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Massachusetts 603 CMR 46.00 – Prevention of Physical Restraint and Requirements if Used

Correlation to Crisis Prevention Institute's (CPI)
Nonviolent Crisis Intervention® training program



10850 W. Park Place, Suite 600
Milwaukee, WI 53224 USA
800.558.8976
888.758.6048 TTY
(Deaf, hard of hearing, or speech impaired)
info@crisisprevention.com
crisisprevention.com

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CPI commends the Massachusetts Board of Elementary and Secondary Education for its comprehensive and well-written rule. For 30 years, CPI has supported organizations that strive to become restraint free. Not only will the *Nonviolent Crisis Intervention*® training program meet the expectations outlined in 603 CMR 46.00, CPI's train-the-trainer program and its family of advanced programs also offers a comprehensive array of curricula that can meet all of the needs an organization has for supporting a physical restraint-free environment, with an emphasis on crisis intervention and de-escalation techniques to better assist education staff with achieving this goal.

Additionally, by participating in the *Nonviolent Crisis Intervention*® program, education staff will gain the skills and confidence necessary to handle crisis situations with minimal anxiety and maximum security. The training will help staff intervene more safely when behavior becomes dangerous and, most importantly, it won't damage the professional bond school staff has worked so hard to establish with their students.

The following chart is designed to assist you in identifying some of the ways in which CPI's *Nonviolent Crisis Intervention*® training program can help schools in the state of Massachusetts comply with the additions to the above-named statute in relation to the prevention and reduction in the use of physical restraint and seclusion. It will also assist you in identifying areas that may require a review of and/or revision to your school's policies and procedures.

§46.02: Definitions

Department shall mean the Department of Elementary and Secondary Education.

Mechanical restraint shall mean the use of any device or equipment to restrict a student's freedom of movement. The term does not include devices implemented by trained school personnel or utilized by a student that have been prescribed by an appropriate medical or related services professional, and are used for the specific and approved positioning or protective purposes for which such devices were designed.

Medication restraint shall mean the administration of medication for the purpose of temporarily controlling behavior. Medication prescribed by a licensed physician and authorized by the parent for administration in the school setting is not medication restraint.

Physical escort shall mean temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is agitated to walk to a safe location.

Physical restraint shall mean direct physical contact that prevents or significantly restricts a student's freedom of movement. Physical restraint does not include: brief physical contact to promote student safety, providing physical guidance or prompting when teaching a skill, re-directing attention, providing comfort, or a physical escort.

Prone restraint shall mean a physical restraint in which a student is placed face down on the floor or another surface, and physical pressure is applied to the student's body to keep the student in the face-down position.

Seclusion shall mean the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. Seclusion does not include a time-out as defined in 603 CMR 46.02.

Time-out shall mean a behavioral support strategy developed pursuant to 603 CMR 46.04(1) in which a student temporarily separates from the learning activity or the classroom, either by choice or by direction from staff, for the purpose of calming. During time-out, a staff member must continuously observe a student. Staff shall be with the student or immediately available to the student at all times. The space used for time-out must be clean, safe, sanitary, and appropriate for the purpose of calming. Time-out shall cease as soon as the student has calmed.

