated, or other behavior that significantly deviates from the behavioral expectations. Some encouragement or other supportive dialogue may be appropriate, at times, to gain the student's cooperation. The staff may also inform the student that a discussion of the incident that prompted the seclusion can take place following the student's completion of the procedure. The door may be opened at any time prior to the completion of the procedure if the student has begun to comply with the behavioral expectations, and/or, in the staff member's judgment, reopening the door will help facilitate the completion of the seclusion procedure.

The expectation for the seclusion should remain in place long enough for the student to compose him or herself and become ready to return to the educational environment. After the staff informs the student of the parameters of the procedure (i.e., behavioral expectations, release criteria), no other interaction with the student is advisable. However staff members will need to assess whether additional intervention (e.g., attempts to sooth the child prior to completion of the procedure, engaging in some dialog about the incident that prompted the procedure, opening the door) is necessary to bring about the goal of facilitating behavioral control and terminating the procedure.

Returning to the Classroom

Once the student has met the behavioral expectations of a seclusion procedure (i.e., calm and safe), the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. This will typically involve some degree of supportive feedback to the child about successfully regaining control. However, the specific process will vary as a function of the needs of a particular student and circumstance. The following are examples of interventions that are typically successful with students:

- 5) The student may re-enter the classroom with an agreement or behavioral contract that targets a successful re-entry.
- 6) The student may return to the classroom with an agreement to work or sit independently.
- 7) The student may benefit from talking with a staff member about the incident that initiated the seclusion; discussing the student's perspective, the staff's perspective, and behavioral alternatives. The student may need some time to "take space" in a suitable location.
- 8) The student may simply agree to return to the class and engage in an appropriate activity.

Release Criteria

In accordance with State regulations, seclusion procedures shall be limited to that time necessary to allow the student to compose him or herself and return to the educational environment. State law also limits the duration of a single seclusion procedure to 15 minutes unless an administrator, or his/her designee determines that continued use of seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such seclusion is necessary to prevent immediate or imminent injury to the student or to others. The authorization by the administrator, or his/her designee, to extend the seclusion will be recorded on the Incident Report of Restraint or Seclusion.

A student should be released from the seclusion procedure once the student has demonstrated safe and reasonably calm behavior for a specified period of time. The standard period of time to be used with all students is between 30 seconds and 5 minutes. If after assessing the effectiveness of the seclusion procedure for a particular student this time period is judged to be ineffective, the time may be increased to 10 minutes with the approval of an administrator or his/her designee.

Staff Demeanor

During the implementation of a seclusion procedure, the staff member's demeanor/attitude toward the student is a critical component to the procedure. The staff must be cautious not to introduce any

interpersonal communication, verbal or otherwise, that may be destructive to the process. Particularly because some students can be hypersensitive to rejection and have a propensity to externalize the responsibility for their behavior, any behavior exhibited by the staff member that could be perceived by the student as angry, harsh, threatening, punitive, or otherwise provocative, can result in a resistive or combative stance from the student. Optimally, the staff member will present in a calm, somewhat matter of fact tone, which conveys to the child a supportive and controlled disposition, free from any harmful attitudes or behaviors.

Precautions

Due to the restrictive nature of the seclusion procedure, and the accompanying potential for adverse emotional/behavioral reactions to be exhibited by the student, the procedure is not without risks. Attention to the following precautions will help minimize this risk:

- When initiating the procedure, the staff must be certain that the student's hands and feet are at a safe distance from any door jam prior to closing the door.
- Seclusion timeout procedures that reach a duration of 15 minutes require that an administrator or his/her designee be notified. Continuation of the procedure requires approval from an administrator or his/her designee. Additional approval is required every 30 minutes thereafter if necessary. Documentation of this approval is required in the appropriate section on the Incident Report of Restraint or Seclusion.
- If a student in the seclusion room begins to evidence any potentially self-injurious behavior (e.g., head banging, self-mutilation, choking) or is otherwise in physical distress of some kind (e.g., choking, vomiting, difficulty breathing, etc.), the staff member monitoring the procedure will immediately enter the seclusion area and provide whatever assistance is necessary to ensure the student's physical safety. An administrator should immediately be notified of the occurrence of such behavior, who will then determine an appropriate course of action. Also, if a staff member determines that a medical emergency exists and immediate medical attention is required, the staff should call 911 and immediately contact the school nurse. All student injuries must be reported to the school nurse and an administrator. In addition, an incident report must be completed that provides documentation of the incident that caused the physical distress or injury. Furthermore, the use of seclusion that results in an injury will be reported to the State Department of Education.

