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WORKING TOGETHER TO PREVENT AND PROTECT

REFERENCE FRAMEWORK

FOR CONTROL MEASURES IN SCHOOLS

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This *Reference Framework for Control Measures in Schools* was made possible through the invaluable collaboration of many people and various organizations.

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In addition to the content development committee, a review committee was established to ensure the coherence and conformity of the content of this Reference Framework for each of the networks concerned. On two occasions, this committee reviewed the progress of the work and contributed to it. The Fédération des centres de services scolaires du Québec (FCSSQ) and the Ministère de l'Éducation (MEQ) acknowledge the essential contribution provided by the different organizations that volunteered during the consultation, and thank them:

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Fédération des employées et employés de services publics – Secteur scolaire (FEESP-CSN)
Fédération des établissements d'enseignement privés (FEEP)
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Québec English School Boards Association (QESBA)
Québec Intellectual Disability Society (QIDS)
Regroupement des comités de parents autonomes du Québec (RCPAQ)

In closing, the FCSSQ and the MEQ also thank Claire Beaumont, Professor, researcher and holder of the research chair Bien-être à l'école et prévention de la violence in the Faculty of Education, Université Laval, for her participation in the consultation process.

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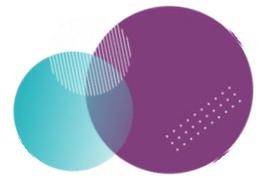
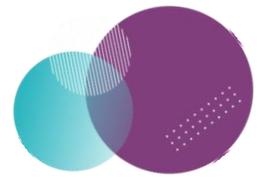


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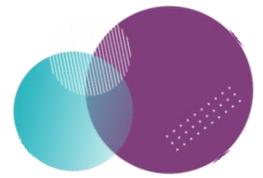


BACKGROUND

At the start of the 2000s, as a result of amendments to the *Act respecting health services and social services*, the Ministère de la Santé et des Services sociaux (MSSS) began work to determine the specific guidelines with regard to the use of control measures in its institutions. In addition to the preferred intervention philosophy, these efforts resulted in the definition of the ethical rules and guiding principles on which the institutions in the health and social services network were to base their practices, with a view to standardization. Since then the Ministère de l'Éducation (MEQ) has invited its own network to draw on the rules in force in the health and social services network to establish its own protocols governing the use of control measures in schools. In light of the specific, persistent issues that the school network regularly faces, the MEQ has joined forces with the FCSSQ to provide guidelines based on those of the MSSS, yet more closely aligned with the needs and reality of schools. Even though the legal frameworks applicable to the health and social services network are different from those applicable to the education network, they are based on the same orientations and principles, which must guide the use of control measures.

The content development for a reference framework for control measures in schools, coordinated by the FCSSQ, began in spring 2022, at the same time as the professional orders began the process to have the *Professional Code* amended with the aim of giving psychologists as well as psychoeducators the authority to decide on the use of restraint measures in Québec schools. From the start, the FCSSQ's initiative was intended to be interdisciplinary in order to develop a document based on the development of collective expertise, including that of a variety of stakeholders from different networks called upon to work in schools. Because of the expertise acquired over the years by the Centre de services scolaire Marguerite-Bourgeoys (CSSMB), the FCSSQ based its work primarily on the reference framework entitled *Mesures d'encadrement à l'école: assurer une intervention préventive et éducative en situation complexe et une intervention adéquate en situation d'urgence ou de crise*, produced by the CSSMB. With the kind permission of its authors, content from that document has been translated and incorporated into this document without quotation marks.

This Reference Framework is intended to respond to a need expressed by different stakeholders who are directly or indirectly involved with control measures in schools. Based on legal references and conclusive data, its content is aimed at instituting an intervention philosophy and harmonized practices in this environment. Now supported by the FCSSQ and the MEQ, this Reference Framework will be extended to private education, to the English sector and to the First Nations and Inuit. It will thus enable schools to define orientations with regard to the use of restraint and seclusion, and will constitute the starting point for a reflection on the issues related to control measures within the context of a reality specific to the school network.



MESSAGE FROM THE MINISTER OF EDUCATION

The well-being and safety of all students and school staff members are at the heart of my priorities. They are also essential determining factors in student perseverance and educational success.

To this end, the *Reference Framework for Control Measures in Schools* offers orientations adapted to the reality in schools. This guide for schools is intended to support their reflection, planning and implementation of best practices to prevent and guide the use of control measures with regard to students.

Collaboration between the school staff, families and partners involved is essential. The complementarity of all these stakeholders, each in their field of expertise, allows interventions to be optimized for the students' benefit.

It is important to mention that using a control measure such as seclusion or restraint is a last-resort intervention that must be used in an emergency situation only, in other words, when the safety of staff or students is threatened. This is why we must first rely on preventive actions such as the establishment of positive relationships between the student and the adult, behaviour management, parental involvement, concerted efforts with the partners and the provision of safe environments for our students.

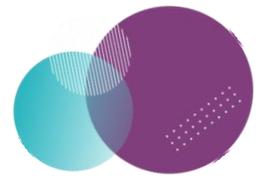
I want to thank the Fédération des centres de services scolaires du Québec, which was at the centre of the development of this Reference Framework. The Ministère de l'Éducation and the Fédération des centres de services scolaires du Québec will continue to work closely together on this file in order to make our schools even safer for all.

I also want to thank the members of the content development committee, the professional orders involved and everyone who participated in the consultation process. *Working Together to Prevent and Protect: Reference Framework for Control Measures in Schools* is an eloquent testimony to the power of teamwork.

Bernard Drainville

Minister of Education





MESSAGE FROM THE PRESIDENT AND DIRECTOR GENERAL OF THE FCSSQ

In the spring of 2022, aware of the many challenges faced in the field, the Fédération des centres de services scolaires du Québec (FCSSQ) launched a major project to increase collective expertise in the implementation of interventions designed to protect students, their peers and the staff. This *Reference Framework on Control Measures in Schools* stems mainly from a close collaboration developed with the Ministère de l'Éducation. It also bears witness to a firm and mutual willingness to contribute actively to maintaining a safe and healthy environment in all Québec schools.



True to its orientations, the FCSSQ brought different areas of professional expertise together in a process of co-construction to develop this framework that will equip all staff in all educational institutions in Québec. I wish to acknowledge the invaluable contributions of the numerous collaborators that resulted in content based on practices recognized as being effective in schools.

Designed to become a practical tool for all school staff, this framework takes into account the reality in schools. It allows the reader to fully understand the ethical and legal issues surrounding the use of control measures and promotes the implementation of a continuum of preventive and educational interventions using a shared and agreed-upon vocabulary. In addition, it offers a range of tools that can be adapted to the context of each school. I invite all school staff involved in intervention to become familiar with it.

The Reference Framework is a new milestone in the use of concerted actions in the area of preventive interventions, behaviour management and interventions of an exceptional nature such as control measures. The FCSSQ expects to further support the network in deploying this framework and recognizes that a strong partnership with the Ministère de l'Éducation is essential for it to have the optimal impact in the schools.

The commitment of each person to provide strong support for the school network is reflected in the spirit of collaboration that informed the review of this framework. I sincerely hope that this same dynamic will inspire the entire education community in implementing it.

On behalf of the FCSSQ, I want to thank all of the people and organizations that contributed directly or indirectly to the content development of this Reference Framework. I am convinced that it will become an indispensable tool which can be relied upon by all the stakeholders who work with students.

Caroline Dupré

President and Director General of the FCSSQ

DEFINITIONS

In order to promote a common understanding adapted to the reality of the school network, some terms must be defined from the outset.

Alternative measures:¹ Alternative measures are used to avoid applying a control measure to a student who exhibits behaviours that could endanger themselves or others. For example, it could involve making the environment safe by removing all potentially dangerous objects, moving the other students away or creating a diversion.

Control measures: The terms “restraint measures,” “exceptional measures” and “management measures” are sometimes used to designate control measures. These include restraint, seclusion and the use of chemicals. Their purpose is to prevent a student from harming themselves or others. “The use of such means must be minimal and resorted to only exceptionally, and must be appropriate having regard to the person’s physical and mental state.”²

- **Restraint:**³ Restraint consists of stopping or limiting a student’s freedom of movement by using human strength or a mechanical means, or by depriving them of a means they use to compensate for a disability.
 - **Physical restraint:**⁴ Physical restraint is aimed at stopping or limiting the movement of a student using human strength. The strength applied is such that the student has difficulty freeing themselves despite all their efforts, e.g. holding the student’s arm to guide them to a room if they resist being moved or holding them physically if they hit a classmate.
 - **Mechanical restraint:**⁵ Mechanical restraint is the use of any device or object to limit a student’s movement partially or fully, e.g. safety mitts, seat belts that cannot be unfastened by the student or harnesses in school transportation.
 - **Restraint through the removal of devices:**⁶ This type of restraint consists of removing or limiting the use of devices that normally allow the student to compensate for a handicap, e.g. setting the brakes on a wheelchair or confiscating a walker in order to stop the student from moving around freely or from using this device to harm themselves or others.

