MOUNT PROSPECT
ACADEMY
Client-Centered Continuum of Care

Policy & Procedure Name:	TCI and Physical Restraints - Academic
Date Updated:	December 16. 2025
Laws, Regulations & Standard	NH RSA 126-U; He-C 901 CARF F. Promoting Nonviolent Practices Six Core Strategies

Introduction and purpose:
MPA (Mount Prospect Academy) utilizes physical restraints for students as part of behavioral intervention only as the necessary option. MPA seeks to never use a physical restraint; however, for the safety of all students and faculty, at times a physical restraint, used as part of Therapeutic Crisis Intervention (TCI), is necessary. MPA has adopted the recommendations of the National Association of State Mental Health Program Directors, as set forth in the Six Core Strategies for Reducing Seclusion and Restraint Use. In addition, MPA has adopted the TCI Program Quality Standards, Policies and Procedures, and trains all direct care faculty during initial orientation and thereafter in the use of proactive verbal intervention strategies to prevent the need for a TCI physical restraint.

TCI encourages the focus of verbal interventions whenever possible and physical restraints when needed using the maximum amount of care and the minimum amount of force to contain acute physical behavior with the goal of increasing the child's sense of safety. Physical restraints will only occur to ensure immediate physical safety when there is a substantial and imminent risk of serious bodily harm to the child or others. TCI physical restraints will be used only by trained and competent personnel, with valid certification, using professional dynamic risk assessment for when the child's Individual Crisis Support Plan (ICSP) prescribes it. MPA also utilizes a trauma informed care approach prohibiting the use of student seclusion.

The primary goal is to reduce the risks involved in any physical intervention while maintaining safety. This policy provides the structure to support necessary use of physical restraint, complete documentation and reporting requirements, evaluation of and re-establishing therapeutic rapport if physical restraint is necessary to prevent imminent risk to a student or others. In addition, this policy ensures compliance with NH RSA 126-U and other applicable laws and regulations.

Another goal is the creation of a climate that documents and evaluates each time a physical restraint is utilized for behavior intervention, so families, caregivers and other stakeholders are informed when and why a physical restraint was necessary. This data also serves to assist MPA in its continuous quality improvement efforts to reduce when restraints are utilized as part of a behavioral intervention.

This strategy includes consistent communication, mentoring, supervision, and follow-up to ensure that faculty are provided with the required knowledge, skills, and abilities regarding TCI and use of physical restraint. This occurs through training about the prevalence of violence in the population of people that are served in mental health settings, the effects of traumatic life experiences on developmental learning and subsequent emotional development, and the concept of recovery, resiliency, and mental/behavioral health in general. This work is done through faculty development training, new hire applicants interview questions, job descriptions, performance evaluations, new employee orientation during which our faculty receives initial TCI certification in behavioral management and verbal de-escalation techniques, and other similar activities.

Physical Restraint

Physical restraints will only be used to ensure the immediate physical safety of person(s) when there is a substantial and imminent risk of serious bodily harm to the child or others. The determination of whether the use of restraint is justified under this section may be made with consideration of all relevant circumstances, including whether continued acts of violence by a child to inflict damage to property will create a substantial risk of serious bodily harm to the child or others.

“Restraint” is a manual method used to restrict a child’s freedom of movement or normal access to their body. It is defined by New Hampshire law. NH RSA 126-U. Restraints do not include:

1. Brief touching or holding to calm, comfort, encourage, or guide a child, so long as limitation of freedom of movement of the child does not occur.
2. The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child Is in an upright position and moving towards a safe location.
3. The use of seat belts, safety belts, or similar passenger restraints during a child's transportation in a motor vehicle.
4. The use of force by a person to defend themself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which they reasonably believes to be necessary.

5. The actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms or legs of any child.

Mount Prospect Academy, Inc. does not utilize the following restraints:

1. "**Medication restraint**"- providing medication involuntarily for the purpose of immediate control of the child's behavior.
2. "**Mechanical restraint**"- use of a physical device or devices that are used to restrict the movement of a child or the movement or normal function of a portion of the body.
3. "**Prone restraint**"- is a prohibited physical restraint technique which occurs when a child is intentionally placed face-down on the floor or another surface, and the child's physical movement is limited to keep the child in a prone position. For the purpose of this definition, physical restraint that involves the temporary controlling of an individual in a prone position while transitioning to an alternative, safer form of restraint is not considered to be a prohibited form of physical restraint.