| <p>§46.01: Authority, Scope, Purpose, and Construction - Section 3</p> | <p>Correlation With <i>Nonviolent Crisis Intervention</i>® Training</p> |
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| <p>(3) Purpose. The purpose of 603 CMR 46.00 is to ensure that every student participating in a Massachusetts public education program is free from the use of physical restraint that is inconsistent with 603 CMR 46.00. Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate, and with extreme caution. School personnel shall use physical restraint with two goals in mind:</p> <p>(a) To administer a physical restraint only when needed to protect a student and/or a member of the school community from assault or imminent, serious, physical harm; and</p> <p>(b) To prevent or minimize any harm to the student as a result of the use of physical restraint.</p> | <p>(3) CPI's <i>Nonviolent Crisis Intervention</i>® training program focuses on recognizing the early warning signs of potential crisis situations, and equips staff with safe and effective nonverbal and verbal strategies for de-escalation, thus avoiding the potential need for physical restraint altogether. The <i>Nonviolent Crisis Intervention</i>® training program emphasizes that physical interventions should be used only as a last resort when the danger presented by the person's behavior outweighs the risks of physical restraint use.</p> <p>(a) The <i>Nonviolent Crisis Intervention</i>® training program is grounded in a philosophy of <i>Care, Welfare, Safety, and Security</i>SM for all staff and students. Therefore, we support that restraint should be used only as a last resort when a student is an immediate danger to self or others.</p> <p>(b) Strategies taught in the <i>Nonviolent Crisis Intervention</i>® training program allow school staff to make informed decisions regarding the use of physical restraint to determine whether a student's behavior poses such a substantial risk of harm to self or others that it outweighs the potential harm of physical restraint. Staff members are educated on the inherent risks of restraints and receive information on monitoring for signs of distress, both of which are essential for minimizing harm to the student.</p> |
| <p>46.03: Use of Restraint</p> | <p>Correlation With <i>Nonviolent Crisis Intervention</i>® Training</p> |
| <p>(1) Prohibition.</p> <p>(a) Mechanical restraint, medication restraint, and seclusion shall be prohibited in public education programs.</p> <p>(b) Prone restraint shall be prohibited in public education programs except on an individual student basis and only under the following circumstances:</p> <ol style="list-style-type: none"> 1. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff; 2. All other forms of physical restraints have failed to ensure the safety of the student and/or the safety of others; 3. There are no medical contraindications as documented by a licensed physician; 4. There is psychological or behavioral justification for the use of prone restraint, and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional. | <p>(1)(a) The <i>Nonviolent Crisis Intervention</i>® training program does not teach to the use of medication restraint, mechanical restraint, or seclusion.</p> <p>(b) In the basic <i>Nonviolent Crisis Intervention</i>® training program, staff are taught to disengage when a physical intervention goes to the floor. For schools or staff members that face individuals who fit within the exclusions of this section, CPI offers the <i>Applied Physical Training</i>SM Course. This advanced program brings Certified Instructors from prevention, through the physical moment, to the important Postvention process by examining the philosophy, psychology, physiology, and physics of physical intervention. Instructors are introduced to transitional floor positions that can be used to manage physical aggression when the student in crisis initiates a movement to the floor. These transitional floor positions are designed to be used in an effort to return the individual in crisis back to a safer, standing position as soon as possible.</p> |

