

**POLICY**  
**Rhode Island School for the Deaf**  
**Policies and Procedures**

**PREVENTION AND CRISIS INTERVENTION/PHYSICAL RESTRAINT  
FOR SAFETY PROMOTION**

**Belief**

The Rhode Island School for the Deaf Board of Trustees believe that positive behavioral and educational strategies should be used to support all forms of disciplinary intervention to ensure each student/child's physical and emotional safety and dignity.

**Purpose**

The intent of these procedures is to ensure that every student attending The Rhode Island School for the Deaf is free from unreasonable and unnecessary physical restraint and that such an intervention is used only in emergency situations after other less intrusive alternatives have failed or been deemed inappropriate. These procedures reflect a policy prohibiting corporal punishment. They promote the use of positive, preventive behavioral supports that significantly limit the need for physical intervention, restrict the use of physical force, and ensure that physical restraint is administered in the least intrusive manner possible. These procedures delineate appropriate practice in those instances where physical restraint is absolutely necessary to protect a student or students, staff and/or other school members from imminent, serious physical harm.

The RI School for the Deaf has established the procedures described in this document for the purposes of:

- (a) Promoting student safety and preventing student violence, self-injurious behavior and suicide, including de-escalation of potentially dangerous behavior that may occur with an individual student or among groups of students;
- (b) Establishing effective crisis intervention practices and, when necessary to ensure safety, appropriate physical intervention procedures;
- (c) Keeping all school members informed regarding these procedures as well as preventive interventions, de-escalation, types of restraints and related safety considerations, administering physical restraint in accordance with behavioral intervention plans and/or known medical or psychological limitations;
- (d) Identifying staff who are authorized to serve as a school-wide resource to assist other staff in proper administration of these practices, and provide these staff with advanced training beyond the basic information provided to all staff.
- (e) Reporting crisis intervention/physical restraint incidences to parents, the School administration, and the Rhode Island Department of Education.

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**Emergency Situations**

The RI School for the Deaf is committed to maintaining a safe school environment. While the procedures contained herein direct the use of crisis intervention/physical restraint, they do not prohibit any RI School for the Deaf teacher, employee or agent from using reasonable force to protect students, other persons or themselves from imminent, serious physical harm.

**A. Keeping All School Members Informed**

**Annual Professional Development**

Each school year, The RI School for the Deaf policies and procedures described in this document are reviewed and provided to all school staff and parents. Others wishing to review a copy of this document can access it by on our school web site [www.rideaf.ri.gov](http://www.rideaf.ri.gov)

Within the first month of school, staff training is conducted as outlined below. Staff who are employed after the school year begins are provided this training as part of their initial orientation within the first month of their employment.

<b>Schedule or Timelines</b>	<b>Training Component</b>	<b>Training Activities</b>
<b>Late August Early September</b>	District Procedures, positive behavioral supports for all students	Staff Orientation (all staff participate)
<b>By the end of September</b>	Behavioral Interventions for challenging behavior, including Functional Behavioral Assessment and de-escalation during crises	Presentation provided by Crisis Intervention Team (to all staff who work with students)
<b>Throughout the Year</b>	PRO-Act Training (teacher assistants, special education teachers, administrators and other staff, as appropriate)	Specific training by school trainers in de-escalation and restraint procedures, related safety considerations and physical restraint in accordance with individual student behavioral intervention plans and with known medical or psychological limitations per PRO-Act method.
<b>Every Other Year</b>	PRO-Act Trainers	Week long PRO-Act review and training and exam

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**B. Methods for Promoting Safety and Preventing Violence**

**1. Social and Emotional Learning for All Students**

Social and emotional learning and positive behavioral supports for students are addressed as appropriate as part of ongoing school improvement and professional development plans.

At RISDeaf, staff from preschool through middle school are trained in *Responsive Classroom*, an approach that recognizes that the social and character building curriculum is as important as the academic curriculum.

High School Teachers are also trained in a similar approach for older students called *Developmental Designs*.