Restraints are never used:

1. Explicitly or implicitly as punishment for the behavior of a child.
2. In a manner that obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing.
3. In a way that places pressure or weight on, or causes, a child's chest, lungs, sternum, diaphragm, back, or abdomen.
4. In a manner that obstructs the circulation of blood.
5. In a manner that involves pushing on or into the child'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.
6. In a manner that endangers a child's life or significantly exacerbates a child's medical condition.
7. In a manner that causes the intentional infliction of pain, including the use of pain inducement to obtain compliance.
8. In a manner that causes unnecessary ridicule, humiliation, or emotional trauma.

Planning for Students Entering MPA

As soon as possible after admissions to the facility, the Milieu Clinician or designee, the child and the child's parent or guardian shall develop an Individual Crisis Support Plan (ICSP) to:

1. Identify the child's history of physical, sexual, or emotional trauma, if any.
2. Identify effective responses to potential behavior or situations which will avoid the use of restraint.
3. Identify health conditions which may make the child vulnerable to injury while at the facility.
4. Identify what coping strategies faculty can promote prior to the crisis occurring.

Physical Restraint Procedures

The following procedures apply in all restraints.

1. Restraint shall not be imposed for longer than is necessary to protect the child or others from the substantial and imminent risk of serious bodily harm
2. Children in restraints shall be the subject of continuous direct observation by personnel trained in the safe use of restraint.
3. When any TCI physical restraint is required, this intervention should not exceed 15 minutes without the approval of the director or supervisory employee designated by the director to provide such approval (Administrator on Duty, Program Manager, Medical Faculty or other Supervising Employee who has been trained to conduct such approval by the director).
4. All TCI physical restraints lasting 30 minutes or longer, require a face-to-face assessment of the mental, emotional, and physical well-being of the child by the facility or school director or by a supervisory employee designated by the director who is trained to conduct such assessments. This assessment shall also include a determination of whether the restraint is being conducted safely and for a purpose authorized. This assessment will be repeated every 15 minutes, and each assessment will be documented. At the 30-minute mark, the assessment must be conducted by someone who falls into one of these three categories: (1) Clinician (2) TCI Trainer or (3) Medical Professional.
5. MPA will utilize the following TCI physical restraint techniques:
    a. Small Child Seated
    b. Small Child Seated (Wall)
    c. Standing
    d. Seated Restraint (Wall)
    e. Supine

Procedures to Document Physical Restraints

If a student requires the support of TCI physical restraint techniques, the incident will be documented by each faculty member involved individually prior to the end of their scheduled shift. This information will be documented via the Extended Reach case management note "TCI Physical Restraint Form" which will be transcribed into the respective state reporting forms or portal (e.g., IMS Portal and/or approved state PDF). The completed report will be made available to the treatment team, referral, guardian, and any stakeholders.

The documentation will include the following:

1. Date, Time, and duration of the physical restraint
2. Description of the actions of the child before, during and after the occurrence.
3. Description of any other relevant events preceding the use of restraint, including the justification for initiating the use of physical restraint.

4. Names of persons involved in the occurrence.
5. Description of the actions of the faculty involved before, during and after the occurrence.
6. Description of any interventions used prior to physical restraint. These interventions should identify what de-escalation techniques faculty used before using a physical restraint.
7. Description of the TCI techniques used, including any hold used and the reason it was necessary.
8. Description of any injuries sustained by, and any medical care administered to, the child, faculty, or others before, during or after the physical restraint occurrence.
9. Description of any property damage associated with the occurrence.
10. Description of actions taken to address the emotional needs of the child during and following the physical restraint as utilized in the student processing following the Life Space Interview TCI terminology.
11. Description of future actions taken to control the child's problem behaviors by updating the Individual Crisis Support Plan (ICSP).
12. Name and position of the faculty member completing the notification.
13. Notification to respective individuals of the management.

The Administrator on Duty (AOD)/Academic Director or the TCI Trainer assigned to the program will review the TCI Physical Restraint Form documentation before it is finalized and released. Once the TCI Physical Restraint Form has been completed by all persons involved, the TCI Physical Restraint form will be forwarded internally to the TCI Physical Restraint Report finalizer for the appropriate site, who will review it and provide feedback within two business days. It is also forwarded to the nurse for review, if there was a physical injury or the potential need to schedule a meeting with the consulting psychiatrist. All TCI Physical Restraint reports are provided to the parent-guardian(s), the referral source (e.g., Juvenile Probation and Parole Officer, Child Protective Services Worker Case Management Entity or other referring entities and related externals as required (e.g., IMS Portal and/or PDF used by respective states).

