



Prone Restraint

Policy Number: RP-26-04

Release Date: May 14, 2026

Effective Date: November 17, 2026

Applicability: All Licensed Residential Programs

BACKGROUND

The Department of Early Education and Care (EEC) prioritizes the safety, dignity, rights, and overall well-being of the individuals served in EEC licensed residential programs. Accordingly, EEC prohibits the use of prone restraint and considers its use permissible only as a last resort emergency safety intervention and on an individualized basis, solely to prevent imminent and serious physical harm to a resident's self or others, and only for the shortest duration necessary to restore safety. Its use is subject to strict conditions, including clinical oversight, specific staff training requirements, continuous monitoring, documentation requirements, supervisory review, and post-incident debriefing.

Consistent with best practices, EEC emphasizes crisis prevention, de-escalation, and use of the least restrictive alternatives, and prohibits the use of any type of restraint as punishment, discipline, or as a planned behavior management strategy.

This approach reflects EEC's desire to promote safe, dignified, supportive environments for residents residing in EEC licensed residential programs while recognizing that unpredictable crisis situations may arise within the residential facilities.

AUTHORITY

- 606 CMR 3.03(9)(b)
- 606 CMR 3.05(7)(e)(1)
- 606 CMR 3.07(7)(h)(1-23)
- 606 CMR 3.07(7)(h)(5)(a-f)

DEFINITIONS

For the purposes of this policy, the following definitions are used:

Prone Restraint. A physical restraint in which a resident is placed face down on the floor, or on another surface, with physical pressure applied to the resident's body to keep the resident in the face down position. Prone Restraint does not include temporary prone positioning used by the Department of Youth Services, as a secondary tactic for handcuffing a resident.

POLICY STATEMENT

Prohibition and One Time Emergency Use

Prone restraint is prohibited in EEC-licensed residential programs, except as permitted under 606 CMR 3.07(7)(h)(5)(a–f). It may be used only as a last resort, on an individualized basis, when all less restrictive interventions have been attempted and have failed or are contraindicated, and when the resident's behavior presents an imminent threat of serious physical harm to self or others. In such cases, prone restraint may be implemented only in full compliance with the specific conditions and requirements set forth in 606 CMR 3.07(7)(h)(5)(a–f).

A prone restraint procedure for a resident may be developed prior to intake and in preparation for admission only if there is an active or past history that indicates the use of prone restraint was effective in maintaining safety as a last resort intervention for

that resident and is part of a larger, comprehensive, individualized behavior support plan that also includes less restrictive interventions.

Prone restraint may be used one time while a resident is residing in the program, as a last resort intervention, without first initiating the below process and complying with documentation requirements in 606 CMR 3.07(7)(h)(5)(a-f), in response to an unexpected crisis to prevent serious injury to the resident and/or other residents and/or staff in a residential program.

If the program determines that the prone restraint may be required again in the future to maintain safety, the below process must be initiated prior to any subsequent use of the prone restraint.

Implementation Requirements

All other restraint requirements outlined in 606 CMR 3.00 must be followed, in addition to the requirements outlined in this policy.

The licensee obtained consent, as defined in 606 CMR 3.02(1), to use prone restraint, following procedures set by the placement agency or referral source, which has been approved in writing by the licensee's chief administrative officer, per 606 CMR 3.07(h)(5)(a).

There is psychological or behavioral justification for the use of prone restraint with no contraindications, including past or active history of trauma and/or abuse, as documented by a licensed mental health professional, which may include a LCSW, LICSW, LMFT, LMHC, BCBA, LBA, psychiatrist, psychologist, physician, physician's assistant, or a clinical nurse practitioner. This justification should be a written narrative and note the name and credentials of the mental health professional, per 606 CMR 3.07(7)(h)(5)(b).

There are no medical or psychological contraindications, as documented by a licensed physician or practitioner, per 606 CMR 3.07(7)(h)(5)(c).

NOTE: The licensed mental health professional or physician or practitioner does not approve the use of prone restraint, but rather documents his/her agreement that there are no contraindications that would prohibit the use of a prone restraint with the resident.

The resident has a documented history of repeatedly causing serious self-injuries and/or injuries to other residents or staff. Injuries to family members, teachers, and/or members of the community may also be taken into consideration. This should be documented in a narrative assessment based on historical and current information (if available), per 606 CMR 3.07(7)(h)(5)(d).

The resident has exhibited past behavior resulting in the risk of immediate and serious injury to self or others that would indicate a potential need for the use of prone restraint to maintain the safety of themselves and others, per 606 CMR 3.07(7)(h)(5)(e).

All other forms of less restrictive interventions, including de-escalation techniques and less restrictive forms of physical restraint have failed to ensure the safety of the resident and/or safety of others, per 606 CMR 3.07(7)(h)(5)(f).

The licensee shall ensure that any individual who may participate in the implementation of a prone restraint has received the required training prior to participating in such intervention, in accordance with 606 CMR 3.04(7)(e).

Transfer of Consent

Consent, as defined by 606 CMR 3.02(1), may be transferred from one residential program to another but only within a single licensee, provided all the above components are satisfied and are reviewed and signed by the receiving program's chief administrative executive and/or director.

Consent may not be transferred from one licensee to another.

A program that accepts a resident from another licensee must undertake the consent and authorization process as outlined in 606 CMR 3.07(7)(h)(5)(a-f), with one exception: If the medical contraindications narrative was completed within the past twelve (12) months, as required by 606 CMR 3.07(h)(5)(c), this document does not have to be reinitiated and completed as a resident's medical insurance may only allow payment for one medical exam per year.

Annual Review

Consent related to prone restraint must be reassessed and reviewed in accordance with each resident's annual medical exam. Justification for continued use of prone restraint must be re-evaluated and documented with specific data regarding the actual number of all restraints, including prone, that occurred with that resident during the

prior year.

Documentation

All documents supportive of the items listed in 606 CMR 3.07(7)(h)(5)(a-f) must be maintained with an authorized signature page. These documents must be maintained in a subsection of the resident's record, include all required authorizations, and be readily accessible, at the program level, for staff review. *(Please see Checklist and Signature Page Template)*. 606 CMR 3.09(1)(i).

- Documents may be stored via electronic methods or as physical hard copies.
- All documents must be accessible for review upon request to The Department.

Discharge Planning

Authorization information and prone restraint use must be included in a resident's discharge plan/summary. While the authorization is not applicable to another licensee, the history and use of prone restraint must be shared.

ADDITIONAL INFORMATION

See attached and referenced *“Prone Restraint Authorization Checklist Template”* for further guidance regarding procedural protocol that must be followed for exceptional use of prone restraint.

OBSOLETE

This policy replaces Prone Restraint Authorization Policy [2016-01] issued September 8, 2016

PRONE RESTRAINT AUTHORIZATION CHECKLIST TEMPLATE

Policy checklist and Signature Page for Individual Resident

Check When Completed:

- Signed Consent (parent signature or copy of placement agency or referral consent, if applicable)

- Narrative of psychological or behavioral justification for use of prone restraint

- No medical contraindications

- Narrative history re: self-injuries or injuries to others

- Narrative that less restrictive forms of physical restraint have failed

- Signature of Chief Administrative Officer

Date

Signature of Chief Administrator or Executive Director

Annual Review due: _____ Annual Review completed: _____