This policy outlines the parameters for any use of a restrictive intervention at SYSC, including the requirements for documentation and notifications regarding RSA 126-U reportable restrictive interventions.

**Required Practices**

*Any deviations to the following information must be documented with Supervisory Approval.*

I. Restrictive interventions include the use of restraint, mechanical restraint, and seclusion. The following are not considered restrictive interventions (See policy 2080 De-escalation Interventions):

   A. Brief touching or holding to calm, comfort, encourage, or guide a youth, so long as the youth does not experience any limitation of their freedom of movement; or

   B. Allowing a youth to access the School Resource Room or take a “cooling-off” in their room.

II. Restrictive interventions shall:

   A. Only be used when a youth’s behavior presents substantial and imminent risk of serious bodily harm to themselves or others; and

      1. Efforts to de-escalate the youth have been exhausted/proven unsuccessful; or

      2. Restrictive intervention is necessary due to the emergent nature of the behavior;

   B. Be used with the least amount of restriction necessary to ensure safety, measured to the behavior presented, and authorized according to law, policy, and training;

   C. Account for the youth’s safety, care, and well-being throughout the intervention;
D. Respect the youth's privacy to the greatest extent possible in the given circumstances; and

E. Only be used to:

1. Intervene in an impending or attempted assault or fight;
2. Prevent an assault or self-harm;
3. Physically escort or remove an unwilling disruptive youth in accordance with policy;
4. Obstruct or hold a youth to prevent escape from the SYSC facility or campus; or
5. Defend one's self or another from imminent threat of harm by a youth.

III. Only staff who have successfully completed mandatory training are authorized to use restrictive interventions.

IV. The following restrictive interventions and behavior control procedures are prohibited:

A. Any intervention that:

1. Obstructs a youth's respiratory airway, impairs the youth's breathing or respiratory capacity, or restricts the movement required for normal breathing, including any form of choke-hold;
2. Places pressure, weight on, or causes the compression of a youth's neck, chest, lungs, sternum, diaphragm, back, or abdomen;
3. Obstructs the circulation of blood;
4. Involves the pushing on or into the youth's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths;
5. Endangers a youth's life or significantly exacerbates a youth's medical condition;
6. Maintains a youth in a prone position for longer than necessary to safely transition the youth to an alternative position or to apply mechanical restraints;
7. Is aversive or depriving in nature, or which subjects a youth to unsupervised confinement, or to abuse or neglect as defined in RSA 169-C; or
8. Deprives the youth of basic necessities such as nutrition, clothing, communication, or contact with parents, so as to endanger the youth's mental, emotional, or physical health;

B. The use of restraint or seclusion, explicitly or implicitly, as punishment for the behavior of a youth;

C. The intentional infliction of pain, including the use of pain inducement to obtain compliance;

D. Any use of restraint or seclusion for staff convenience, or as a form of coercion or retaliation;

E. The use of seclusion within the SYSC Education Department (within the other areas of the SYSC, seclusion shall only be imposed in rooms consistent with the provisions of RSA 126-U:5-b);

F. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a youth for the purpose of controlling or modifying the behavior of or punishing the youth;

G. Contingent food/drink programs;

H. Electrical stimulation;

I. Placement of a youth in an unsupervised or unobserved room from which the youth cannot exit without assistance; and

J. Any technique that unnecessarily subjects the youth to ridicule, humiliation, or emotional trauma.

V. The duration of a restrictive intervention is expressly limited to the extent necessary to protect the youth and/or others. Staff must immediately end any restrictive intervention once the behavior that posed the substantial and imminent risk of serious bodily harm to the youth or others has dissipated.

VI. Upon implementation of a restrictive intervention, unit staff shall notify the Supervisor On-Duty as soon as possible. The Supervisor On-Duty will then assess the situation to determine if the continued use of restrictive intervention is necessary and consistent with the requirements of this policy.

A. No restrictive intervention shall be implemented in excess of 15 minutes, with the exception of secure transportation, without the approval of the SYSC Administrator or designee.
B. If the restrictive intervention lasts 15 minutes or longer (excluding secure transportation), the Supervisor On-Duty must conduct a face-to-face assessment of the well-being of the youth. This assessment shall:

1. Include a determination that the restrictive intervention is being conducted safely and for a purpose authorized by this policy;

2. Be repeated at least every 15 minutes and include documentation of the reasons for the continued need for the restrictive intervention or that the use of restrictive intervention is no longer necessary; and

3. Be documented on the Restrictive Intervention Report (Form 2082).

VII. Staff shall take precautions to ensure the youth’s care and safety when utilizing a restrictive intervention as outlined in procedures.

VIII. Youth who have been involved in a restrictive intervention shall receive appropriate medical and clinical services. All services provided shall be documented in the appropriate form in YouthCenter.

IX. Following a restrictive intervention, the Supervisor On-Duty (or designee) shall:

A. Designate a staff member involved in the restraint to notify the appropriate parties and complete and submit the appropriate forms; and

B. Consult with unit staff to assess the youth’s level privilege status and to consider whether the youth’s conduct may have consequences in accordance with policy 2100.

X. The Supervisor On-Duty (SOD) shall debrief all involved staff, offer support, and document the debriefing on the Shift Summary Report (Form 2371) in YouthCenter before the end of their shift.

XI. The SYSC Education Department shall hold a review following any use of restraint during educational programming to discuss the youth’s educational needs and make such adjustments to the youth’s programming as are indicated to eliminate or reduce the future use of restraint.

A. The SYSC Principal or designee shall document this review and any adjustments in the youth’s educational records.

B. The youth’s parent/guardian may request such a review at any time following an instance of restraint and such request shall be granted if there have been multiple instances of restraint since the last review.
XII. Any time a restrictive intervention is used, the intervention must be reviewed to determine if it constitutes seclusion or restraint under RSA 126-U, and the appropriate notice to the parents/guardians must be made as applicable.

XIII. The Incident Review Panel (the SYSC internal review process) will review all Incident Reports and Restrictive Intervention Reports for the appropriate use of restraint or seclusion in compliance with training, this policy, and the law and will ensure that any incident that is reportable under RSA 126-U is reported to the appropriate parties within prescribed timeframes.

XIV. In the event of serious injury or death occurring during a restrictive intervention, staff shall contact the SYSC Administrator immediately and follow all instructions.

### Standard Operating Procedures

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### Applicable Forms

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### Glossary and Document Specific Definitions

For the Purpose of this Document:

"Incident Review Panel" means the internal review process that includes the Unit Manager where the youth resides, staff from the training bureau, employees involved in the incident in question, administration, and other SYSC staff as available for the specific purpose of reviewing incidents in an effort to improve practice and outcomes for youth.