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| <p>(c) Physical restraint, including prone restraint where permitted, shall be considered an emergency procedure of last resort and shall be prohibited in public education programs except when a student’s behavior poses a threat of assault or imminent, serious, physical harm to self or others, and the student is not responsive to verbal directives or other lawful and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under the circumstances.</p> | <p>(c) The <i>Nonviolent Crisis Intervention</i>® training program teaches that physical restraint techniques should only be used as a last resort, when less-restrictive interventions have failed. Even when less-restrictive interventions have been deemed ineffective or unsuccessful, CPI emphasizes that a physical restraint should only be used when the potential risks of the intervention are outweighed by the risks of the behavior.</p> |
| <p>(2) Physical restraint shall not be used:</p> | <p>Due to the risks inherent in any physical intervention, <i>Nonviolent Crisis Intervention</i>® includes a robust discussion on the signs of physical or psychological distress that may be present when a person is being restrained. CPI advocates for incorporating this information into a comprehensive ongoing risk assessment, which includes factors such as the student’s medical history, psychological condition, and unique physical considerations. This risk assessment is an integral step in staff’s decision-making process throughout the crisis situation.</p> |
| <p>(a) As a means of discipline or punishment;</p> | <p>(2)(a-b) CPI believes that the use of restraint as a form of punishment or discipline, as a response to property destruction, or as a response to verbal threats that do not represent imminent physical harm is contradictory to our program philosophy of <i>Care, Welfare, Safety, and Security</i>SM. CPI emphasizes that physical restraint should never be used to gain compliance or for the convenience of staff.</p> |
| <p>(b) When the student cannot be safely restrained because it is medically contraindicated for reasons including but not limited to asthma, seizures, cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting;</p> | <p>CPI teaches staff to consider factors such as the student’s medical history, psychological condition, unique physical considerations, and any other contraindications when making the decision to physically restrain. These factors are an essential part of the risk assessment that staff undertake throughout the crisis situation.</p> |
| <p>(c) As a response to property destruction, disruption of school order, a student’s refusal to comply with a public education program rule or staff directive, or verbal threats when those actions do not constitute a threat of assault, or imminent, serious, physical harm; or</p> | <p>(3) CPI’s <i>Nonviolent Crisis Intervention</i>® training program teaches that staff should use the least restrictive restraint technique that would be effective in any physical intervention. Physical Interventions contain a variety of classroom models that span from low to high levels of restrictiveness, allowing staff to match the restrictiveness of the restraint to the risk posed by the behavior.</p> |
| <p>(3) Limitations on use of restraint. Physical restraint in a public education program shall be limited to the use of such reasonable force as is necessary to protect a student or another member of the school community from assault or imminent, serious, physical harm.</p> | |

| 46.04 Policy and Procedures; Training | Correlation With <i>Nonviolent Crisis Intervention</i> ® Training |
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| <p>(1) Procedures. Public education programs shall develop and implement written restraint prevention and behavior support policy and procedures consistent with 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. Such policy and procedures shall be reviewed annually, and provided to school program staff and made available to parents of enrolled students. Such policy and procedures shall include, but not be limited to:</p> <p>(a) Methods for preventing student violence, self-injurious behavior, and suicide, including individual crisis planning and de-escalation of potentially dangerous behavior occurring among groups of students or with an individual student;</p> <p>(b) Methods for engaging parents and youth in discussions about restraint prevention and the use of restraint solely as an emergency procedure;</p> <p>(c) A description and explanation of the school's or program's alternatives to physical restraint and method of physical restraint in emergency situations;</p> <p>(d) A statement prohibiting medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of physical restraint in a manner inconsistent with 603 CMR 46.00;</p> <p>(e) A description of the program's training requirements, reporting requirements, and follow-up procedures.</p> <p>(2) Required training for all staff. Each principal or director shall determine a time and method to provide all program staff with training regarding the program's school's restraint prevention and behavior support policy and requirements when restraint is used. Such training shall occur within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. Training shall include information on the following:</p> | <p>(1) As part of a comprehensive crisis prevention initiative, CPI recommends that district and school policies and procedures reflect the philosophy and strategies taught in the <i>Nonviolent Crisis Intervention</i>® program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.</p> <p>Policy reviews and discussions are an integral part of CPI's ongoing Training Process and are discussed as part of all Instructor Certification Programs. Once policies are implemented, staff should be educated regularly on the school's policies and procedures as they relate to the use of restraint and seclusion. These policies and procedures should be updated as needed.</p> <p>(a) CPI's <i>Nonviolent Crisis Intervention</i>® training program focuses on recognizing the early warning signs of potential crisis situations, and equips staff with safe and effective nonverbal and verbal strategies for de-escalation, thus avoiding the potential need for physical restraint altogether. These strategies are effective with an individual student or a group of students.</p> <p>(b)(c) <i>Nonviolent Crisis Intervention</i>® training teaches that all instances of restraint and seclusion use should be debriefed with the pupil, staff, and parents or other stakeholders who may be involved. The act of debriefing allows both the pupil and the staff involved to evaluate their responses and behaviors in the situation, and to plan for alternative behaviors and intervention strategies in the future.</p> <p>In addition, CPI offers resources that allow Certified Instructors to share <i>Nonviolent Crisis Intervention</i>® strategies with parents, while also fostering a discussion of the alternatives to and appropriate use of restraints.</p> <p>(d) The <i>Nonviolent Crisis Intervention</i>® training program does not teach to the use of medication restraint, mechanical restraint, or seclusion.</p> <p>(2) CPI recommends that each school have an adequate number of staff trained in both the preventive techniques and the physical restraints to effectively respond to emergency situations in the school building. CPI also recommends this training be an ongoing process and that refreshers be conducted every 6 to 12 months.</p> |