¹ Adapted from: Ministère de la Santé et des Services sociaux, *Cadre de référence pour l’élaboration des protocoles d’application des mesures de contrôle: contention, isolement et substances chimiques* (Québec, 2015), 3; Programme TC-TGC: *pour mieux comprendre et intervenir auprès des personnes ayant une DI ou un TSA vivant des situations à défis*, 15, <https://ciusssmq.ca/telechargement/469/les-mesures-de-contrôle-en-soutien-a-domicile-les-alternatives-et-l-utilisation/>.

² *Act respecting health services and social services*, CQLR, c. S-4.2, s. 118.1.

³ Adapted from: *Cadre de référence pour l’élaboration des protocoles d’application des mesures de contrôle: contention, isolement et substances chimiques*, 9.

⁴ *Ibid.*, 13.

⁵ Adapted from: Commission scolaire Marguerite-Bourgeoys, *Mesures d’encadrement à l’école: assurer une intervention préventive et éducative en situation complexe et une intervention adéquate en situation d’urgence ou de crise* (Montréal: 2016), 16. <https://levisseauve.ecoleverdun.com/wp-content/uploads/2016/05/Referentiel-sur-les-mesures-dencadrement-final.pdf>. Hereinafter referred to as CSMB.

⁶ *Ibid.*

- **Seclusion:**⁷ Seclusion involves placing the student, for a set period of time, in a room or area that they cannot leave at will, e.g. stopping them from leaving by locking the door or by physically blocking the door or by using an object.
- **Chemicals:**⁸ The use of chemicals consists of the administration of medications to limit the student's ability to act. This measure requires a medical prescription. Its use is also reserved for authorized persons, consistent with their specific scope of practice. Please note that the use of chemicals as a control measure will not be covered in this document.

A control measure may be applied in accordance with two intervention contexts:

- **Unplanned intervention context:**⁹ Emergency situation in which a control measure is used in the case where a student exhibits an unexpected and unpredictable behaviour that puts their safety or that of others in imminent danger. In this case, a control measure is applied in compliance with the school protocol.
 - **School protocol:** This is a tool designed to help avoid, through the use of universal preventive interventions and alternative measures, the use of a control measure in the context of an unplanned intervention for any student at the school. Furthermore, this tool will provide a framework for the use of a control measure should the preventive interventions and alternative measures prove to be ineffective in this context.
- **Planned intervention context:**¹⁰ Emergency situation in which a control measure is used in the case where a student exhibits a behaviour that is known and likely to be repeated, putting their safety or that of others in imminent danger. In this case, the control measure that has already been planned for the student concerned is applied in compliance with the student protocol.
 - **Student protocol:** This is a tool designed to help avoid, through the implementation of preventive interventions and alternative measures, the use of a control measure for a specific student in the context of a planned intervention. Furthermore, this tool will provide a framework for the use of a control measure should the preventive interventions and alternative measures prove to be ineffective in this context. The student protocol is generally developed as part of the process of preparing an individualized education plan (IEP) or, as needed, an individualized intersectoral service plan (IISP).

Crisis situation:¹¹ A crisis situation often arises when a student's behaviour becomes disorganized and spirals out of control in a fairly predictable pattern. The crisis is a temporary disruption of the student's functioning on the emotional, cognitive or behavioural level. It can be resolved through interventions or it can worsen and lead to an emergency situation.

⁷ Adapted from: *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques*, 9.

⁸ Ibid., 9 and 16.

⁹ Ibid., 5.

¹⁰ Ibid., 4.

¹¹ Adapted from: CSMB, 16; Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 28.

Emergency situation:¹² In an emergency situation, the physical safety of the student or others is threatened and there is imminent danger. This danger is assessed using three criteria: its predictability, its immediacy and the severity of its consequences. In an emergency situation, the staff concerned must take immediate action, which may include the use of alternative measures or, as a last resort, a control measure.

Post-incident procedures:¹³ Post-incident procedures consist of a set of interventions and actions that must be taken with the people involved, witnesses and parents of students following an emergency situation that required the use of a control measure in the context of either a planned or an unplanned intervention. These procedures help to ensure the well-being of students and adults who were involved in or witnessed the incident, to establish the facts, to review the incident, and to evaluate the effectiveness of the protocol and make any necessary adjustments.

Preventive intervention:¹⁴ Preventive intervention consists of a set of strategies, practices and educational means that are used on an ongoing basis to help prevent the onset of behavioural difficulties in students. When it is focused on one student in particular, preventive intervention corresponds to actions taken prior to or at the first sign of behavioural difficulties (early warning signs) in order to avoid a crisis situation or its escalation.

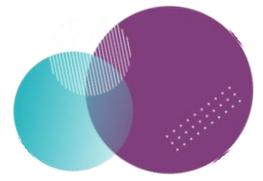
Reserved activity: Reserved activities should only be carried out by the members of certain professional orders. These activities refer to a set of operations or interventions that must be carried out within the scope of practice of the profession. They are reserved because of the risk of harm associated with carrying them out and the competencies and knowledge required to do so. Although several professions usually share these reserved activities, the scope of practice is different for each one.¹⁵ A reserved activity must be carried out exclusively by an authorized professional.

¹² Adapted from: CSMB, 16. The term “imminent danger” may also be used.

¹³ CSMB, 41.

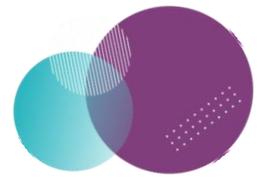
¹⁴ Adapted from: Centre de réadaptation en déficience intellectuelle et en trouble envahissant du développement de la Mauricie et du Centre-du-Québec – Institut universitaire et Service québécois d’expertise en troubles graves du comportement, *Programme TC-TGC: pour mieux comprendre et intervenir auprès des personnes ayant une DI ou un TSA vivant des situations à défis*, Trois-Rivières, [s. é.], 2014, 50.

¹⁵ Adapted from: Office des professions du Québec, *Cahier explicatif – Loi 90, Loi modifiant le Code des professions et d’autres dispositions législatives dans le domaine de la santé* (Québec: 2003), 15.



LIST OF ABBREVIATIONS

CSSMB:	Centre de services scolaire Marguerite-Bourgeoys
CTREQ:	Centre de transfert pour la réussite éducative du Québec
FCSSQ:	Fédération des centres de services scolaires du Québec
IEP:	Individualized education plan
IISP:	Individualized intersectoral service plan
MEQ:	Ministère de l'Éducation
MSSS:	Ministère de la Santé et des Services sociaux
MTSS:	Multi-tiered System of Supports
RTI:	Response to Intervention
SSC:	School service centre



INTRODUCTION

For several years now, prevention has been figuring prominently in the choice of interventions to be carried out in schools. This also holds true for situations that require an intervention intended to protect the student, their classmates or the staff involved. When situations threaten their safety, a control measure may sometimes be required as a last resort. Because this type of measure infringes on the basic rights of individuals and may result in physical or psychological harm to the student and the school staff, it is important to exercise good judgment when using it exclusively in an emergency situation and in accordance with an intervention continuum.

The purpose of this Reference Framework is to support reflection on and implementation of concerted actions in the area of preventive interventions, behaviour management and the use of control measures as a last resort in schools. It is intended to ensure the collective responsibility of the different staff members involved in intervention, with respect to control measures in schools. It was designed with school-family-community collaboration in mind and with the desire to promote concerted action by the school team with students' parents¹⁶ and the other partners, including those from the health and social services network.

The invaluable contributions to this Reference Framework by several collaborators from the education community ensured that the content is consistent with the vision and practice of members of different professional orders. Intended mainly for the staff of educational organizations¹⁷ in Québec, it can be used as a reference to guide interventions related to prevention and to the use of control measures. Its objectives are essentially the following:

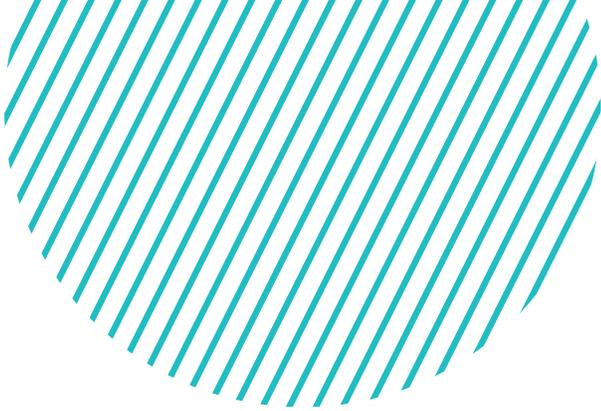
- Make all school staff members aware of the **ethical and legal issues** that concern the use of control measures at school.
- Support schools in implementing **preventive and educational interventions** in order to promote a healthy and safe environment.
- Support schools in implementing **alternative measures** in order to keep recourse to control measures to a minimum.
- Promote a common understanding by proposing an **agreed-upon vocabulary** associated with control measures.