Injury During a Physical Restraint:

1. If a student complains of pain or suffers from an injury during a physical restraint the faculty must administer first aid immediately and notify the AOD. The following steps will be taken:
2. The AOD will notify medical faculty of the injury and have the student examined as soon as possible if deemed necessary. If medical faculty are not available at the time of the incident or in the location of the incident, then utilizing the local Emergency Room should be implemented.
3. At the conclusion of the examination the medical faculty will provide a written report regarding their observations and recommendations. A Critical Incident Report will be

written if any injury requires further medical assessment, evaluation or treatment at a emergency room or urgent care.

4. If medical treatment by a health practitioner is required the AOD will assure that all written reports regarding the injury and follow-up care are provided to the MPA Medical Department, the Executive Director, and the Clinical Director.
5. The AOD will also decide if separation between the student and the faculty involved is required, until all parties are able to participate in the debriefing and processing of the event to reestablish rapport.
6. If faculty are injured during a physical restraint the AOD will process and support that faculty and ensure that an Accident Injury Report has been completed and faxed or emailed to the HR Department at Mount Prospect Academy. There will also be a debriefing process in place both to assess physical injury but also to support any potential symptoms of vicarious trauma.
7. All incidents of student injury will be reported to the Executive Director for review. Upon determining that a significant injury has occurred, the Executive Director will notify the family and required state agencies within two business days. Notification for state agencies include:

Commissioner of the NH Department of Health & Human Services c/o Division for Children Youth and Families
129 Pleasant Street
Concord, NH 03301
Telephone: (603) 271-4451 Fax: (603) 271-4729
DCYFProviderIncidentReporting@dhhs.nh.gov

NH Department of
Justice
33 Capitol Street
Concord, NH 03301
Telephone: (603) 271-3658 Fax: (603) 271-2110

Disability Rights Center – NH
64 North Main Street, Suite 2, 3rd Floor
Concord, NH 03301-4913
Telephone: (603) 228-0432 Fax: (603) 225-2077

Office of the Child Advocate
107 Pleasant Street, Johnson Hall, Concord, NH 03301
Telephone: (603) 271-7773 (may be notified through DCYF)

Physical Restraint Review Process

MPA has a three-tier review process, consistent with the Six Core Strategies that includes:

1. Initial Review / Post Event Debriefing
2. Formal Review
3. Monthly Review

In addition, annual data is compiled and shared with leadership to guide decision making.

Initial Review/Post Event Debriefing:

1. When the TCI Physical Restraint occurs, the senior milieu leadership or Administrator on Duty (AOD) will respond to the site if needed. If the AOD was involved in the TCI Physical Restraint, the AOD will reach out to see if a neutral AOD is available. A neutral AOD is an objective faculty member with training in TCI Physical Restraint policy and procedures and ideally not someone involved in the TCI Physical Restraint event occurring at the time.
2. Upon reaching the milieu or site of the occurrence, the AOD will immediately survey the environment and seek to ensure that all persons are safe and that processes are orderly. Unless an emergency occurs that requires direct intervention, the AOD's role is to ensure proper documentation of what occurred, who was involved, the antecedents to the event, least restrictive alternatives attempted and the results, specific dangerous behaviors necessitating the use of TCI Physical Restraint, and the faculty's response.
3. The AOD or supervisor on shift will notify the Administrator on Call who will determine if on-site support is needed based on the event's significance and its potential impact on faculty and the milieu.
4. In addition, the physical and emotional safety of the student and other student witnesses to the event will be assessed and responded to, to ensure the appropriate support is in place for that student.
5. The AOD shall assist the milieu faculty in returning the milieu to a pre-crisis level and ensure that all necessary documentation has been adequately completed.
6. An immediate "post-event" debriefing is done onsite after each event, led by the AOD, the senior on-site supervisor who immediately responds to that milieu or area. The goals of this post-acute event debriefing are to ensure that everyone is safe, that documentation is sufficient to be helpful in later analysis, to check in with involved faculty, students and witnesses to the event to gather information, to try and return the milieu to pre-event status, to identify potential needs for policy and procedure revisions, and to ensure that the student in the restraint was safe and was appropriately monitored..
7. The Administrator on Duty or their designee will make a reasonable attempt to provide verbal notification of the physical restraint to the legal guardian the day of the incident. If notification of the restraint cannot occur the day of, efforts to make notification will occur

within 24 hours. The AOD may contact the Permanency Coordinator or others to assist with this verbal notification.