**2. Behavioral Intervention to Support Students Facing or Posing Behavioral Challenges**

To support productive relationships and learning and to enhance connection to school for students who face or pose emotional or behavioral challenges, the following procedures are established at the RI School for the Deaf

The Rhode Island School for the Deaf has several teams that are formed to provide additional supports to students and staff. The SWBT (Student Well-Being Team) is one such team. Comprised of clinical staff and faculty, the team meets regularly to review student data and school systems that support students who present with challenging behaviors. The team coordinates FBAs (Functional Behavior Assessments) and develops PBSPs (Positive Behavior Support Plans) as needed to provide additional support for student success.

An FBA is completed in order to clearly understand a student's patterns of behavior and to develop an individualized positive behavior support plan for students with high risk and high frequency behaviors that are resistant to the first two tiers of intervention.

**Tier 1** consists of general classroom intervention.

**Tier 2** is a targeted, small group response.

The SWBT meets weekly to identify and develop plans for these students. Plans are developed with input from parents, faculty, and the student when appropriate.

The Positive Behavior Support Plan and its corresponding monitoring are designed as an individual **Tier 3** intervention.

The determination of this need will be based on systematic data collection that can include attendance, office discipline referrals, surveys, self-assessments, rating scales, direct observations and discussion with the parent/guardian and teachers.

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### **3. Use of the Focus Room**

As part of the trauma-Informed approach to instruction, the School created a Focus Room. The Focus Room provides a space to facilitate restorative processes for students who need a break to refocus or who require a space to ensure safety for themselves or others. In this quiet space, staff assist students and guide them to redirect, recover, and/or return to an internal state conducive to learning. This is a positive solution for students who may **need** to de-escalate and relax at key times during the day in order to stay in school.

#### **Purpose of the Focus Room:**

1. The Focus Room provides a *restorative process* for students who struggle with anxiety, trauma, and or behavior that is unsafe.
2. The Focus Room helps students recover and return to learning as quickly as possible.
3. The Focus Room provides structure and support to students, by holding students accountable to their actions while giving them space in a supportive way.
4. The Focus Room gives students what they need in the moment when they feel overwhelmed or overstimulated.
5. The Focus Room is intended to be used for a change of focus, a mood readjustment, or a place for safe, sensory activities.
6. is another aspect of RI School for the Deaf's support to children and is used in conjunction with all other positive behavioral approaches.

#### **What Happens in the Focus Room:**

1. The room is a neutral space., not intended as disciplinary.
2. Processing in the Focus Room is only to be about struggles in the classroom/the reason for the referral. If students need more time processing in depth and are ready for discussion, the staff may refer them to the school counselor.
3. When students arrive in the Focus Room, the staff member in charge clearly sets the expectations of the room and encourages the student to use the space well to calm down and clear their mind. Students are never left alone out of sight of staff. While in the Focus Room the student is regularly asked if they are ready to return to class, and the staff member(s) support ways to help this happen safely.
4. If the student is not ready, they then are given another few minutes to regroup, etc.
5. The staff member will go through a specific process with the student. This process is neutral and intended to help the child understand that this safe space can be used well to regroup and try again to return to the classroom. Some example questions the Focus Room manager might ask the student to get the conversation started are:
  - “Do you feel calmer now?”
  - “Are you ready to be a learner in the classroom?”
  - “Are you ready to make safe decisions?”
  - “Do you feel ready to return and try again?”

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#### **Process for Using the Focus Room:**

1. Reason for referral usually result from a disruption to a student's own learning or to others that is deemed threatening or unsafe.
2. Students may be referred to the Focus Room by their teachers. Teachers call for support from the teacher assistant assigned to help with anxiety and behavior that is unsafe.
3. Only one student can be in the room at one time.
4. Teachers must try 3-4 positive de-escalation strategies or interventions as a positive behavior support practice before referring students to the Focus Room. (Many strategies will be described in the student's Behavior Plan if one has been developed.)
5. Students can self-select to visit the Focus Room if they perceive the need, even if they are not being unsafe but need time apart from the group to think, refocus and regroup.
6. Student using the Focus Room is always visible to the staff member.
7. The staff will work with teachers, families, and administration to communicate issues. Staff will track the amount of time spent in the focus room and collect required restraint data, etc.