¹⁶ In this document and as specified in section 13 of the *Education Act*, “the word ‘parent’ means the person having parental authority or, unless that person objects, the person having custody *de facto* of the student.” <https://www.legisquebec.gouv.qc.ca/en/document/cs/l-13.3>.

¹⁷ The term “educational organizations” refers to all public and private institutions as well as special status institutions, English and French.

This document offers various tools intended for educational institutions. It has five chapters:

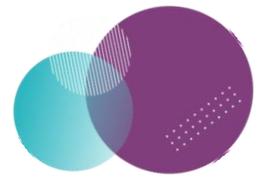
- Chapter 1 presents the orientations upon which all of the concepts covered are based, including the guiding principles, legal references, details on reserved and non-reserved activities, some important elements related to consent, the essential role of school-family-community collaboration, the sharing of roles and responsibilities, and the importance of training.
- Chapter 2 is essentially devoted to preventive and educational interventions with all students (universal interventions). It emphasizes the importance of maintaining a healthy and safe school environment and of implementing preventive measures. Some considerations with respect to prevention in occupational health and safety are also addressed.
- Chapter 3 underscores the importance of identifying the various control measures and enables readers to properly seize the nuances of an intervention in accordance with the targeted goal. A reflective approach is encouraged to support the person who must determine if their intervention corresponds to a control measure or not.
- Chapter 4 covers interventions in a crisis or emergency situation. It shows the difference between a crisis and an emergency, and it presents the two contexts in which a control measure is applied, i.e. the planned intervention and the unplanned intervention. A process is proposed that includes the following steps:
 1. Protocol development
 2. Application of preventive interventions and alternative measures
 3. Danger assessment
 4. Application of a control measure
 5. Application of post-incident procedures
- Chapter 5 is intended for professional staff who are authorized to decide upon a control measure and details the clinical assessment procedure required to plan for it. It also deals with mechanical restraint, elements of which merit some reflection. Mechanical restraint measures are used in school transportation in particular.



Orientations

1





1. ORIENTATIONS

In all the documents governing the practice that address the subject, **the use of control measures is strongly disadvised. Instead, there is an insistence on their use as a last resort only: a substantial body of proof shows that recourse to control measures is likely to cause physical and psychological harm that could have long-term repercussions.**¹⁸ The orientations of this Reference Framework are intended to provide details on the planning and application of control measures while, at the same time, encouraging educational organizations to implement preventive interventions and alternative measures in order to reduce, even eliminate, the use of control measures.¹⁹

1.1. GUIDING PRINCIPLES

The guiding principles²⁰ that follow present values, attitudes and a position to take when an emergency situation requires the use of a control measure in schools. Therefore, all control measures must:

- **Be viewed as a last resort and when there is imminent danger**

The use of control measures in schools is discouraged. Whether in the context of a planned or unplanned intervention, it must be considered as an exceptional measure, used only when the safety of the student or others is compromised, and preventive interventions and alternative measures aimed at avoiding its use are neither effective nor possible. The school staff involved in intervention must be made aware of the impacts of using a control measure in order to use it diligently.²¹ A control measure must never be used as an educational or punitive tool or to make it easier to supervise the student.

- **Be the least restraining possible**

The control measure must be the least restraining possible and applied for the shortest time possible. This means discontinuing it once the danger has passed. The staff members involved in the intervention must take into account the student's characteristics and those of their environment so as to cause the least possible harm to the student.

¹⁸ Adapted from: Institut national d'excellence en santé et en services sociaux, *État des connaissances – Troubles graves du comportement: meilleures pratiques en prévention, en évaluation et en intervention auprès des personnes qui présentent une déficience intellectuelle, une déficience physique ou un trouble du spectre de l'autisme* (Québec: Institut national d'excellence en santé et en services sociaux, 2021), 46.

¹⁹ Adapted from: Ministère de la Santé et des Services sociaux, *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques* (Québec: 2015), 3.

²⁰ Ibid.

²¹ Adapted from: Ministère de la Santé et des Services sociaux, *Programme de formation: vers un changement de pratique afin de réduire le recours à la contention et à l'isolement* (Québec: 2010), 41-7.

- **Be carried out while ensuring respect for the student, their dignity and their safety**

A control measure should be used in the context of a helping relationship; it must be imbued with human warmth, empathy and caring, so as to maintain the bond established with the student. In addition, to ensure the student's safety, the staff member involved in the intervention must closely and constantly supervise them during and after the use of the measure. It must never be implemented except by trained persons who have the proper skills and knowledge.

- **Be in compliance with the school protocol and the student protocol, if applicable**

The use of control measures must be guided by a protocol that details, among other things, the preventive interventions, alternative measures and the procedures for applying the control measures authorized by the educational institution, that is, the [school protocol](#) for an [unplanned intervention](#) and the [student protocol](#) for a [planned intervention](#). The distribution of these protocols in schools promotes respect for the established guiding principles and the consistency of the interventions.

- **Be followed up**

The development of a [school protocol](#) and a [student protocol](#) makes it possible to plan [post-incident procedures](#) to be provided in order to ensure that there is a follow-up whenever a control measure is used. These procedures ensure that protocols are respected when a control measure is used. They are also designed to help understand the reason for the manifestation of behaviour that put the student or others at risk and to ensure the effectiveness of preventive interventions and alternative measures so as to avoid using the control measure as much as possible.

1.2. LEGAL REFERENCES

The [control measures](#) constitute an infringement on freedom, but their use may be justified as a last resort to preserve the safety and well-being of a person or others. In a school context, their use restrains the student's freedom and may undermine their dignity, safety and development. Several legal provisions, including some with a general scope, contain elements that guide the application of control measures in schools for the student and the staff involved in the intervention. It is important that the staff involved act in accordance with legal principles applicable to such measures and that they comply with occupational health and safety rules. These legal references are found mainly in the following documents:

- The [Canadian Charter of Rights and Freedoms](#), Part I of the *Constitution Act, 1982* (Schedule B to the *Canada Act 1982* [U.K.], 1982, chapter 11)
- The [Charter of human rights and freedoms](#), CQLR, chapter C-12
- The [Criminal Code](#), R.S.C., 1985, chapter C-46
- The [Civil Code of Québec](#), CQLR, chapter CCQ-1991
- The [Convention on the Rights of the Child](#)
- The [Professional Code](#), CQLR, chapter C-26

- The [Act respecting occupational health and safety](#), CQLR, chapter S-2.1
- The [Act respecting private education](#), CQLR, chapter E-9.1
- The [Education Act](#), CQLR, chapter I-13.3
- [An Act to modernize the occupational health and safety regime](#), SQ 2021, chapter 27

Appendix I contains the various legal sections that underpin the orientations of this Reference Framework. Given the exceptional nature of recourse to the control measures in schools, the importance of these sections must be stressed:

Charter of human rights and freedoms

Article 1

Every human being has a right to life, and to personal security, inviolability and freedom. [. . .]

Article 2

Every human being whose life is in peril has a right to assistance.

Every person must come to the aid of anyone whose life is in peril, either personally or calling for aid, by giving [them] the necessary and immediate physical assistance, unless it involves danger to [themselves] or a third person, or [they have] another valid reason.

Consequently, as any decision concerning the application of a control measure with regard to a student must take the student's rights into account, it is important to remember that, in 1991, Canada ratified the *Convention on the Rights of the Child*,²² adopted by the United Nations in 1989.

The ***Convention on the Rights of the Child*** is founded on the following four principles:²³

1. **Non-discrimination:** The rights of all children are to be respected without discrimination of any kind. It does not matter their gender; if they are rich or poor; what their religion, ethnicity, or language is; or whether they have special needs.
2. **The best interests of the child:** When decisions are made that affect the lives of children, the Convention says that it is very important to think about what is best for the child.
3. **The right to life and development:** The Convention says that governments should do their best to help children live and grow to be the best they can be.
4. **Participation:** Children have the right to give their opinions in all matters that affect them and to have their voices heard. Children's views should always be taken seriously, no matter their age.

²² <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.

²³ <https://www.canada.ca/en/public-health/services/national-child-day/united-nations-convention-rights-of-the-child.html>.

1.3. RESERVED AND NON-RESERVED ACTIVITIES

An Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations (SQ 2009, c. 28) established a reserve of activities for certain professions with reserved titles. Criteria that help to determine the reserved activities include the risk of harm, required training, vulnerable clients and specific contexts.

