



1. Rationale

1.1. The Limestone District School Board (LDSB) is committed to providing a safe and supportive working and learning environment for all students and staff. Consistent with the legislative requirements of the Education Act and the Occupational Health and Safety Act (OHSA), the Board has an obligation to provide staff with appropriate training and Personal Protective Equipment to support student behaviour with the goal of reducing the risk of injury to both students and staff. Where necessary, this may require the application of physical intervention strategies. Staff may also refer to the Administrative Procedures 305 Code of Conduct regarding additional issues related to safety.

As such, the following guidelines for physical intervention strategies have been developed to provide a consistent response to student behaviour that may be injurious to the student themselves and/or to others. It is recognized that when a student poses an imminent physical risk to self and/or others, physical interventions may be necessary in order to ensure safety for all. The decision to use physical interventions is a matter of professional judgment, informed by the circumstances and based on training received by the staff member(s) who is required to intervene.

2. Definitions

2.1. Physical Interventions is a predetermined intervention, as outlined in a student safety plan, whereby staff physically intervene to support a student who is posing an imminent and acute physical risk of injury to self and/or others, to minimize and/or eliminate the risk.

The Board supports staff to manage a student's behaviour through the use of physical intervention techniques as defined in Behaviour Management Systems (**BMS**).



training. It is acknowledged that physical interventions are the last step to be taken and one that must be preceded by the application of preventative de-escalation strategies, such as identifying early warning signs, engaging in calming strategies such as use of proximity and non-verbal cues, as well as defensive strategies such as avoidance and blocks.

Physical interventions techniques are meant to keep the child, other students and staff safe, and include techniques specific to the size of the student as defined in BMS training.

2.2. BMS is a mandated program supported by the Ministry of Education and is a Board approved approach to preventative and de-escalation strategies utilized in the school setting. In order to support staff and student safety, the Board trains staff in the use of BMS intervention strategies, with an emphasis on prevention and understanding behaviour, rather than control of disruptive and/or unsafe behaviour. BMS teaches staff the importance of identifying and responding appropriately to student behaviour, and the effective use of calming and de-escalating techniques. BMS includes a secondary emphasis on defensive techniques such as avoidance, releases and blocks, and the use of physical interventions strategies only after the preceding interventions have not sufficiently ameliorated the risk of harm.

3. Guiding Principles of Physical Containment

- 3.1. In all situations, it is the intent of the Board to provide the best possible care and to ensure the welfare, safety, and security of students, staff and volunteers.
- 3.2. Physical interventions must not be used as a tool to manage uncooperative behaviour, or as a form of punishment.
- 3.3. Physical Interventions must not be used to prevent the destruction of property unless that destruction poses a serious, imminent and acute risk of physical injury to the student and/or others.



- 3.4. Whenever possible, attempts will be made to determine the cause of student behaviour and defuse potentially injurious behaviour through preventative techniques. Specific prevention or de-escalation strategies should be outlined in the student's Safety Plan and should be followed.
- 3.5. Staff should not regard behaviour that poses a risk of injury as an educational opportunity for teaching or address the behaviour with threats of discipline. The goal is to defuse, not to trigger or escalate behaviour. Teaching and debriefing should occur after the student is de-escalated and is re-engaged in learning.
- 3.6. Physical Interventions should only be employed as a last step and only after all other measures have been implemented without success, including removing the target when there is an imminent and acute risk of injury to self-and/or others.
- 3.7. Physical intervention will be used to manage a student's behaviour until the student no longer creates/poses an imminent risk of serious physical injury to self-and/or others.
- 3.8. If physical intervention is required, a debriefing should occur with staff involved and an individual Student Safety Plan developed. Where a Student Safety Plan is already in place, it should be reviewed and modified in consultation with the student, family and appropriate staff.

All physical interventions must be documented by the staff directly involved in the intervention.

