

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 the school.

Restraint is any method of restricting an individual's freedom of movement, including physical activity or access to their 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 they are endangering themselves 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 their behaviors
- interventions that are not helpful in assisting the student to control his/her behavior
- tools that are helpful to the student in managing their own aggressive behavior
- medical or psychological conditions that the student may have that school personnel should be aware of, in the event a restraint is necessary

Parent/Guardian Notification:

At the time of enrollment, the student and their parent/guardian are informed of the Monarch School philosophy on the use of restraint. The parent/guardian will receive notification in writing at the time of enrollment that restraints are used. All episodes of restraint will be reported to the parent/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 Physical Restraint Form shall be made available to the parent/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 their 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 a restraint and/or physical complaint made by the student during the physical restraint.

Outside Notification

Monarch School will make its records concerning restraint available to staff from the Ohio Department of Education and Workforce (ODEW) upon request. The Monarch School will report information concerning its use of restraint annually to the ODEW, 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 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

Implementation:

When using physical restraint, the following procedures and safeguards are required:

- The Behavior Specialist must be notified prior to the physical restraint or as soon as possible following its implementation.
- For physical restraint, there must be an assigned staff (witness) who remains with the student who is responsible for supervising the student for the duration of the restraint.
- No cameras, audio recording or any other electronic monitoring devices are permitted to replace the supervision required by the assigned staff member (witness).
- No less than once every 15 minutes, the assigned staff must assess whether the student has ceased presenting the specific behavior which led to the physical restraint.
- The student must be released from physical restraint immediately upon determination by the assigned staff that the student is no longer an imminent danger of serious physical harm to themselves or to others.

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 their arms, legs, body or head freely, as taught in Safety Care can only be used if:
 - The student’s behavior poses an immediate risk of physical harm to themselves, or others and no other 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 their primary language or mode of communication
 - By staff 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 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 the behavior required of the student that would indicate sufficient behavioral control so that the restraint will no longer be needed.
- 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 must take the student’s vital signs and assess the student’s functioning. All attempts to take vital signs 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.

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 make proper notifications:

When a student experiences instances of time out, isolated time out, or restraint on 3 days within a 30-day period, the Behavior Specialist will initiate a review of the effectiveness of the procedures used and prepare an individualized behavior plan based on results of a Functional Behavior Assessment (FBA) for the student that provides either the continued use of these interventions or for the use of other, specified interventions. The plan shall be placed in the student's student record. For students who already have an individualized behavior plan based on results of a FBA, considerations will be made regarding whether a change in the plan is appropriate. The review will also consider the student's potential need for a change in program within Monarch School.

Monarch School will invite the student's parent/guardian to participate in this review and shall provide ten days' notice of its date, time, and location.

The notification will inform the parent/guardian of the student's that a potential need for a change in program within Monarch School will be considered and that the results of the review will be entered into the student record.

Once the Physical Restraint Form has been signed, reviewed and made ready for filing in the student file, the Behavior Specialist will notify the designated compliance staff of the restraint. The compliance staff will enter restraint information into the designated tracking form 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 type of physical hold used

The information reviewed monthly through Performance Improvement activities consist of:

- The aggregate number of restraints
- The aggregate number of students restrained.
- The total number of restraints by student.
- The total amount of time (minutes/hours) in restraint, 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 physical restraint hold used
- The restraint ratio via the school attendance
- Staffing patterns at the time of the implementation of the restraints.

Filing of Complaints:

If a parent/guardian has a concern related to a restraint; they 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/guardian will be informed of the results within 30 days of the filing of the complaint.

MONARCH SCHOOL APPROVED PHYSICAL RESTRAINT HOLDS:

Small Person Stability

Staff approach in Protective Shuffle Position and transition into shoulder check. Staff slide the hand that is just above the person's elbow inward, between the arm and torso and grasp over the person's forearm, keeping their hand near the waist. With their other hand, staff uses the same procedure on the other arm. Step in close behind the person, facing sideways (in either direction). Staff maintains a stable hold by placing their hip against the person's buttocks.

1-Person Stability

Staff approach in Protective Shuffle Position and transition into shoulder check. Staff apply pressure with the hand above the person's elbow to sweep that arm in front of the person. Staff step behind the person. With their other hand, they reach around, under the free arm, and grasp the person's swept arm just above the wrist. Staff then pull that arm down across the person's body so that the hand is held down near the person's hip. The staff then position themselves close behind the person, facing sideways toward the cupped elbow. Staff keep their head back or down to minimize head butting while maintaining a stable hold by placing their hip towards the person's buttocks, keeping the hips in stable forward position. The hand holding the person's elbow should cup just above and in front of the elbow to keep the person from spinning out of the hold. Staff maintains a broad stance with inside foot just behind the person's foot and rear leg straight back from the rear midline.

2-Person Stability

At the direction of the team leader, each staff approaches the person in Protective Shuffle position 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 establish a secure stable grip without digging elbows into ribs or pulling the arm back. Person's hands are kept near their pockets, against the hip, with the arms slightly bent. Staff position themselves behind the person, facing outward with their hips behind the person's hips with their inside foot behind and to the side of the person's foot and the back foot outward, so the two staff form a stable tripod with control of the person's hip movement.

