

**CAMBRIDGE PUBLIC SCHOOLS
PHYSICAL RESTRAINT REPORT FORM**

(TO BE COMPLETED AND GIVEN BY STAFF MEMBER WHO ADMINISTERED RESTRAINT TO PRINCIPAL/HEAD OF UPPER SCHOOL WITHIN 24 HOURS OF RESTRAINT. IF PRINCIPAL/HEAD OF UPPER SCHOOL ADMINISTERED RESTRAINT, FORM MUST BE COMPLETED WITHIN 24 HOURS OF RESTRAINT AND GIVEN TO SUPERINTENDENT AND ASSISTANT SUPERINTENDENT FOR OFFICE OF STUDENT SERVICES)

Name of Student:

Name(s) & Title(s) of Staff Member(s) Who Administered Restraint:

Has this person(s) received restraint training within the past year?

Yes No

If no, indicate which person(s) not trained within the past year

Name(s) & Titles of Staff Member(s) Who Observed Restraint, If Applicable:

Has this person(s) received restraint training within the past year?

Yes No

If no, indicate which person(s) not trained within the past year

Date of Restraint:

Start and End Time of Restraint:

Name of Principal/Head/Designee/Administrator who was immediately informed of the restraint and date and time informed (*verbal notification should occur as soon as possible and by no later than close of school day on which restraint was administered*):

If Applicable, Name of Principal/Head/Administrator Who Approved Continuation of Restraint/Time-Out Beyond Twenty (20) Minutes (*attach copy of approval of extension of restraint or time-out*):

Description of activity in which student and other students and/or staff in vicinity were engaged immediately prior to restraint:

Description of behavior that justified restraint:

Description of efforts made to prevent escalation of behavior, including any specific de-escalation strategies used:

Description of alternatives to restraint that were attempted:

Justification for initiating restraint:

Hold Used (If more than one used categorize by most restrictive):

Standing

Seated

Floor Supine

Floor Prone

Description of restraint(s) administered (e.g., holds used and why necessary):

Description of student's behavior and reaction during restraint, and any medical care given:

Description of how restraint ended:

If a prone restraint was administered, please respond to the following six (6) questions:

1. **Does the student have a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff?**
 Yes No
2. **Did you try other forms of physical restraints that have failed to ensure the safety of the student and/or the safety of others?**
 Yes No
3. **Does the student have any medical contraindications as documents by a licensed physician?**
 Yes No
4. **Is there a psychological or behavioral justification for the use of prone restraint and are there no psychological or behavioral contraindications, as documented by a licensed mental health professional?**
 Yes No
5. **Has the program obtain consent to use prone restraint in an emergency as set out in 603 CMR 46.03(1)(b), and such use has been approved in writing by the principal?**
 Yes No
6. **Has the program documented 603 CMR 46.03(1)(b)1-5 in advance of the use of prone restraint and maintains the documentation?**
 Yes No

Were there any injuries to student(s) and/or staff during restraint?

YES

NO

If so, please identify name(s) of individual(s) injured, a brief description of the injury and what medical care, if any provided:

Information regarding further actions school has taken or may take, including any consequences that may be imposed on student:

Information regarding opportunities for student's parents/guardians/caregivers to discuss restraint with school, including any consequences that may be imposed on student or any other related matter:

Date, Time, Method - Parent/Guardian/Caregiver Notified of Restraint (*verbal notification within 24 hours of restraint and written notification within 3 school working days of restraint*):

Was report sent in primary language of Parent/Guardian/Caregiver? Yes No

List of Documented Attempts to Contact Parent/Guardian/Caregiver within 24 hours –

Date Time Method

Name of Person Who Notified Parent/Guardian/Caregiver:

Name of Person Completing Reporting Form:

Date of Report:

Received by Principal/Head of Upper School:

Signature " " " Date

Received by Superintendent:

Signature " " " " " Date

Received by Assistant Superintendent for Student Services:

Signature

Date

Received by OSS and Psychologist/Team Chairperson:

Signature

Date

Received by OSS and Teacher in Charge - 504:

Signature

Date