The [*Guide explicatif : Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé mentale et des relations humaines*](#) provides additional details about the reserved activities, including those that must only be performed by professionals with the legally recognized competencies.

Therefore, according to the Office des professions du Québec, it is important to state that although the text is the same for all the professionals engaged in the shared activity, the activity of one professional differs from that of the others because the objective specific to each profession is not the same. Professionals are not interchangeable but rather complementary when engaged in a shared activity. Consequently, **having recourse to more than one professional to engage in the same activity remains possible and sometimes desirable in the context of interdisciplinarity, given the unique contribution of each.**²⁴

Since October 19, 2023, the *Regulation respecting a professional activity that may be engaged in by psychoeducators and psychologists* (CQLR, c. M-9, r. 9.1) authorizes these professionals to make decisions as to the use of restraint measures without any restriction as to place. The decision to use a restraint measure, without any restriction as to place, is an **activity reserved** for occupational therapists, nurses, physicians, physiotherapists, psychoeducators and psychologists. These professionals may therefore make the decision to use a restraint measure in different contexts, including schools.

Control measures in schools

First of all, it is important to make the distinction between the **decision** to use a control measure and the **application** of this measure. The decision is the choice to have recourse to this measure, while the application constitutes a direct action with the student. The reserved and unreserved activities related to control measures (restraint and seclusion) in schools can be summarized as follows:

- In an emergency situation, in the **context of an unplanned intervention**, the **decision** to use a **restraint measure** does not represent a reserved activity. However, in the **context of a planned intervention**, this **activity** is **reserved** for authorized professional staff.

²⁴ Office des professions du Québec, *Guide explicatif – Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé mentale et des relations humaines* (Québec: 2021), section 3, 2. [Translation] https://cdn-contenu.quebec.ca/cdn-contenu/adm/org/office-professions-quebec/OPQ-Admin/Publications/2020-21_020_Guide-explicatif-sante-rh-26-08-2021.pdf.

- In an emergency situation, in the **context of a planned or unplanned intervention**, the **decision** to use a **seclusion measure** in a school environment is not a reserved activity. The teachers and school staff involved in intervention must stay vigilant given the exceptional nature of such a decision. Everything must be done within the context of a planned intervention that takes into account the rights recognized by the Québec *Charter of human rights and freedoms*: inviolability, personal security and dignity.²⁵
- In an emergency situation, in the **context of a planned or unplanned intervention**, the **application** of a restraint or a seclusion measure is not a reserved activity.



	UNPLANNED INTERVENTION CONTEXT		PLANNED INTERVENTION CONTEXT	
	DECISION	APPLICATION	DECISION	APPLICATION
RESTRAINT MEASURE	Unreserved activity	Unreserved activity	Reserved activity	Unreserved activity
SECLUSION MEASURE	Unreserved activity	Unreserved activity	Unreserved activity	Unreserved activity

Important note: The use of seclusion in schools is not currently a reserved activity under the law. However, the orientations of this Reference Framework should apply to it in the same way as they apply to the use of restraint, because of the increased risk of causing harm to the physical, psychological and moral well-being of the students and the staff involved in intervention.

1.4. CONSENT

Free and enlightened consent

The assessment process carried out by the authorized professional staff and related to the use of a control measure requires free and enlightened²⁶ consent from the parents and/or the student aged 14 or older who is capable of giving consent. In addition, the development of a **student protocol** in the **context of a planned intervention** also requires **free and enlightened consent**²⁷ from the parents and/or the student aged 14 or older who is capable of giving consent.

²⁵ Office des professions du Québec, *Guide explicatif – Loi modifiant le Code des professions et d’autres dispositions législatives dans le domaine de la santé mentale et des relations humaines* (Québec: 2021), section 3, 60. [Translation] https://cdn-contenu.quebec.ca/cdn-contenu/adm/org/office-professions-quebec/OPQ-Admin/Publications/2020-21_020_Guide-explicatif-sante-rh-26-08-2021.pdf.

²⁶ Section 5.1 provides further details about the concept of consent referred to here.

²⁷ *Civil Code of Québec*, CQLR, c. CCQ-1991, ss. 10 and 1399.

Giving free and enlightened consent requires that the person has received all the information necessary for them to make a decision with full knowledge of the matter, without being pressured or fearing reprisals.

It is important to present the advantages and disadvantages of the different options proposed. Therefore, detailed information²⁸ must be given to the parents and/or student to enable them to give this consent. This information includes the following:

- The situations that justify the use of a control measure
- The preventive interventions and alternative measures that have been tried or planned
- The type of control measure that will be used
- The length of time that the control measure will be applied
- The level of supervision required
- The contraindications and the risks inherent in the use of the control measure
- The reassessment procedure for this measure
- The procedures that would apply should consent be withdrawn or refused

It is strongly recommended that written consent be obtained and included in the student protocol, with the elements listed above indicated there. The student and/or their parents may withdraw their consent at any time, hence the importance of explaining to them the reasons for recourse to a control measure.

In the context of an unplanned intervention, recourse to a control measure does not require obtaining prior consent because of the urgent need to take action to ensure the safety of the student or others.

In the context of a planned intervention, recourse to a control measure requires obtaining free and enlightened consent.

Given the importance of school-family-community collaboration to promote concerted action, parental involvement is strongly encouraged, when possible, regardless of the student's age.

²⁸ CSMB, 20.

1.5. SCHOOL-FAMILY-COMMUNITY COLLABORATION

The decision to use a control measure in the context of a planned intervention in a school environment must be taken in collaboration with the authorized professionals, the members of the school team, the student and/or their parents, and the partners. The analysis of the triggers and factors that influence a student's behaviours as well as the determination of preventive interventions and alternative measures to be used requires close collaboration between all the persons involved. A pooling of the knowledge of each person may help avoid the recourse to a control measure during these key steps. The decision to use a control measure must be based on the active involvement of the student, in accordance with their capacities, and/or that of their parents because they are stakeholders in the process of finding solutions with regard to the choice of interventions.

In addition, the leadership of the school principal can have a big influence on the quality of a school-family-community collaboration by promoting the implementation of favourable conditions such as the following:

- **Fundamentally collaborative practices** ensure that school staff members share responsibility and work together consistently so that their actions complement each other. The recognition of competencies in diversified fields of expertise in a positive and respectful relational context makes an overall response to the student's needs possible. For the benefit of all the young people, it would be advantageous to put concrete procedures and favourable conditions in place for the school team in order to contribute to the emergence of a true culture of collaboration among the staff members involved in intervention.
- **Involving parents**, with a view to collaboration and shared problem-solving builds trust and leads them to become involved in the educational success of their child. There are a number of practical ways to promote the maintenance of a positive relationship with the parents: take the time to listen to the family's experiences; include them in decision-making processes; take consistent actions intended to create a climate of trust, openness and transparency; regularly think about different ways and means to better team up with the student and their parents; etc.
- **Active collaboration** with the community is necessary, especially with the partners in the health and social services sector whose specific and complementary expertise is recognized and considered essential in implementing certain interventions.

Among other things, a quality partnership promotes a common understanding of the student's needs, and that enables the stakeholders to jointly determine the preventive interventions, the alternative measures and the preferred control measure to be used, if any.

1.6. SHARING OF ROLES AND RESPONSIBILITIES

Given the complexity of the situations in which control measures are applied in schools as well as the possible harm to students and staff involved in intervention, the collaboration and involvement of different stakeholders is required in order to prevent having recourse to these measures, and to frame, determine, use and reassess them. Responsibility must be shared not only among all the organizational levels of the school but also among the different staff members involved with students and their families. In order to make sure that the best collaborative practices are used and to encourage complementary actions, it is important to clarify everyone's roles and responsibilities.

Minister of Education

- Formulate and provide orientations that enable school organizations to develop and update their policy on control measures.
- Support the network with regard to the use of control measures, mainly by distributing this Reference Framework, offering training on it and accompanying different educational institutions in implementing best practices.

School service centre or school board²⁹

- See to it that its institutions provide a healthy and secure learning environment that allows every student to develop their full potential.
- Know and consider the clinical, ethical and legal issues related to control measures.
- Use this Framework as a reference or as a basis for developing or updating their policy on control measures.
- Encourage the implementation of school protocols based on this Reference Framework. Call upon an administrator responsible for prevention in occupational health and safety to help implement this protocol in order to maintain the physical and psychological safety of the staff.
- Support and accompany administrators and staff in implementing this Reference Framework.
- Support and accompany administrators and staff by offering them training that is aligned with the orientations of this Reference Framework.
- Ensure that there is collaboration and consistency in the decisions that concern department administrators in the same organization with regard to the application of control measures, including educational services, material resources and school transportation.