Floor Seated Stability

Staff start with either the Floor Drop Transition or with the person sitting on the floor and staff approaching from behind or to the side. Place the person into the 1- Person or 2- Person Stability Hold arm position, with one or both staff kneeling close behind and to the side of the person with their closer knee down and the other leg supporting behind (switch knees if necessary). Staff keep the person in an aligned vertical position, leaning neither forward nor backward. If it is a 1- Person hold, staff positions themselves directly behind the person. If it is a 2- Person hold, each staff person is behind and to the side. Staff maintains the person's arms in the standing 1-person or 2-person hold position, with the hands down towards the hips.

Forward Transport

Staff begins in the 2-Person Stability Hold and waits until the hold is safe, secure and stable. Once the hold is stable, the leader will announce to the person (if appropriate), "we are going to walk together to [location]." At the instruction of the leader, both staff take a small step as they bring their forward foot slightly outside the person's foot. Shuffle forward, maintaining a broad balanced stance and continuous contact, driving their hip gently but firmly forward to move the person forward. Staff keep the person's shoulders in a comfortable position with their hands near the pockets. Staff can slowly turn or rotate during the transport, if necessary. If struggling makes the transport unstable, then stop and wait for stability. Staff can continue with forward movement until they reach the desired location and stop in the 2-Person Stability Hold.

Reverse Transport

Staff begins in the 2-Person Stability Hold position. The team leader communicates initiation of Reverse Transport. Both staff transition to the Reverse Transport position: Step forward with outside leg. Bring the hand holding their own arm to the person's forearm, grasping overhand. Pivot around the person's arm and then bring it up across their torso. Reach under the person's armpit with their inside arm, supporting under their shoulder with staff arm, while holding the outside arm above the wrist with an overhand grip. Staff brings their own hip forward and inward. When stable, staff walks the person backward. If it is necessary to stop, staff transition back to 2-Person Stability Hold. When there is stability, staff return to the Reverse Transport procedure. Once at the desired location, both staff stop and transition to the 2-Person Stability Hold by pulling their inside supporting arms outward and lowers the person's hands to their hips, pivots around the arm and grasps the person's lower forearm with their outside hand, staff reaches their inside arm inside the person's arm and hold's their own arm, adjusts their leg and hip position into the 2- Person Stability Hold.

Chair Stability

Staff begins in the 2-Person Stability Hold. Depending on staff availability, either: a third staff, at the instruction of the team leader, brings a suitable chair and positions it just behind the person's legs or the staff holding the arms transports the person to a suitable chair and transition to a 2-Person Stability Hold with the person's legs in front of the chair. At the instruction of the team leader, the two staff holding the person's arms step back and kneel down to transition the person into a seated position in the chair, while the third staff (if present) holds the chair in place. The staff on the person's arms kneel on either side and somewhat behind the chair. Kneel on the closer knee (or switch to the knee if you lowered onto the other one) with the outside leg for stability. Staff maintains the same hold on the person's arm as is used with the 2-Person Stability Hold. Staff keeps the person's hands near the pockets, the elbow bent, and the upper arm vertical, with your arm over the arm of the chair. The position of the arm is adjusted for comfort. If necessary, a third person can assist with stability by using a cupped hand to hold the outside of each arm just below the shoulder joint. The chair is stabilized with the staff hips.

Hip Sit

This procedure is used when a person is standing directly in front of a seat, while the staff is seated or standing next to or behind the person. Staff place a closed hand on either side and slightly in front of the person's hips, with fingers facing forward. Staff pulls rapidly backward and down toward a vehicle seat. As the person begins to sit, staff remove their hands from the hips.

Vehicle Stability

While seated next to the person, staff begins in Shoulder Check and sweeps the closer arm in front of the person. Staff uses their closer arm to reach behind the person's back, under the free arm, turning the person's torso slightly away from them and grasping the swept arm just above the wrist. Staff holds the arm down near the person's waist. With their other hand, staff cups the arm just above the elbow and in front. Staff slides in to the side and slightly behind, with their head tucked down behind the person's shoulder. Staff moves their closer hip in with their leg held somewhat away. If the person begins scratching, grabbing, or hitting with the free hand, staff grasps that arm just above the person's wrist with the hand that is securing the elbow. Staff pulls that arm across so that the hand is near the person's hip.

Object Control Stability

Staff approach from behind and to the side. The staff person on the side without the weapon implements either a 1-Person or 2-Person Stability Hold in the standard manner. At the same time, the staff person on the sharp weapon side uses a modified 2-Person Stability Hold. As staff gets control of the person's arm, they bring their leg forward, with their hip in front of the person's hip. Staff keeps the person's arm held out in the air in front of them with the elbow tucked in toward their chest. Staff adjusts position to make sure the person's shoulder is aligned comfortably, when necessary. Once a stable hold is achieved, an assist staff person approaches from the side to secure the object. Once the object has been secured, the assist staff removes it gently from the person's grasp. Once the object is removed, staff adjusts the hold to the standard 1- or 2-Person Stability Hold.

Supine Stability

The hold begins with the person in a supine position on the floor, either from a transition procedure or with the person already in a supine floor position. Two staff place the person's arms outward from the body. Kneel along the body with the inside knee at the armpit and the outside knee next to the person's arm outside the elbow. With their outer hand, staff grasps the person's arm near the wrist, gently turning the person's arm so that the palm is faced downward. Staff places their inner closed hand at the person's upper arm. If needed, a third staff person can control the legs by performing a Leg Wrap.