8. The AOD will help the primary faculty member involved in the TCI Physical Restraint conduct the Life Space Interview the student can complete following de-escalation.
9. Upon receiving the finalized report of the Physical Restraint on the respective form required, the Permanency Coordinator will provide written copies of this report to the parents/ guardian of the student, referral source (JPPO/CPSW), the guardian ad litem and required reporting entity within seven days of the restraint occurring. To support HIPPA compliance the report will be sent encrypted though Extended Reach and/or will utilize the IMS Portal.

Formal Review

1. A formal rigorous event analysis will follow every incident of TCI Physical Restraint and will occur within the first week following the event.
2. A standing meeting is scheduled within respective programs. The following individuals are part of leadership: Executive Director, Clinical Director, Program and Assistant Program Managers, Community Leaders, TCI Trainers and/or clinical faculty. An event analysis can be scheduled earlier upon request.
3. When possible, the senior milieu leadership member involved will attend the formal debriefing. If that is not possible, they will communicate what occurred through written documentation, shift report, or phone participation in the formal debriefing. It is imperative that the post-acute event information gets passed on up to the formal debriefing activity so that all information is communicated and shared with the entire team. Per protocol, the Individual Crisis Support Plan (ICSP) is reviewed or updated with feedback from the student's clinical team and assigned faculty that work with the student in the milieu.
4. During orientation, families are notified of this standing meeting and invited to participate
5. The student will be reminded after a physical restraint that they can participate in this formal review in addition to their participation in the Life Space Interview. All care and attention shall be paid to the comfort and safety of the students involved and their informed consent and ability to participate without being overly stressed, coerced, or overwhelmed by this activity.
6. In certain situations where the student does not want or cannot participate, all efforts will be made to debrief the student ahead of time and to gather their input into what occurred and what could have prevented the event. The students' report about the incident will have been sought in writing, and if available, it will be shared as part of the debriefing. The students will have the opportunity to provide feedback regarding their ICSP.
7. The formal event debriefing will support continuation of treatment and assist with further

interventions that may be utilized to maintain safety of all persons involved.

8. This debriefing includes an analysis of 1) triggers, 2) antecedent behaviors, 3) alternative behaviors, 4) least restrictive or alternative interventions attempted, 5) de-escalation preferences or safety planning measures identified and 6) treatment plan strategies.
9. The facilitator of the debriefing needs to be skilled and knowledgeable about the TCI Post Crisis Response.

Monthly Review

Each month a review of all physical restraints will be conducted by the TCI Trainers [1]. This review team will produce a report to identify areas that can be improved in connection to student individual intervention, faculty professional development and to assess progress towards the goal of reducing physical restraints.

Trainings

Prior to faculty utilizing TCI techniques, each faculty must go through a minimum of 28 hours of initial training. This TCI training will be held by an MPA faculty member with current certification and trained as a TCI Trainer, to teach the TCI verbal and physical competencies. Training will be held during the scheduled faculty onboarding during the third full week every month.
All Faculty once trained in TCI will have at least 12 additional hours of ongoing TCI training annually. Additional training will be held at least once a month in two-hour increments during standard residential training.

Data Collection and Use of Data to Inform Practice

As the Six Core Strategies notes, "successfully reducing the use of TCI Physical Restraint requires the collection and use of data by facilities at the individual unit level. This strategy includes the collection of data to identify the facility/units' TCI Physical Restraints use baseline; the continuous gathering of data on facility usage by unit, shift, day; individual faculty members involved in events; involved student demographic characteristics; the concurrent use of stat involuntary medications; the tracking of injuries related to TCI Physical Restraint events in both students and faculty and other variables." MPA actively collects data. Please see our procedure for collecting data.

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[1] All MPA TCI Trainers are scheduled to attend this monthly meeting. If, however, someone is ill or on vacation, the meeting can still occur.

Action	Changes Made	Doc version	Date Approved
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