²⁹ A network of public and private institutions that share the educational offer in Québec. Only public educational institutions fall under the responsibility of school service centres and school boards. Private educational institutions each report to their own board of directors and subsequently to the Ministère de l'Éducation (MEQ). Therefore, it is important that these institutions be able to assign the proposed roles and responsibilities in accordance with their own organization.

- Plan the coordination of services with the different partners involved, especially those in the health and social services sector, to ensure consistency in the actions taken.

School principal or director

- Ensure the physical and psychological well-being of their staff.
- Participate in training sessions covering prevention and intervention in crisis situations.
- Know and respect the orientations of their organization with regard to the use of control measures.
- Establish an IEP adapted to the student's needs, see to its implementation and periodic assessment, and keep the student's parents informed about it on a regular basis.
- Coordinate the development of the school protocol and the student protocol, and ensure that they are distributed, implemented and periodically reviewed.
- Consider the information associated with the application of the school protocol and the student protocol (e.g. incident report, accident or incident record book) that will be used to adjust future interventions.
- Support all the school staff who are involved in the implementation of protocols covering the possible use of control measures.
- Plan and organize training activities for members of their staff, including the training necessary for the authorized professional staff to make a decision on a restraint measure.
- Ensure that authorized professional staff are present and involved, in accordance with the law.
- Actively support the school team, including the authorized professional staff, in making decisions regarding the use of control measures.
- See to it that the recommendations issued by the authorized professionals are applied by the staff involved.
- Encourage active participation by the student and/or their parents throughout the process of developing the student protocol.
- Encourage action and collaboration on the part of staff, parents and partners in implementing favourable conditions (e.g. plan times for working together and ways to facilitate the active participation of parents in the decision-making process).
- Ensure that parents are promptly informed and involved when a control measure is used with their child in the context of an unplanned intervention. In the context of a planned intervention, the parents are informed in compliance with the [consent](#) obtained.

School staff involved in intervention

- Collaborate in creating and maintaining a healthy and safe environment for all students as well as for the school staff by prioritizing preventive interventions.
- Know and respect the orientations of their organization with regard to the use of control measures.
- Work in an interdisciplinary manner and collaboratively to contribute to the analysis of triggers and factors that influence the student's behaviour in order to determine the preventive interventions and alternative measures.
- Participate in training sessions offered or suggested by their organization concerning prevention and intervention in crisis situations.
- Participate in the development and application of the school protocol and the student protocol, if any, in accordance with the established procedures.
- Encourage active participation by the student and/or their parents throughout the process of developing the student protocol.
- Quickly inform the school principal when a control measure is applied.

Authorized professional staff in the school³⁰

- Ensure that they have the required competencies by participating in specific training sessions, as needed.
- Ensure that they obtain the consent of the student and/or their parents throughout the evaluation process associated with the decision to use a control measure.
- Carry out a full evaluation of the student's needs to determine the relevance of recourse to a control measure and, if applicable, decide to use it in a concerted effort with the stakeholders concerned.
- Communicate the outcomes of the intervention and provide recommendations to the student and/or their parents, in compliance with the consent obtained, as well as to the school staff members involved in the intervention.
- Work in an interdisciplinary manner to identify and plan interventions intended to respond to the student's needs.
- Plan preventive interventions, alternative measures and procedures for applying the control measure, if applicable, in collaboration with the school principal.
- Do a follow-up and a reassessment of the control measure, including the elimination of the measure, in accordance with the mandate entrusted to them.

³⁰ Occupational therapists, nurses, physicians, physiotherapists, psychoeducators and psychologists.

Student and parents

- Participate actively in the process of developing an IEP with the school team.
- Contribute to finding solutions to avoid having recourse to control measures.
- Participate in decisions regarding the development and implementation of the student protocol.
- Continue their involvement during the review of the student protocol.
- Work in collaboration with the partners involved, if applicable.

1.7. TRAINING

Training is fundamental for all school staff who might face situations that could require recourse to control measures, given the risk of harm associated with them. It is therefore recommended that training and support be offered regularly to the staff in order to maintain the consistency of the interventions and reduce the risks stemming from inadequate practices. A plan that includes basic training for everyone and specific training sessions intended to respond to special needs should be drawn up.

To promote the development and maintenance of competencies with regard to control measures, staff must be duly and regularly trained in:

- the preventive and educational interventions, including those that apply in crisis situations
- the use of alternative measures and control measures in an emergency situation as well as their negative repercussions

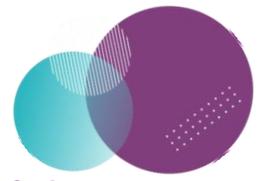
Furthermore, it is important to ensure that:

- the staff members involved in intervention hired during the school year have the required information and training
- the training offered is regularly updated
- the staff members involved in intervention can have access to the expertise of the complementary educational services and, as needed, to external resources to enable them to adjust their interventions by taking into account the student's characteristics (capacities, needs, and physical, psychological and medical state) and the family context



2

Preventive
and educational
interventions



2. PREVENTIVE AND EDUCATIONAL INTERVENTIONS

The planning of universal preventive and educational interventions is essential for limiting the use of control measures. This section is intended to prompt school teams to think about how to support the implementation of quality interventions. It is not an exhaustive recap of all the writings on the subject. The elements presented were chosen with practicality in mind, and care was taken to integrate recent knowledge gleaned from various frameworks or stemming from conclusive data.

2.1. HEALTHY AND SAFE SCHOOL ENVIRONMENT

The mission of the MEQ is “To offer, throughout Québec, living environments that are conducive to educational success, . . . living environments that are inclusive, healthy and respectful of people’s needs and circumstances.”³¹ School is an ideal living environment to support the overall development of the student through the improvement of a multitude of subject-specific, social and emotional knowledge and skills. By promoting healthy interpersonal relationships, the school’s interventions will gain by being, above all, preventive, educational and concerted.

In addition to ensuring the quality of the educational services provided at the school, the principal, in collaboration with the school team, sees to it that their school fosters a **healthy and safe environment**. The anti-bullying and anti-violence plan can contribute to creating this environment, especially the sections referring to prevention measures and collaboration with the parents.

The use of inclusive and caring practices where everyone is treated with equity, respect and dignity is also good for the school. For example, clear rules and intervention procedures, developed together with and understood by all staff, students and parents, contributes to getting everyone on board and to promoting and maintaining a safe environment, a sense of belonging and involvement in school life.

The implementation of structured prevention measures intended to reduce the number of manifestations of behaviours that put the safety of students and adults at risk are recognized as being conducive to the maintenance of a healthy and safe environment in the school.

³¹ Ministère de l’Éducation, *L’organisation et ses engagements* (Québec: 2023) <https://www.quebec.ca/gouvernement/ministere/education/mission-et-mandats>. This description of the mission of the MEQ was modified in October 2024.

2.2. PREVENTIVE INTERVENTIONS

Prevention is the first course of action to take to obtain lasting results and is aimed at developing and strengthening the students' adaptive capacities. It consists of a set of provisions set by the school and the staff members involved in intervention to stop the onset or escalation of a situation or behaviour. Preventive interventions thus help to reduce the risk of disorganized behaviour on the part of the student or may help them to calm down and recover their ability to function. Preventive and educational interventions in schools focus on taking action early, that is, before the onset of difficulties that may require the use of control measures. When planning preventive actions, the school staff must first consider the needs of all the students, and then analyze the needs of the students with or likely to develop behavioural difficulties in order to determine the interventions appropriate for them.³²

Therefore, universal interventions intended for all students or targeted interventions designed for certain young people or groups of young people needing additional help will be used to good effect when they are known, adopted and implemented by all school staff involved in intervention. In a school environment, this type of intervention generally refers to the Response to Intervention (RTI) model or the multi-tiered School-Wide Positive Behavior Support System (SWPBSS).³³

Multi-Tiered System of Supports

The Multi-Tiered System of Supports helps in understanding students' needs and in properly intervening with regard to several aspects of their school life. This model is used in planning interventions and in organizing services, in accordance with three tiers that gradually increase in intensity. Like the RTI, the SWPBSS is characterized, among others, by universal interventions (tier 1), targeted interventions (tier 2) and intensive and individualized interventions (tier 3) that are described as follows in this Reference Framework:

- The **universal interventions (tier 1)**,³⁴ intended for all students, help to establish a proactive and regular support process and to prevent difficulties. They emphasize the development of personal and social competencies by all students as well as the behaviours expected at school and in the classroom.
- The **targeted interventions (tier 2)**, intended for students who need additional support and who are likely to have behavioural difficulties, are usually offered to small groups. These interventions are aimed at developing self-regulation and diverse social skills, among other things.

³² Adapted from: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 11.

