

**GREENBURGH ELEVEN UFSD
POLICY #5451.1-R**

REGULATION FOR USE OF EMERGENCY INTERVENTION (RESTRAINT)

Definitions

"Acute physical behavior" means only that behavior which clearly indicates the intent to inflict physical injury upon oneself or others or to destroy property.

"Restraint" also known as "emergency intervention" means the use of staff to hold a child in order to contain acute physical behavior.

"Mechanical restraints" refer to restraining devices used to contain acute physical behavior.

"Pharmacological restraint" means the use of a chemical agent to contain acute physical behavior by causing an immediate radical suppression of such behavior.

"Room isolation" means confinement of a child in a room alone specifically designed and designated for such use in order to control acute physical behavior of that child.

Use of Restraint

Trained staff may restrain a student when the student is exhibiting acute physical behavior. Restraint shall be used without inflicting pain or harm, and only when other forms of intervention are either inappropriate or have been tried and been unsuccessful. Restraint shall never be used as punishment.

Staff Training

The district will use the Cornell Therapeutic Crisis Intervention For Schools (TCIS) Program in its entirety. This program addresses:

1. preventive methods & procedures for situations which may lead to the use of restraint;
2. appropriate alternatives to restraint;
3. circumstances when restraint might be necessary;
4. methods of applying restraint and the rules which must be observed in so doing.

The Cornell TCIS course outline recognizes the following stages of crisis:

1. Pre-crisis State (Baseline)
2. Triggering Event
3. Escalation Phase
4. Outburst and Crisis
5. Recovery

All staff involved in the use of restraint will complete at least twenty-four hours of initial training in the TCIS process. Six (6) hours of refresher courses are required annually. Additionally, all staff involved in the use of restraints will complete such training prior to their use of restraints.

Procedures

The following preventive methods & procedures will be used by staff prior to the use of restraints:

1. Behavior Support Techniques, including:
 - a) Managing the Environment;
 - b) Prompting;
 - c) Caring Gesture (Hypodermic Affection);
 - d) Hurdle Help;
 - e) Redirection;
 - f) Proximity;
 - g) Directive Statement;
 - h) Time Away.
2. Sensitive, effective problem-solving which appropriately addresses the needs of students;
3. Appropriate academic programs which ensure success and manage behavior through enriching, stimulating instruction;
4. Staff members trained in sensitivity to precipitating factors will use their training to verbally intervene effectively with students;
5. Behavior modification programs;
6. Scheduled school counseling;
7. Life space interviewing (LSI) to teach student alternatives for negative behavior;
8. Removing students from stimulating circumstances;
9. Referral to Children's Village personnel, including, but not limited to, social workers, case workers, psychologists, etc.

The following methods are authorized:

1. The team approach of applying restraint.
2. Acceptable TCI Interventions including:
 - a) Standing Hold Restraints;
 - b) Team Restraint Technique (from the front);
 - c) Team Restraint Technique (from the back);
 - d) The Small Child Restraint;
 - e) The Small Child Restraint Against a Wall;
 - f) Team Supine Restraint;
 - g) Transferring Control;
 - h) Protective Interventions such as grabs, chokes, bites.
3. The Recovery process and life space interview will begin as soon as possible.
4. When trained staff has exhausted all appropriate methods, if the student remains unable to de-escalate in the school setting, Special Services staff from The Children's Village will be called for assistance.

The child shall be examined by a physician or nurse immediately following the period of restraint. A report of such examination will be kept in the child's medical record.

Following each instance during which a restraint is used, The Greenburgh Emergency Intervention (Restraint) Log will be completed. A copy of this report will be kept in the student's file and a copy will be forwarded to the principal for weekly review and submission to the Director of Pupil Personnel Services. Additionally, the child's parent or surrogate parent must be notified with 24 hours of restraint.

Prohibited Methods

The following methods are prohibited as emergency interventions:

1. Mechanical Restraint
2. Pharmacological Restraint
3. Room Isolation

GREENBURGH ELEVEN UFSD
POLICY # 5451.1-R
Emergency Intervention (Restraint) Log

Date of Restraint: _____
Student Name: _____ **DOB:** _____
School Building: _____ **Grade Level:** _____
Names of Staff Members Involved (indicate Team Leader)

Description of Restraint

Duration of Restraint:

_____ Time Restraint Initiated _____ Time Restraint Ended
Total Duration: _____ minutes

Behavior Intervention Plan

Does the student have a Behavior Intervention Plan: Yes or No

Post Restraint Medical Assistance

Was the student sent to medical: Yes or No
(If No explain):

Parental Notification

Name of Contact: _____ (indicate method of contact below)

- Home Phone: _____ Cell Phone: _____
- E-mail
- Regular Mail

Date of Contact: _____ **Time:** _____

Person Making Contact: _____

Title: _____

Signature: _____ **Date:** _____

Administrator _____ Date _____