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| <p>(a) The role of the student, family, and staff in preventing restraint;</p> <p>(b) The program’s restraint prevention and behavior support policy and procedures, including use of time-out as a behavior support strategy distinct from seclusion;</p> <p>(c) Interventions that may preclude the need for restraint, including de-escalation of problematic behaviors and other alternatives to restraint in emergency circumstances;</p> <p>(d) When behavior presents an emergency that requires physical restraint, the types of permitted physical restraints and related safety considerations, including information regarding the increased risk of injury to a student when any restraint is used, in particular a restraint of extended duration;</p> <p>(e) Administering physical restraint in accordance with medical or psychological limitations, known or suspected trauma history, and/or behavioral intervention plans applicable to an individual student; and</p> <p>(f) Identification of program staff who have received in-depth training pursuant to 603 CMR 46.04(3) in the use of physical restraint.</p> <p>(3) In-depth staff training in the use of physical restraint. At the beginning of each school year,</p> <p>The principal of each public education program or his or her designee shall identify program staff that who are authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. Such staff shall participate in in-depth training in the use of physical restraint. The Department recommends that such training be competency-based and be at least sixteen (16) hours in length with refresher training occurring annually thereafter.</p> <p>(4) Content of in-depth training. In-depth training in the proper administration of physical restraint shall include, but not be limited to:</p> <p>(a) Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraint;</p> | <p>(a-c) CPI’s <i>Nonviolent Crisis Intervention</i>® training program focuses on recognizing the early warning signs of potential crisis situations, and equips staff with safe and effective nonverbal and verbal strategies for de-escalation, thus avoiding the potential need for physical restraint altogether. As part of these strategies, the training program naturally lends itself to discussions of the appropriate use of time-out strategies and alternatives to restraint. Throughout the curriculum, an emphasis is placed on the unique roles of students, families, and staff in preventing the need for restraint.</p> <p>(d)(e) The <i>Nonviolent Crisis Intervention</i>® training program teaches a range of interventions and alternatives to restraint that can be utilized to ensure the least restrictive intervention is being used. CPI supports that restraints should not be used with a student who has a contraindication to the use of restraints. In keeping with this approach, <i>Nonviolent Crisis Intervention</i>® training features a comprehensive discussion on the physical, psychological, and social risks of restraints. CPI advocates for basing the decision to restrain on an evaluation of these risks in light of several factors, including the student’s medical condition, trauma history, and psychological conditions.</p> <p>(3) Each school should ensure that it has an adequate number of staff trained in both the preventive techniques and the physical restraints to effectively respond to emergency situations in the school building. CPI recommends that, at a minimum, all staff be trained in de-escalation strategies. CPI’s <i>Nonviolent Crisis Intervention</i>® training program is a competency-based program that can be taught in a variety of time frames consistent with the needs of individual organizations. In addition, CPI has a large selection of refresher options available, which makes annual refresher training simple and engaging for staff.</p> <p>(4)(a) The <i>Nonviolent Crisis Intervention</i>® curriculum focuses on prevention by recognizing the early warning signs of potential crisis situations, and equipping staff with nonverbal and verbal de-escalation skills. It is the core belief of the <i>Nonviolent Crisis Intervention</i>® training program that every effort should be made to prevent the need for the use of physical restraint.</p> |