- 3.8.1. Physical Interventions must be reported verbally to the school principal, or designate, on the day they occur.
- 3.8.2. Interventions must be documented using the Documentation of the Use of Physical Intervention by LDSB Personnel, see appendix 1, and submitted to the school principal, or designate, within three (3) working days.
- 3.8.3. There may be instances where additional concerns should inform the use of



physical interventions, including but not limited to medical conditions, emotional disturbance, trauma, and anxiety, as physical interventions may result in the escalation of injurious behaviours and/or pose an increased risk to the student. These additional concerns should be listed in the student's Safety Plan. The student and their caregiver should be made aware that if there is a significant risk of harm that cannot otherwise reasonably be prevented, then physical interventions may be utilized despite these other concerns.

- 3.9. Where necessary, a decision may be made to call 9-1-1 for professional assistance by police and/or emergency medical services in an emergency where the behaviour of the student poses serious risk of injury to self-and/or others, such that BMS techniques cannot be safely used or are unlikely to be able to alleviate the risk.

4. Procedure Following a Physical Intervention

- 4.1. Following physical intervention, caregivers of students under the age of 18 are to be made aware of the incident following the containment through established communication by the school.
- 4.2. Following physical intervention, the school principal, or designate, should use their professional judgment to determine whether to:
 - 4.2.1. contact Educational Services for assistance in proactive programming support; and/or,
 - 4.2.2. contact Educational Services and Safe Schools Lead for assistance in debriefing, safety planning, and providing support.

5. Documentation

- 5.1. Documenting the use of physical intervention is necessary for both planning and accountability. Documentation of the Use of Physical interventions must be completed for all incidents where physical containment is used.



5.1.1. If a staff is injured, the staff must complete and submit an eBase Online Incident Report, within 24 hours of the incident.

5.1.2. If any student or member of the public is injured, staff must complete and submit the eBase Online Incident Report Form.

6. Debriefing and Follow-Up

6.1. Physical containments place stress on staff and students. Each staff member or student may respond to these incidents in a way that is unique to that individual. Reviewing and debriefing strategies will vary with the nature of the school, program and staff. Debriefing and following up subsequent to the use of physical intervention is necessary to inform both the current response and to support the school team in reviewing and revising prevention/intervention strategies for future possible incidents.

6.2. In addition to informing the student's caregiver, there are three (3) types of debriefing that could occur following containment.

6.2.1. Student Debriefing - There must be readiness on the part of the student to participate in the debriefing. This debriefing must be facilitated in order to accommodate the needs of the student.

6.2.2. Staff Debriefing - The staff debriefing must be led by the principal, or designate, and preferably occur the same day as the incident. The purpose of the staff debriefing is to:

- gain an understanding of the incident from the staff member's perspective;
- validate and empathize with the staff member's feelings;
- discuss any unresolved emotional distress about the incident;



- evaluate the effectiveness of the response; and
- discuss alternative responses for similar situations that might occur in the future.

6.2.3. Observers (Witness) Debriefing – Debriefing of observers may include other students, staff, volunteers and/or members of the public that witness the physical intervention. The principal, or designate, should consider providing witnesses with the opportunity for debriefing. Students who witness physical interventions may not understand the situation and/or may require a special debriefing with a focused message regarding maintaining safety at school. The principal should consider the age of the student(s) involved in the debriefing and ensure the message is age appropriate. The principal should be careful not to disclose private information and to respect the privacy of students involved in physical intervention.

7. Transporting versus Escorting Students

7.1. It is important that staff who are engaged in physical interventions understand, and can differentiate between, escorting and transporting a student.

7.2 Escorting a student means to accompany the student from one location to another without the use of force or without restricting a student's movement. Although the student may be reluctant to move, they are not forcibly moved against their will. Escorting may include the following:

- walking beside the student; or
- holding the student's hand or gently guiding the student with a hand on the student's arm, without the use of force.

7.3. **Transporting** means to move a student from one location to another by means of physical intervention when the student is actively resisting being moved. This may include staff using their hands or body to control or restrict the student's freedom



of movement or physical movement or carrying a student against their will.