#### **Thing to know about the Focus Room:**

1. The Focus Room is intended to be a safe, positive, and calming space for children to think/ regroup.
2. Boredom is the ultimate leverage. The space is neutral and staff members do not engage in communication that is unrelated to readiness to return to the classroom. The goal is for the classroom to be more interesting and a more exciting choice. The child should feel that he/she is making a choice to return.
3. The Focus Room is not a place to be used for avoiding work.
4. Data will be collected to work toward reducing time out of class and increasing time focused on learning.

#### **4. Crisis Intervention: De-escalation Procedures**

Despite the use of positive behavioral supports and interventions, there may be instances when the behavior of one or more students escalates beyond the student's immediate control, creating danger of violence or self-injury. Safety precautions considered, the first course of action should be the application of specific intervention strategies designed to diffuse the situation by addressing students' emotional needs and de-escalating the immediate behavior. The intent of de-escalation is to restore the student(s) capacity to control the immediate impulse/behavior and move toward safer or more constructive resolution of the immediate problem situation.

In the event of student behavior representing a crisis, the following de-escalation strategies should be employed:

- Redirection

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- Conference with student
- Offer choices or alternate activity
- Quiet time break
- Apology of Action
- Opportunity for restoration
- Develop a plan with the student
- Appointment with School Counselor

**5. Crisis Intervention: Physical Restraint**

**Restraint Procedures**

It is the policy of the RI School for the Deaf that physical restraint/crisis intervention is used only in the following circumstances:

- Non-physical interventions were not or would not be effective; and
- The student's behavior poses a threat of imminent, serious physical harm to self and/or others; and, where applicable,
- In circumstances where a behavioral intervention plan is already developed for the student, the plan has been fully implemented as specified.

The RI School for the Deaf limits the use of such force to the amount and duration necessary and reasonable to protect a student or another member of the school community from assault or imminent, serious physical harm.

In the event that physical restraint becomes necessary:

- 1) Every attempt should be made to alert additional school personnel for observation or assistance.
- 2) Only the safest physical restraint methods are to be used.
- 3) Every effort should be made to isolate the restraint situation, to avoid prolonging or escalating the situation.
- 4) If the duration of a physical restraint is prolonged, or student becomes deliberately and dangerously assaultive, the students' parent(s) or guardian(s) must be notified to remove him/her from school as soon as possible to avoid further danger. Any contact with police should follow the RI School for the Deaf Discipline Policy.
- 5) If the student exhibits suicidal or homicidal indicators, the school counselor must be contacted for further intervention in accordance with school policy.
- 6) The student should be released slowly from the restraint, in stages, to ensure that she/he has regained self-control and no longer presents an apparent danger.

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- 7) Any injury occurring during a restraint must be treated immediately by the appropriate medical personnel. Injuries will be recorded in the Physical Restraint Report.
- 8) As soon as possible following the incident, but no later than the next school day, the staff member(s) who administered the restraint will document the incident in a Physical Restraint Report and inform the appropriate administrator. The report is forwarded to the Special Education Administrator.
- 9) Follow-up steps include parent notification, review of restraint with student, staff involved, the appropriate administrator and consideration of further action, including preventive behavioral interventions.

**Restraint Prohibitions**

These are consistent with Rhode Island Physical Restraint Regulations, effective 9/1/2002.

Physical restraint is prohibited in the following circumstances:

- (a) As a means of punishment;
- (b) As in any intervention which is designed to subject, used to subject, or likely to subject the student to verbal abuse, ridicule or humiliation, physical pain, or which can be expected to cause excessive emotional trauma;
- (c) As in any intervention which denies adequate sleep, food, water, shelter, bedding or access to bathroom facilities;
- (d) As in a restrictive intervention which employs a device or material or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment may be used by trained personnel as a limited emergency intervention when a documented part of a previously agreed upon written behavioral intervention plan;
- (e) As in seclusion, unless under constant surveillance and observation when documented as part of a previously agreed upon written behavioral intervention plan;
- (f) As in any intervention that precludes adequate supervision of the student;
- (g) As in any intervention which deprives the student of one or more of his or her senses.

