

ADMINISTRATIVE PRACTICES AND PROCEDURES REGARDING THE USE OF TIMEOUT AND PHYSICAL RESTRAINT

The following practices and procedures must be understood in the context of the larger treatment protocols designed to address the underlying serious psychiatric concerns that destabilize student behavior and undermine function resulting in loss of control. Treatment plans are detailed and developed with the purpose of being highly responsive to these underlying psychiatric concerns in order to provide the positive support critical to maintaining behavioral control for our students. Physical intervention of any kind is an intervention of last resort. Links to relevant policies are provided below.

Staff have the legal responsibility to enforce Clear View's rules, to keep students from hurting themselves or others, either directly or indirectly, and generally to keep Clear View a safe place to attend, learn, and grow. Therefore, staff will intervene whenever behavior disrupts the safe operation of the school and treatment program or the safety and wellbeing – emotional or physical – of the students, staff or visitors.

- 1) **In all cases** staff will attempt to intervene using verbal redirection of behavior and/or offering staff supported mechanisms to prevent a situation from escalating or to de-escalate an already escalating situation. Examples of such supports are, but not limited to, taking a break with classroom staff in the room, speaking with therapist/counselor privately, taking a walk with staff to “cool down”, doing a preferred calming activity, etc.
- 2) If the situation continues to escalate, staff may direct a student to leave the room with the *expressed purpose* of separating the escalating student from the activating situation in order to enable the student to make use of staff support to calm and regain control. **At no time will a student in distress be alone.** On the contrary, the use of “timeout” as a strategy requires that the student have **continuous staff support** to de-escalate in the manner that is most helpful *as per their individual treatment plan*. Spaces used for “timeout” purposes are **never locked**. “Timeout” is a limited intervention used as part of an overall treatment strategy and will be used only until the student has regained control sufficiently enough to resume program participation. For these reasons, it is considered that the time spent working on these treatment concerns, including time outside the physical classroom, is instructional time – vital to providing adequately for the overall educational needs of mentally ill students.
- 3) Should a student initially refuse to leave a physically escalating situation when directed, staff may use the physical intervention of **physical escort**, that is, temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out and escalating to walk to a safe location.
- 4) Should these supports be insufficient to interrupt an escalating situation and it becomes clear the behavior presents a threat of imminent serious harm to self or others, staff may use appropriate physical restraint to protect people (whether they are students, staff or visitors) and prevent the destruction of property if such destruction poses a threat of serious physical harm (i.e., throwing furniture, pulling down structures). This will include progressive levels of physical containment (such as boxing the student in to contain harm and provide immediate safety so de-escalation alternatives can be further utilized) and may include removal of the student from the area to a safe location.

- 5) Physical restraint for our purposes refers **only** to the use of **person-to-person** restriction for the reason of preventing imminent serious harm to self or others; and will be used for no longer than is necessary to stop the threat of imminent serious harm. Mechanical devices are not used. **Prone and supine restraint is prohibited.**
- 6) In the event it is necessary to use physical restraint for safety, it will be used in a manner consistent with the student's right to be treated with dignity and the principles put forth by the Justice Center.
- 7) All staff who may be required to physically intervene with students will receive training in proper techniques for de-escalating behavior and appropriate use of physical restraint through certification in Nonviolent Crisis Intervention (NCI) through the Crisis Prevention Institute (CPI). All staff will additionally receive training in these practices and procedures as well as the philosophical underpinnings of child development and the impact of mental illness on development and behavior, semi-annually and on an ongoing basis as part of the structure of supervision throughout the year.
- 8) All incidences of physical restraint and use of timeout as a strategy will be documented and debriefed with team and an administrative designee as soon as practicable to review implementation and plan for prevention/reduction of future need to use timeout and/or physical restraint. Documentation will also be reviewed by the appropriate administrative team at least quarterly. Such review is for the purpose of collecting aggregate data in order to monitor patterns of use of timeout as a strategy and physical restraint to inform best practices.
- 9) Parents will be notified the same day when physical restraint has been necessary. Contact will be made by a member of the student's treatment team and will be made by phone in order to provide for interaction regarding parent questions and concerns and to schedule a follow up meeting if desired. If the family has not been reachable by the conclusion of the program day, a note detailing attempts will be made to the student's file and forwarded to the appropriate CSE chair. Outreach efforts to inform, however, will continue until contact is made either by phone, email, voicemail requesting a call back, etc. Documentation of the physical restraint or the use of planned timeout shall be made available to the parent within 3 days.

Resource Links

Description of Program-Wide Behavioral Supports

Policy Regarding The Use of Behavior Management Strategies and the Continuity of Treatment

Procedures for Identifying and Responding to Behavioral Needs & Discipline Concerns

Brief Physical Contact Policy and Implementation Guidelines