Physical Restraint

Definition

Physical restraint is defined by state law as any personal restriction that immobilizes or reduces the free movement of a person's arms, legs, or head. The term does not include: (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury.

Students in the program, at times, require varying degrees of physical intervention to safely transport them to different locations in the building (e.g., outside the classroom, to an office area). The use of physical intervention to transport a student from one location to another is referred to as a physical escort. The program uses several approved and trained techniques for this purpose. This procedure is not documented as a physical restraint unless, during the transport, the student's behavior meets the criteria for a physical restraint (see below) and a physical restraint procedure is subsequently implemented.

Criteria for Use

Physical restraint is to be used only as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative.

Review/Monitoring/Documentation

Documentation of the use of this procedure shall consist of an Incident Report of Restraint or Seclusion (see Appendices) on which the following information is recorded for each individual use of the procedure: the date, the student's name, the student's date of birth, the student's disability, the student's gender, the student's race, the name of the staff member preparing the report, the name of the staff member(s) implementing the procedure, the name of the staff member(s) monitoring the procedure, the precipitant behavior that warranted the procedure, the staff's intervention prior to its use (including de-escalation strategies), start time, end time, total duration, the location of the procedure, the type of physical restraint and number of persons involved, the disposition of the student following the procedure, and student's injury status. The documentation also includes an indication of

whether the procedure impacts the student's educational plan as well as an indication of whether the parent was notified within 24 hours and if the form was sent home to the parent within 2 business days. Monitoring of the student's behavior and physical condition (i.e., signs of physical distress) during this procedure will also be documented on the Incident Report of Restraint and Seclusion.

Students who are being physically restrained will be continuously monitored by the staff members involved in the restraint and regularly evaluated by a staff member for indications of physical distress. Documentation of this monitoring/evaluating, must be recorded, at minimum, every 3 minutes. The form also includes a place to indicate the extent to which, if any, the restraint procedure had an effect on the student's educational plan. The completed form will be filed in the student's individual student record. This data shall be maintained and reviewed by the an administrator, or his/her designee, on a regular basis as a means of monitoring the appropriate use and the effectiveness of the procedure for individual students. Data regarding the use of this procedure with an individual student will be shared with the student's parent(s) through frequent phone contact, notes home, email communications, quarterly progress reports, and the IEP team meeting for students receiving special education services.

Consistent with State regulations, when physical restraint is used as an emergency intervention to prevent immediate or imminent injury to self or others, a reasonable effort shall be made to notify the parent immediately, and not later than twenty-four hours after the initiation of the procedure. Such notification shall be made by phone, e-mail or other method which may include, but is not limited to, sending a note home with the child. Furthermore, a copy of the incident report of Restraint or Seclusion shall be sent to the parent no later than two business days after the emergency use of physical restraint.

Should a physical restraint procedure result in an injury the staff will make every reasonable effort to notify the parent(s) immediately. Additionally, the use of restraint that results in an injury to the student will be reported to the State Department of Education.

Prohibitions

The use of any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position, and other practices prohibited by

state regulatory agencies impacting TDP students, by statute, or on the basis of accepted standards of professional practices will not knowingly be used by C.E.S. special education programs.

Procedure

Prior to the implementation of a physical restraint and whenever possible, the student should be given a final opportunity to avoid this intervention. This can be accomplished by informing the student that a physical restraint will ensue if he/she does not discontinue the dangerous behavior. A “countdown” method is often appropriate for this task when the circumstances permit. Preparing the student in this manner is important, whenever possible, because it allows the student to make a well-informed choice, and it avoids any unnecessary escalation in the student’s behavior due to being caught off-guard. However, a warning may not be possible in situations where the student’s behavior escalates rapidly and/or the intensity of the behavior requires immediate physical intervention to ensure the safety of everyone involved.

Once a physical restraint has been applied, the student should be informed that the staff is holding him/her to help him/her control his/her behavior, keep him/her safe, and/or help him/her calm down. The student should be informed that he/she will be released from the restraint once he/she has met the release criteria (e.g., reasonably calm and quiet for 1 minute, “show me a calm body while I count to 30”). The student should also be informed that he/she will not be harmed in any manner and that being held is only for the purpose of safety. Following this brief orientation to the restraint, few other verbalizations to the student are recommended other than to reiterate these statements as needed. Any unnecessary dialogue with the student should generally be avoided.