**Restraint Safety Procedures**

The following safety procedures are in effect, consistent with Rhode Island Physical Restraint Regulations effective September 1, 2002:

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- (a) Restraint is administered in such a way so as to prevent or minimize physical harm. If, at any time during a physical restraint/crisis intervention, the student demonstrates significant physical distress, the student is released from the restraint immediately, and school staff are directed to take steps to seek medical assistance.
- (b) Program staff must review and consider any known medical or psychological limitations and/or behavioral intervention plans regarding the use of physical restraint/crisis intervention on an individual student.
- (c) Restraint is administered in such a way that the student is never prevented from breathing or speaking or signing. During the administration of a restraint, a staff member will continuously monitor the physical status of the student, including skin color and respiration.
- (d) A restraint ceases immediately upon determination by the staff member administering the restraint that the student is no longer at risk of causing imminent physical harm to him or herself or others.
- (e) Following the release of a student from a restraint, the following follow-up procedures are implemented:
  - Appropriate staff will review the incident with the student, as appropriate, to address the behavior that precipitated the restraint;
  - The administrator will review the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed and consider whether any follow-up is appropriate for the student and for students who witnessed the incident.
  - The administrator will review the incident with the student and consider whether any follow-up is appropriate for the student and for students who witness the incident.
  - School personnel will meet to determine whether the student requires a behavioral intervention plan as part of the his or her education program, or, if one already exists, whether that plan needs to be modified or adjusted.

⇒ **Specific and Important Considerations for Deaf and Hard of Hearing Students**

- 1- The School shall ensure that the techniques used in any seclusion or restraint do not deprive the clients of the ability to communicate.
- 2- Staff who can use ASL fluently and or ASL interpreters must be present whenever possible.



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- 3- The School shall ensure that in the event a deaf or hard of hearing student must be restrained, restraint techniques will balance the importance of client safety with the importance of communication access.
- 4- The School shall ensure that spaces used for seclusion have windows that are of sufficient size and appropriately placed to allow for communication access through sign language.
- 5- The School shall ensure that in the event that a person who uses sign language for communication must be restrained, a staff member or interpreter fluent in sign language will stay within the line of sight of the client continuously during the period of restraint and that the student will be allowed to communicate freely within the parameters of safety.
- 6- The School shall ensure that in the event that a person who uses hearing assistive technology for communication must be restrained, hearing assistive technology will only be removed when it presents an immediate safety issue and will be returned to the student as soon as the safety issues is resolved.

**6. Authorized Staff**

Only trained personnel authorized by the RI School for the Deaf may administer physical restraint/crisis intervention with students. Whenever possible, the administration of a physical restraint/crisis intervention shall be witnessed by at least one adult who does not participate in the restraint.

This training requirement does not preclude any teacher, employee or agent of the RI School for the Deaf from using reasonable force necessary to protect students, other persons, or themselves from imminent, serious physical harm.

**Advanced Training for Authorized Staff: Training Requirements**

In addition to the basic training provided all staff regarding these procedures, the following advanced training is required for staff considered by the RI School for the Deaf to be qualified to administer physical restraint/crisis intervention procedures with students:

PRO-Act training = hours every two years

PRO-Act refresher training = 20 hours every two years

For staff designated to serve as staff trainers or resource persons for colleagues and parents in the use of crisis intervention/physical restraint, the following program of advanced training, is required:

- Staff are trained as trainers in PRO-Act and receive refresher training as trainers every two years.

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The following staff have received advanced training in the use of crisis intervention/physical restraint ( PRO-Act) and are authorized either to administer restraint or to also serve as a school-wide resource to assist staff in ensuring proper administration of crisis interventions and physical restraint.