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| <p>(b) A description and identification of specific dangerous behaviors on the part of students that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted;</p> <p>(c) The simulated experience of administering and receiving physical restraint; instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress; and obtaining medical assistance;</p> <p>(d) Instruction regarding documentation and reporting requirements, and investigation of injuries and complaints;</p> <p>(e) Demonstration by participants of proficiency in administering physical restraint; and,</p> <p>(f) Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has impact, including but not limited to psychological, physiological, and social-emotional effects.</p> | <p>(b) CPI teaches staff to constantly engage in a risk assessment throughout the crisis situation. This assessment is focused on evaluating the risks and likelihood of specific behaviors and weighing them against the potential risks of physical intervention. The <i>Nonviolent Crisis Intervention</i>® training program teaches that restraint should be used only when the danger being presented by the person’s behavior outweighs the risks associated with the use of restraint.</p> <p>(c) During the <i>Nonviolent Crisis Intervention</i>® training program, several different physical restraints are taught and practiced. There is also classroom discussion about the effects physical restraints have on the individual and how to monitor for signs of distress.</p> <p>(d) CPI recommends that staff document the student’s actions that occurred before, during, and after the incident, and provides a framework for doing this in a simple and consistent fashion. In addition, CPI recommends that staff document their own responses to the observed behavior that occurred before, during, and after the incident. This aids staff in assessing the strengths and weaknesses of their responses to the student’s behavior, and allows them to make necessary changes to their responses.</p> <p>(e) The <i>Nonviolent Crisis Intervention</i>® training program has pass/fail criteria for those who attend the training. Participants have to demonstrate a proficiency in the use of the physical restraints taught to pass the training course. CPI promotes and encourages that each school district maintain this same pass/fail criteria for its staff. It is recommended that once trained, staff regularly practice and rehearse procedures for team interventions.</p> <p>(f) CPI teaches staff to consider the potential psychological, physiological, and social-emotional effects that physical restraint can have on the student in crisis, as well as on his family. In the training program, staff learn ways to minimize or eliminate these effects whenever possible throughout their prevention, intervention, and Postvention efforts.</p> |
| <p>46.05: Proper Administration of Physical Restraint</p> | <p>Correlation With <i>Nonviolent Crisis Intervention</i>® Training</p> |
| <p>(1) Trained personnel. Only school public education program personnel who have received training pursuant to 603 CMR 46.04(2) or 603 CMR 46.04(3) shall administer physical restraint on students. Whenever possible, the administration of a restraint shall be witnessed by at least one adult who does not participate in the restraint. The training requirements contained in 603 CMR 46.00 shall not preclude a teacher, employee or agent of a school public education program from using reasonable force to protect students, other persons or themselves from assault or imminent, serious, physical harm.</p> | <p>(1) CPI’s curriculum teaches that only staff who have been trained and demonstrated competency in the implementation of a restraint technique should apply the restraint technique. CPI also teaches that a staff member not directly involved in the restraint should continuously monitor all episodes of restraint. This individual can help assess for signs of Tension Reduction and ensure that the restraint is ended at the earliest possible moment.</p> |