³³ Adapted from: Québec, Ministère de l'Éducation et de l'Enseignement supérieur, *Guide pour la mise en œuvre de la réponse à l'intervention en milieu scolaire* (Québec: Ministère de l'Éducation et de l'Enseignement supérieur, 2020) 14-15, <https://drive.google.com/file/d/1cotUOFEvWzG3h5vm9X7Z66Ry8PX2M99r/view>. Shane R. Jimerson, Matthew K. Burns, and Amanda M. VanDerHeyden, *The Science and Practice of Multi-Tiered Systems of Support* (New York: Springer, 2016).

³⁴ Adapted from: Centre on Positive Behavioral Interventions and Supports. *What is PBIS?* (2023) <https://www.pbis.org/pbis/tier-1>.

- The **intensive and individualized interventions (tier 3)**, implemented for a student in particular, are intended to take into account severe or persistent behavioural difficulties. These interventions are intensive and intended to reduce the risk of disorganized behaviour (crisis situations) on the part of the student while guiding them to continue developing their social and emotional skills.

To ensure that universal interventions are applied effectively to obtain concrete results, it is important to implement them school-wide. To do so, it is necessary to first analyze the situation in the school and what is prescribed in its **anti-bullying and anti-violence plan**³⁵ in order to properly identify the characteristics of the school and assess the needs of all the students.³⁶

For example, the **Agir dès les premiers signes**³⁷ tool created by the Centre de transfert pour la réussite éducative du Québec (CTREQ) in collaboration with the Université du Québec à Trois-Rivières is a directory of effective practices to prevent behavioural difficulties in students of preschool or elementary school age. It offers the school staff involved in intervention different universal or targeted preventive interventions. Using them helps reduce the risk of facing a crisis or emergency situation, among other things. The universal or targeted interventions presented in this document essentially take into account the following elements:³⁸

- The **development of positive relationships between the student and the adult** by, for example, taking the time to get to know the student, to listen to them, to talk with them, to recognize their needs, to encourage them and accompany them
- The **use of educational strategies focused on the development of autonomy and the feeling of competency** by, for example, commending the effort and progress made by the student, offering them the possibility of making choices and decisions, and suggesting meaningful activities and challenges that are suited to their abilities
- The **management of behaviours**, especially by the positive reinforcement of appropriate behaviours, the explicit statement of expectations with regard to behaviour, and the teaching of social and emotional skills
- The **classroom organization**, which provides a structured, predictable and functional environment for students, so that they feel safe and ready to learn, using, for example, the establishment of rules and routines, time and transition management, the layout of the classroom and access to equipment and materials

³⁵ *Education Act*, CQLR, chapter I-13.3, s. 75.1, <https://www.legisquebec.gouv.qc.ca/en/document/cs/i-13.3>.

³⁶ Adapted from: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 11-18, 33.

³⁷ Pierre Potvin, Marie-Claude Nicole, Marie-Josée Picher, Hélène Rioux, and Amélie Roy, *Agir dès les premiers signes: répertoire de pratiques pour prévenir les difficultés de comportement au préscolaire et au primaire*. (Québec: CTREQ, 2017), 9-11. https://www.ctreq.qc.ca/wp-content/uploads/2017/09/AGIR_sept2017.pdf.

³⁸ Adapted from: Pierre Potvin, Marie-Claude Nicole, Marie-Josée Picher, Hélène Rioux, and Amélie Roy, *Agir dès les premiers signes: répertoire de pratiques pour prévenir les difficultés de comportement au préscolaire et au primaire*. (Québec: CTREQ, 2017), 9-11. https://www.ctreq.qc.ca/wp-content/uploads/2017/09/AGIR_sept2017.pdf.

Some of the other models that can guide school staff through the adoption of preventive and educational strategies include the following:

- The *Healthy Schools Approach*³⁹ recommends comprehensive and concerted action with regard to the key factors in young people’s development that have an impact on health, well-being and educational success, that is, self-esteem, social skills, healthy lifestyle habits, healthy and safe behaviours, positive environments and prevention services.

Developed in the wake of the *Healthy Schools Approach*, the *ÉKIP Reference Framework*⁴⁰ suggests various actions to promote health and well-being among professional staff working in the education, health and social services and community networks. The methods presented contribute to the development and strengthening of the student’s personal and social skills while promoting consistency in interventions carried out at school, with the family and in the community.

- The global and positive approach put forward in the guide, *Promouvoir à la fois la santé mentale, un climat scolaire positif et la prévention de la violence: guide de planification pour soutenir de manière continue le bien-être à l’école*⁴¹ (available in French only), consists of a model of integrated educational actions that puts forward interventions that simultaneously focus on the well-being of the student and on collective well-being at the school.⁴² This guide takes into account five aspects of the school climate to foster the well-being of students and adults: safety, school environment, collaborative team, educational practices, and emotional and social skills. At the same time, it offers different tools and strategies to help plan and assess actions for continuously improving the school climate.

Furthermore, over and above the approach implemented or the prevention model favoured by the school, the staff must also be able to count on certain competencies that enable them to analyze the student’s behaviour with regard to the challenges that the student will face. These staff members are therefore called upon to consider all of the student’s spheres of development (emotional, cognitive, linguistic, motor and social) and to take into account not only the student’s difficulties but also their fields of interest, strengths, preferences, capacities, ways of learning, characteristics and needs.

It is also worthwhile to consider the different environments in which the student evolves. In this regard, several studies analyzed the significant benefits of looking at the person as being part of a system, or multiple systems, that influences their behaviour, attitudes, values, etc. All these studies reflect a holistic vision focused first on the person’s needs. Among these, the ecosystemic approach discussed in the

³⁹ Québec, Ministère de l’Éducation, *Healthy Schools* (Québec: Direction des services éducatifs complémentaires, 2013). <https://www.quebec.ca/en/education/preschool-elementary-and-secondary-schools/resources-tools-school-network/young-people-health-wellbeing/ekip-health-well-being-and-educational-success-of-young-people/resources-ekip-health-well-being-and-educational-success-of-young-people#c146934>.

⁴⁰ Ministère de l’Éducation, *ÉKIP: Health, Well-Being and Educational Success of Young People* (Québec: 2023). <https://www.quebec.ca/en/education/preschool-elementary-and-secondary-schools/resources-tools-school-network/young-people-health-wellbeing/ekip-health-well-being-and-educational-success-of-young-people/about>.

⁴¹ Claire Beaumont, *Promouvoir à la fois la santé mentale, un climat scolaire positif et la prévention de la violence: guide de planification pour soutenir de manière continue le bien-être à l’école* (Québec: Chaire de recherche Bien-être à l’école et prévention de la violence, Faculté des sciences de l’éducation, Université Laval, 2023). https://www.violence-ecole.ulaval.ca/fichiers/site_chaire_cbeaumont_v2/documents/Guide_de_planification.pdf.

⁴² Ibid., 8 and 11.

Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties,⁴³ provides an opportunity to consider the entire set of contexts in which the student is living in order to fully understand the student's development. It consists of targeting precise actions with regard to the various protective factors and risk factors specific to the student's situation. These factors include biological, socio-affective and environmental characteristics that have a positive or negative influence on the student's development.⁴⁴ [Appendix II](#) presents some examples of different protective factors and risk factors that could be taken into account when seeking solutions.

Finally, as long as the preventive interventions favoured by a school are known to its staff, and if they adhere to them and integrate them into their daily practice, the entire education community, including the student and their parents, will benefit. To this end, it is up to each institution to use a program or follow an approach that takes into account its context and the evolution of knowledge in the field.

The CSSMB is a typical example of an institution that has created an approach adapted to its context based on two theoretical models to design its own preventive intervention plan, the "3 x 3" model.

PREVENTIVE INTERVENTION PLANNING model developed by the CSSMB⁴⁵

The "3 x 3" results from a cross between the psychodevelopmental approach⁴⁶ and the RTI. It rests on two main elements:

- The level of intensity of the intervention (universal, targeted or individualized), adjusted to students' needs
- Global action focusing on the three spheres of protective factors and risk factors: personal, school and family, and social

This model focuses on prevention and rapid intervention. It enables daily interventions to be improved in order to reduce the occurrence of at-risk situations and prevent inappropriate and dangerous behaviours by promoting the student's development of personal and social skills. Ultimately, it leads to an improvement in the student's functioning and ability to adapt, which fosters their educational success.

⁴³ Adapted from: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 11-13; Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge: Harvard University Press, 1979), 209-291.

⁴⁴ Adapted from: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 14.

⁴⁵ Adapted from: CSMB, 9.

⁴⁶ E. Mark Cummings, Patrick T. Davies, and Susan B. Campbell, *Developmental Psychopathology and Family Process: Theory, Research, and Clinical Implications* (New York: Guilford Press, 2000).