These individuals must maintain current PRO-Act recertification.

Staff Member	Designation/Authorization/Role
<b>Joseph Batiano</b>	School Counselor, PRO-Act Trainer
<b>Cassey Ellis</b>	Behavior Support staff, PRO-Act Trainer

**C. Reporting Instances of the Use of Physical Restraint/Crisis Intervention**

As soon as possible, but not later than the next school day, the staff member who administers a physical restraint/crisis intervention submits a written report to the Administration (of the RI School for the Deaf , using the reporting format in Appendix A.

The Administration maintains an ongoing written record of all reported instances of physical restraint. As soon as possible, but not later than two school days, the student’s parent(s) or guardian(s) are notified of the restraint incident by phone with follow up written letter sent home. If contact is not made by phone an email is sent home or a note with name of person to contact for more information. Records of parent notification are maintained on the restraint report.

Each year as part of the ERIDE reporting portal, RI School for the Deaf submits a report regarding all incidents of the use of physical restraint/crisis intervention to the Rhode Island Department of Education.

**D. Additional Support**

**INTERAGENCY AGREEMENTS**

An **interagency agreement** is a document, generally between separate groups or agencies, that defines cooperative work between them. The agreement defines the parties involved, the work performed and the transfer of services and funds. The Rhode Island School for the Deaf may enter into agreement with community agencies who may have resources and skills to help support students. Each party’s responsibilities shall be described clearly in the agreement with all agreed upon services focused on providing positive and skilled support to most effectively help students who may be struggling to remain in school.

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**E. Monitoring and Reporting Instances of the Use of Physical Restraint**

The Director or designee maintains and will engage in a systematic monitoring and review of an ongoing written record of all reported instances of physical restraint. Rhode Island School for the Deaf will fulfill all reporting requirements to the Rhode Island Department of Education (RIDE), as required.

**F. Reporting Violations of this Policy**

All persons with knowledge of violations of this policy are to directly and immediately report such violations in writing to the Director.

**G. Procedures for Investigating Complaints from Parents/ Guardians**

The Director or his/her designee will investigate any complaint and respond to the parent, if appropriate, within five work days.

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**Sample: Physical Restraint/Crisis Intervention Report**

Date of Incident: \_\_\_\_\_  
 Date of Report: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_  

  

  
name
title/position

Person(s) who administered restraint: \_\_\_\_\_  

  
name
title/position

Physical restraint began at: \_\_\_\_\_ and ended at: \_\_\_\_\_.  
 Duration: \_\_\_\_\_ minutes

Administrator informed following the restraint: \_\_\_\_\_  

  
name (please initial)
title/position

Observers: \_\_\_\_\_

Location and activity in which restrained student, other students and staff in the vicinity were engaged when the restraint occurred:
Behavior prompting the restraint:
Description of de-escalation efforts and alternatives attempted:
Justification for initiating physical restraint/crisis intervention:

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**Description of the physical restraint/crisis intervention implemented**

- (a) Hold(s) utilized and rationale for type of hold:
- (b) Student's behavior/reactions during restraint:
- (c) How restraint ended:
- (d) Did an injury occur in the process of restraint? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes: Student and/or Staff injured:
- \_\_\_\_\_
- Nature of the injury:
- (e) Medical care provided (Include care provided, to whom, by whom):

**Follow-up Action**

- (a) Further action(s) that the school has taken or will take:
- (b) (if applicable) Development or modification of a behavior intervention plan as a result of the physical restraint (Include reference to any such plans contained in separate documents.):

Parent(s) or guardian(s) of the student referenced in this report were informed about this restraint incident on

Date: \_\_\_\_\_ . Method of notification: \_\_\_\_\_ Letter  
Contact person \_\_\_\_\_ Phone conversation  
Name/position of staff member \_\_\_\_\_ Conference

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**First Reading:** September 12, 2019

**Second Reading:** October 9, 2019

**Approved by the Board of Trustees:**

DRAFT third read