Transporting a student is a physical intervention where staff restrict and/or control student movement, is considered a form of restraint and therefore should not be used. However, if there is immediate danger to self-and /or others, this type of physical intervention may be used.

The Board supports the use of escorting a student but does not support the use of transporting a student. Transporting students increases the safety risk to both staff and students. Transportation would only occur if self and / or others were in immediate danger.

8. Behaviour Management Systems (BMS) – Staff Training and Responsibilities

- 8.1. Staff that intervene with a student who poses a physical risk of injury are potentially vulnerable to personal injury. To reduce the potential injury to staff, the Board trains relevant staff on the use of BMS with respect to prevention and intervention strategies that are most likely to support a student who poses a risk of injury.
- 8.2. BMS training is required for support staff and administrators working directly and regularly with students who pose a significant risk of injury. Educators may also be trained, where deemed appropriate. Designated staff must be recertified every two years. It is the principal's responsibility to ensure that any staff who work with students who pose a risk of injury completes BMS training. If it is determined that personal protective equipment (PPE) is required to reduce the risk of injury, the Health and Safety Coordinator should be consulted.
- 8.3. Staff members, when provided with appropriate training on the use of BMS and designated PPE, have an obligation to support a student using the physical interventions guidelines herein when necessary, in order to reduce the risk of injury to the student and/or others.

9. Unanticipated Physical Intervention for Emergency Intervention



9.1. The decision to use physical intervention in an unanticipated situation for emergency intervention is a matter of professional judgment. In making the decision whether or not to use physical Intervention, the following factors should be considered:

- 9.1.1. imminent risk of injury to self-and/or others;
- 9.1.2. options available other than physical intervention to maintain safety;
- 9.1.3. student's Safety Plan;
- 9.1.4. availability of external support (i.e., police);
- 9.1.5. characteristics of the staff member and the student (i.e., size, age, strength, gender);
- 9.1.6. previous history of the student (i.e., special education needs, patterns of behaviour, health, etc.);
- 9.1.7. staff training, confidence and ability to safely intervene; and,
- 9.1.8. physical setting.

10. Team Approach

10.1. Each school should ensure that it has staff trained in the use of BMS. In implementing a containment procedure, a team approach is required. A team consists of at least two staff members for a small person containment and three staff members for a large person containment. This approach addresses the safety of all concerned and allows flexibility in supporting others in the vicinity of the incident.

11. Physical Interventions as a Component of a Safety Plan

11.1. A physical intervention may be a necessary component of a Safety Plan for a



student with special education needs. In this case, physical intervention would be the last step in a series of least to most intrusive behaviour management strategies. The Safety Plan should clearly outline antecedents, preventative/ calming strategies and the conditions that must be present for a small or large person intervention. Parents/guardians should be consulted when developing and reviewing the Safety Plan.

12. Sensory Room

12.1. A sensory room is a room utilized as part of the implementation of a sensory program which addresses a student's identified sensory needs. It is expected that a sensory program involving the use and scheduling of a sensory room be recommended by an occupational therapist (OT) and should be explicitly outlined in the student's IEP. Students must be supervised and monitored by a staff member when in the sensory room. For students who do not yet have an OT recommendation to access a sensory room, they may access the space for calming, but this must always be voluntary and with the direct supervision/ support of a staff member. The sensory room may contain materials as prescribed by an OT.

13. Time Out Room

The Board does not support the use of any type of room as a form of involuntary isolation and/or for disciplinary purposes (often referred to as a "Time Out Room").



Appendix 1

Documentation of the Use of Physical Intervention by LDSB Personnel

References: [OBJ]

AP 105 Equity and Inclusive Education

AP 353 Progressive Discipline and Promoting Positive Student Behaviour

AP 305 Code of Conduct

Child and Family Service Act (CFSA)

Occupational Health and Safety Act