Essentially, this model supports the school with regard to the following actions:

- Intervene in a preventive and educational manner
- Organize and prioritize the actions of all the staff members involved in intervention who gravitate around students
- Plan concerted actions in the three spheres of protective factors and risk factors
- Adapt the actions in accordance with the needs of each student

A preventive intervention following the “3 x 3” model makes it possible to target the appropriate level of intensity and act on personal, school, family and social factors. More precisely, at each level of intensity, simultaneous actions are set out for:

- Encouraging the development and strengthening of the students' adaptive capacities
- Organizing the school so that it responds satisfactorily to the students' needs
- Promoting parental involvement and collaboration with the partners

In conclusion, this model suggests a way of planning and structuring the intervention in an overall fashion with the goal of creating a climate that is conducive to the success of all students, whatever their difficulties, if any. However, despite all the careful attention and good intentions on the part of the staff involved in intervention, they may be faced with behaviours that compromise the safety of the student or others. The diagram for the “3 x 3” model can be found in [Appendix III](#).

2.3. CONSIDERATIONS WITH RESPECT TO PREVENTION IN OCCUPATIONAL HEALTH AND SAFETY

Although there are preventive interventions in place in the school to ensure the well-being and safety of students, there is also a risk of physical or psychological harm for the school staff involved in intervention. As an employer, the educational organization is responsible for preserving the physical and psychological health of its staff. Thus, the contribution of an administrator responsible for prevention in occupational health and safety would be of benefit in implementing this Reference Framework. Given their specific expertise in the area of the health and safety of school staff, this administrator's involvement would ensure a systemic overview of the situation. This resource can be used, proactively and in certain situations, to contribute to the reflection with the school team on:

- The analysis of the layout of the premises and equipment to ensure that staff is protected
- Personal protective equipment, to prevent staff from being bitten, grasped or scratched, among other things
- The types of training, information and support provided so staff can acquire the knowledge and develop or maintain the skills required to perform their work safely in a crisis or emergency situation that may lead to the use of control measures

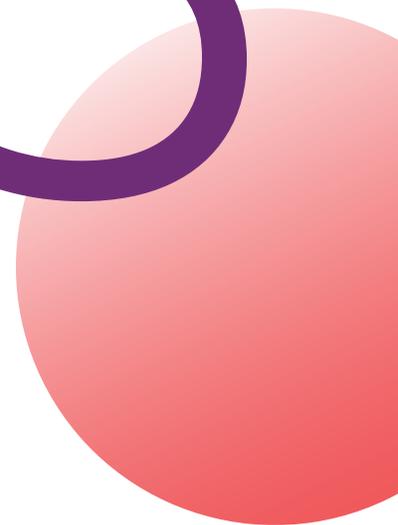
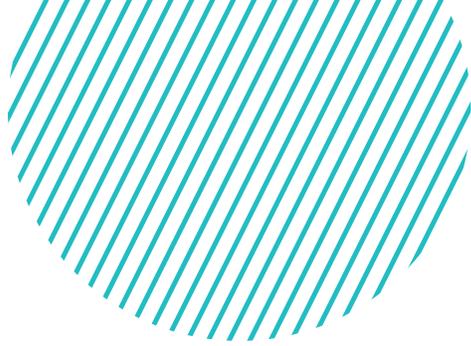
- Recognition of the early warning signs of the wear and tear on one's level of compassion, commonly called "compassion fatigue," and knowing ways to prevent it
- Crisis management methods and techniques, including clear procedures for assessing and applying preventive interventions as well as alternative measures in accordance with the evolution of the student's manifestation of behaviours
- Post-incident support methods for the staff, aligned with the post-incident procedures in this Reference Framework, and containing clear, structured procedures
- The boundaries of the education offering within which education services can be provided safely by the staff involved

Under the *Act respecting occupational health and safety*, all workers have "a right to working conditions that have proper regard for [their] health, safety and physical and mental well-being."⁴⁷

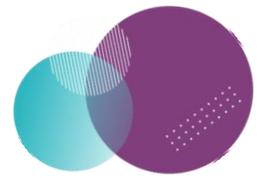
Considerations related to staff health and safety should be integrated into all the steps, from the implementation of preventive interventions, alternative measures and control measures, in a crisis or emergency situation, to the application of post-incident procedures.

Over the years, in the area of prevention, educational organizations have updated various tools that enable them to protect their staff when interventions are carried out with students. [Appendix IV](#) presents a sharing strategy designed for educational organizations to encourage the standardization of practices to that end.

⁴⁷ *Act respecting occupational health and safety*, CQLR, chapter S-2.1, s. 9, <https://www.legisquebec.gouv.qc.ca/en/document/cs/S-2.1>.



What
constitutes
a control
measure



3. WHAT CONSTITUTES A CONTROL MEASURE

We have already seen that the purpose of a control measure is to prevent a student from injuring themselves or others and that its use must be minimal and exceptional. According to the [guiding principles](#) in the matter, we also know that a control measure must:

- Be viewed as a last resort and when there is imminent danger
- Be the least restraining possible
- Be carried out while ensuring respect for the student and their dignity and safety
- Be in compliance with the school protocol and the student protocol, if applicable
- Be followed up

Now, it is essential to be able to recognize the diverse interventions carried out with students that may be considered control measures. This section will help to identify the interventions that constitute a control measure by using a reflective approach.

An intervention is identified as a control measure if its goal is to restrain the student’s capacity to manifest the following behaviours, among others:

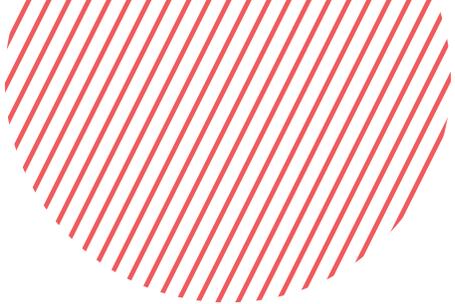
- Performing a prejudicial action (e.g. holding back a student who is hitting a classmate or an adult)
- Adopting a stance or position that is risky (e.g. holding onto a student who is trying to leave through a window on the third floor)
- Moving around in a way that is deemed unsafe (e.g. holding onto a student who shows a limited understanding of danger and who is moving quickly toward a busy street)

In short, the staff member involved in the intervention must be able to answer the following question:

“Is my intervention intended to limit the student’s freedom of movement or restrict their capacity to act?”

More specifically, the staff member can consider the following questions to identify the scope of their interventions and differentiate between the control measures in various contexts:

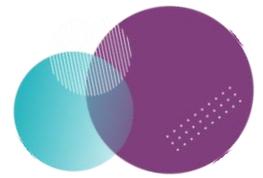
CONTROL MEASURES	QUESTIONS	DETAILS
SECLUSION	<p>Am I confining the student in an area and stopping them from leaving it by using, for example, my body, a door or another object?</p> <p>If so, this is a seclusion measure.</p>	<p>Seclusion is not the same as removal, where the student can freely leave the area at any time. For example, the student could be placed by themselves in an area of the classroom to allow them to regain their composure.</p> <p>The terminology used to designate the areas set aside for seclusion or removal in the school differs from one institution to another, which can create some ambiguity with regard to the interpretation and understanding of the purpose of these areas. It is important to specify that, no matter what area is used to confine the student, the name given to this space or the means used to keep them there against their will, the use of this measure is seclusion.</p>
PHYSICAL RESTRAINT	<p>Am I immobilizing or guiding the student against their will by using physical force during my intervention?</p> <p>If so, this is physical restraint.</p>	<p>It is important to distinguish physical restraint from an intervention involving physical assistance for a student who is cooperating. For example, if a staff member takes a student's hand to lead them to the requested activity and the student does not resist at all, this is not physical restraint.</p>
MECHANICAL RESTRAINT	<p>Am I using a device or object in order to limit the student's movement?</p> <p>If so, this is mechanical restraint.</p>	<p>The intended goal of the use of the device or object is what determines whether or not it is a control measure. For example, using a wheelchair seatbelt to ensure that the student is positioned properly is not a mechanical restraint. Section 5.2 of this document focuses specifically on mechanical restraint.</p>
RESTRAINT THROUGH THE REMOVAL OF A DEVICE OR OBJECT	<p>Am I stopping a student from using a device that normally enables them to compensate for a disability (e.g. a walker) with the goal of stopping them from moving around freely or from using this device to harm themselves or others?</p> <p>If so, this is restraint through the removal of a device.</p>	<p>The removal of a device may be used for purposes other than stopping the student from moving around freely or using the device to harm themselves or others. These other purposes could include, for example, the removal of tibial orthoses to make the student more comfortable during relaxation time. This case is not one of restraint through the removal of a device.</p>



4

Interventions
in a crisis
or an emergency
situation





4. INTERVENTIONS IN A CRISIS OR AN EMERGENCY SITUATION

Crisis situation

Making the distinction between a crisis situation and an emergency situation remains one of the major challenges faced by the school staff involved in intervention. Therefore, it is important to know the difference.