Release Criteria

Release criteria should include the behavioral expectation and the time frame. These may need to vary as a function of the age of the child, the intensity of the behavioral outburst, and the child’s previously demonstrated capacity to regain control. Typically, behavioral criteria should include being physically calm (i.e., not physically resisting, being still, evidencing minimal movement), and refraining from vocalizations that would indicate the student has not regained control. The time frame for release can range anywhere from 10 seconds to 5 minutes.

Once the student has met the release criteria, he/she may be released fully, or gradually, depending upon the student's ability to reestablish behavioral control. An immediate full release is indicated when the student is judged to be fully prepared to exercise self-control upon his/her release. A partial, or gradual release is indicated when the student's ability, or willingness, to conform his/her behavior to an acceptable standard is judged to be tenuous or unknown. A gradual release process involves releasing the student in two or three phases (i.e., right arm, left arm, legs), that occur approximately 15 to 30 seconds apart. With this type of release, the child should be instructed on how it is to occur, and the release criteria should be reapplied if the child begins to deviate significantly from the behavioral expectations during the gradual release sequence.

Returning to the Classroom

Once the student has been released from a physical restraint, the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. This will typically involve some degree of supportive feedback to the child about successfully regaining control. However, the specific process will vary as a function of the needs of a particular student and circumstance. The following are examples of interventions that are typically successful with students:

- 5) The student may re-enter the classroom with an agreement or behavioral contract that targets a successful re-entry.
- 6) The student may return to the classroom with an agreement to work or sit independently.
- 7) The student may benefit from talking with a staff member about the incident that initiated the restraint; discussing the student's perspective, the staff's perspective, and behavioral alternatives.
- 8) The student may simply agree to return to the class and engage in an appropriate activity.

Staff Demeanor

During the implementation of a physical restraint, the staff member's demeanor/attitude toward the student is a critical component of the procedure. The staff must be cautious not to introduce any interpersonal communication, verbal or otherwise, that may be destructive to the process. Particularly because some students can be hypersensitive to rejection and have a propensity to externalize the responsibility for their behavior, any behavior exhibited by the staff member that could be perceived by the student as angry, harsh, threatening, punitive, or otherwise provocative, can result in a resistive or combative stance from the student. Optimally, the staff member will present in a calm, somewhat matter of fact tone, which conveys to the child a supportive and controlled disposition, free from any harmful attitudes or behaviors.

Precautions

Physical intervention with a violently out of control child is not without risks. Because of their very nature, physical restraint procedures have the potential to result in physical injury to the student and/or the staff member(s) implementing the restraint. Attention to the following precautions will help minimize this risk:

- Only approved and trained techniques are to be used.
- Staff members who have not been trained and certified in an approved technique should not attempt to perform a physical restraint, if at all possible. However, in an extraordinary situation wherein there is considerable risk of injury to self or others and a trained/certified staff is not present, it may be necessary for an untrained staff to use reasonable physical force to secure the student until a trained staff is present.
- Except in an extraordinary situation, staff members should not attempt to perform a physical restraint if, in their judgement, there is not a sufficient number of staff members present to perform the restraint safely.
- Whenever possible, the restraint should be done on a soft padded surface. This may involve placing a pillow or towel under the student's head for a student being restrained on the floor.
- Staff members are required to notify an administrator, or his/her designee, when a physical restraint has continued for 15 minutes in order to make a determination as to the appropriate course of action (e.g., continue with the restraint, discontinue the restraint, or other intervention as needed). Additional approval is required every 30 minutes thereafter if the restraint is to be continued beyond the 15 minutes. Documentation of this approval is required in the appropriate section on the Incident Report of Restraint or Seclusion form.
- If, at anytime during a physical restraint, the child exhibits signs of physical distress (e.g., choking, vomiting, difficulty breathing, etc.), the staff should immediately discontinue the restraint and proceed with any and all efforts to assure the physical welfare of the child. The school nurse and an administrator should immediately be notified, who will then determine an appropriate course of action. If the staff member determines that a medical emergency exists and immediate medical attention is required, the staff should call 911. All student injuries must be reported to the school nurse and the an administrator and an incident report must be completed that provides documentation of the incident that resulted in the injury. Additionally, the use of restraint that results in injury will be reported to the State Department of Education.