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| <p>(2) Use of force. A person administering a physical restraint shall use only the amount of force necessary to protect the student or others from physical injury or harm.</p> <p>(3) Safest method. A person administering physical restraint shall use the safest method available and appropriate to the situation, subject to the safety requirements set forth in 603 CMR 46.05(5). Floor restraints, including prone restraints otherwise permitted under 603 CMR 46.03(1)(b), shall be prohibited unless the staff members administering the restraint have received in-depth training according to the requirements of 603 CMR 46.04(3) and, in the judgment of the trained staff members, such method is required to provide safety for the student or others present.</p> <p>(4) Duration of restraint. All physical restraint must be terminated as soon as the student is no longer an immediate danger to himself or others, or the student indicates that he or she cannot breathe, or if the student is observed to be in severe distress, such as having difficulty breathing, or sustained or prolonged crying or coughing.</p> <p>(5) Safety requirements. Additional requirements for the use of physical restraint:</p> <p>(a) No restraint shall be administered in such a way that the student is prevented from breathing or speaking. During the administration of a restraint, a staff member shall continuously monitor the physical status of the student, including skin temperature and color, and respiration.</p> <p>(b) Restraint shall be administered in such a way so as to prevent or minimize physical harm. If, at any time during a physical restraint, the student expresses or demonstrates significant physical distress, including but not limited to difficulty breathing, the student shall be released from the restraint immediately, and school staff shall take steps to seek medical assistance.</p> <p>(c) If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval of the principal. The approval shall be based upon the student's continued agitation during the restraint, justifying the need for continued restraint.</p> | <p>(2) The physical restraints taught in the <i>Nonviolent Crisis Intervention</i>® training program are designed to use only the amount of force necessary to regain control of the situation, and to protect the student and others from imminent danger or serious physical harm.</p> <p>(3) The <i>Nonviolent Crisis Intervention</i>® training program teaches physical restraints that are designed to minimize risk and maximize safety. CPI accomplishes this goal by teaching physical interventions that are safer standing restraint positions that do not restrict the student's ability to communicate.</p> <p>In the event a floor restraint is permitted and deemed the safest option, CPI's <i>Applied Physical Training</i>™ Instructor renewal course offers transitional floor positions that can be used to manage physical aggression when the student in crisis initiates a movement to the floor. These transitional floor positions are designed to be used in an effort to return the individual in crisis back to a safer standing position as soon as possible.</p> <p>(4) Physical restraint should be ended at the earliest possible moment when the student no longer presents imminent risk of injury or harm to self or others. Staff monitoring the physical restraint should continuously assess for signs of Tension Reduction and call for an end to the physical restraint upon the evidence of any sign of physical or psychological distress.</p> <p>(5)(a) CPI teaches safer standing restraint positions that minimize the risks associated with restraint-related positional asphyxia. The interventions do not restrict the diaphragm, the chest, or the airway, and do not interrupt normal breathing or speech. <i>Nonviolent Crisis Intervention</i>® thoroughly addresses the importance of team intervention, including the need for auxiliary team members to monitor the student for signs of distress.</p> <p>(b)(c) The physical restraint techniques taught in the <i>Nonviolent Crisis Intervention</i>® program are designed to provide for the safety and protection of staff and students. CPI teaches staff that physical restraint should be ended at the earliest possible moment when the student no longer presents imminent risk of injury or harm to self or others. Staff monitoring the physical restraint should continuously assess for signs of Tension Reduction and call for an end to the physical restraint upon the evidence of any sign of physical or psychological distress.</p> |
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| <p>(d) Program staff shall review and consider any known medical or psychological limitations, known or suspected trauma history, and/or behavioral intervention plans regarding the use of physical restraint on an individual student.</p> <p>(e) Following the release of a student from a restraint, the public education program shall implement follow-up procedures. These procedures shall include reviewing the incident with the student to address the behavior that precipitated the restraint, reviewing the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed, and consideration of whether any follow-up is appropriate for students who witnessed the incident.</p> | <p>(d) During the <i>Nonviolent Crisis Intervention</i>® training program, time is allotted for classroom discussion about the effects physical restraints have on the individual and how to monitor for signs of distress, and a review of the organization's response protocols for accessing medical assistance.</p> <p>(e) CPI recommends documenting all incidences of restraint and seclusion with all relevant information as part of a school safety program. It is recommended that education staff document the pupil's actions that occurred before, during, and after the incident and that staff document their own responses to the observed behavior responses that occurred before, during, and after the incident. CPI recommends that each incident of restraint and seclusion also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the <i>Nonviolent Crisis Intervention</i>® training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.</p> |
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