A crisis situation may arise following immediate (e.g. environmental stimulus) or remote phenomena. It can stem from vulnerability on the part of the person or their environment and is therefore not necessarily associated with a unique trigger. Furthermore, an event that precipitates a crisis for one student does not necessarily have the same effect on another student.⁴⁸

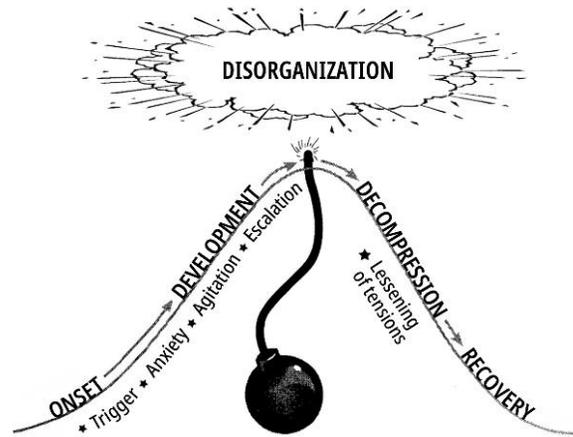
In a school environment, staff members involved in intervention must remain vigilant to be able to identify the early warning signs that the student is in a triggering situation. If the young person does not receive help in time, they risk finding themselves in a crisis situation, that is, demonstrating a temporary dysfunction on the emotional, cognitive or behavioural level. During a crisis, a number of fluctuations in the student's state may be observed.

A crisis situation often arises when a student's behaviour becomes disorganized and spirals out of control in a fairly predictable pattern. Furthermore, researchers consider that the process implicated in a crisis situation consists of four to seven phases.⁴⁹ Therefore, the actions of staff members during a crisis situation must be based on a theoretical model. **Regardless of the model chosen, the implementation of interventions in response to the student's observable behaviours before, during and after the crisis helps ensure that actions are incremental in scale and consistent.** Therefore, it will be possible to reduce the risk of disorganization on the part of the student, to bring them back to a functional state and to accompany them in properly expressing their discomfort.

⁴⁸ Adapted from: Université TÉLUQ. *Fostering the Educational Success of Autistic Students*, Online training course, module 6, "Understanding Behaviour." <https://www.teluq.ca/site/en/mooc-fostering-the-educational-success-of-autistic-students.php>.

⁴⁹ Claire Beaumont, Camil Sanfaçon, and Line Massé, "La prévention et la gestion de crise," in Nadia Desbiens, Catherine Lanaris, and Line Massé, *Les troubles de comportement à l'école*, 3rd ed. (Montréal: Chenelière Éducation, 2020), 155. [Translation]

The following figure⁵⁰ is designed to illustrate a crisis process. The model presented contains five main phases: onset, development, disorganization, decompression and recovery.



Beaumont, 2003, in Beaumont *et al.*, 2020, 155. [Translation]

Despite the implementation of preventive interventions and alternative measures, the crisis situation may worsen and lead to an emergency situation in which the physical safety of the student or others is threatened.

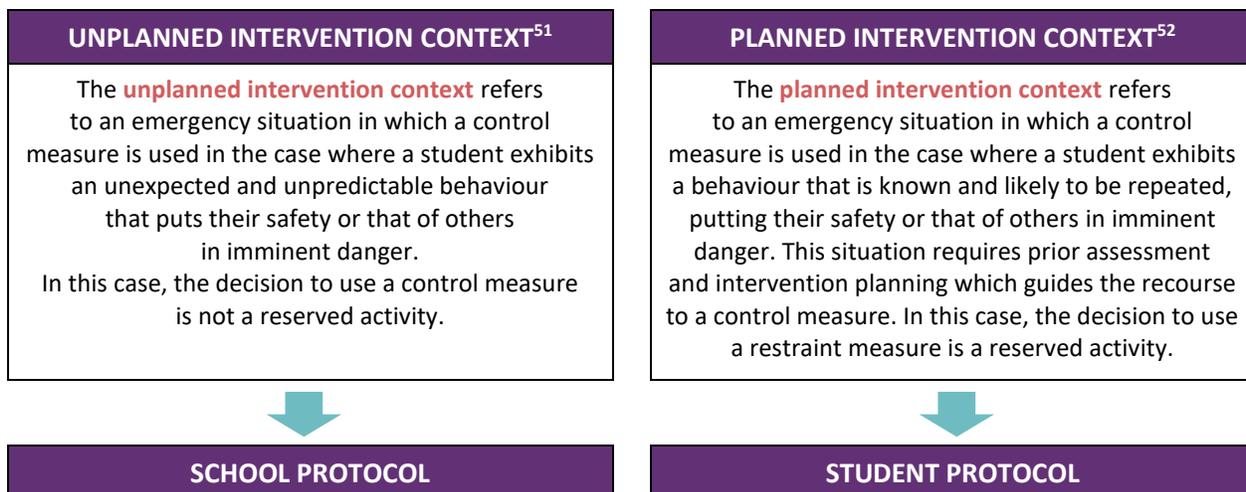
Emergency situation

In an emergency situation, there is imminent danger and staff members involved in intervention must take immediate action, which may include the use of a control measure as a last resort. This danger is assessed using three criteria: its predictability, its immediacy and the severity of its consequences. These will be detailed later in the proposed intervention process.

4.1. TWO CONTEXTS IN AN EMERGENCY SITUATION: UNPLANNED AND PLANNED INTERVENTION

In an emergency situation, a control measure may be applied in the context of an unplanned or planned intervention. It is recommended that an unplanned intervention be guided by a school protocol while a planned intervention should be guided by a student protocol. It is therefore essential to make a distinction between these two contexts.

⁵⁰ Claire Beaumont, Camil Sanfaçon, and Line Massé, “La prévention et la gestion de crise,” in Nadia Desbiens, Catherine Lanaris, and Line Massé, *Les troubles de comportement à l’école*, 3rd ed. (Montréal: Chenelière Éducation, 2020), 153-168. [Translation]



4.2. TWO INTERVENTION CONTEXTS, ONE PROCEDURE

Because of the severity of the harmful effects on physical and psychological health that could be caused by the use of a control measure with the student, it is essential that schools have precise guidelines in order for this exceptional measure to be governed by a clear process.

The **intervention process** proposed in this Reference Framework is based on that of the CSSMB. Its objectives are essentially the following:

- To prepare staff members to handle a future episode in which the student is disorganized, whether the intervention is planned or not
- To limit the recourse to physical restraint and seclusion in schools, given the risk of harm that these measures may have on students and staff

This process concerns the use of physical restraint or seclusion with a student in crisis. It integrates preventive interventions and alternative measures, provides guidelines for assessing danger, clarifies the elements associated with this decision and with the application of these control measures, and specifies the actions to be taken following an emergency situation. It includes the following five steps:

1. DEVELOP THE PROTOCOL
2. APPLY PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES
3. ASSESS THE DANGER
4. APPLY A CONTROL MEASURE
5. APPLY POST-INCIDENT PROCEDURES

⁵¹ Adapted from: Ministère de la Santé et des Services sociaux, *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques* (Québec: 2015), 5.

⁵² Ibid., p. 4.

The following table presents a summary of the proposed process that will be explained afterwards:

	UNPLANNED INTERVENTION CONTEXT	PLANNED INTERVENTION CONTEXT
DEVELOP	STEP 1: DEVELOP THE PROTOCOL	
	SCHOOL PROTOCOL: School committee	STUDENT PROTOCOL: School team, including the authorized professional, the school principal, the student and/or their parents, and the partners
IMPLEMENT	STEP 2: APPLY PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES	
	Preventive interventions that enable the crisis to be avoided and the situation to be restored  Alternative measures that help to avoid recourse to a physical restraint or seclusion	
	STEP 3: ASSESS THE DANGER	
	Assessment of the level of danger in accordance with three criteria: <ul style="list-style-type: none"> • Predictability of danger • Immediacy of danger • Severity of consequences  EMERGENCY SITUATION? NO YES	
	STEP 4: APPLY A CONTROL MEASURE	
In accordance with the school protocol	In accordance with the student protocol , which includes the decision and recommendations from the authorized professional	
REVIEW	STEP 5: APPLY POST-INCIDENT PROCEDURES	
	<ul style="list-style-type: none"> • See to the well-being of students and adults <ul style="list-style-type: none"> • Establish the facts • Review the event 	
	<ul style="list-style-type: none"> • Assess the effectiveness of the school protocol and adjust it, as necessary. • Determine the relevance of developing a student protocol. 	<ul style="list-style-type: none"> • Assess the effectiveness of the student protocol and adjust it, as necessary.

STEP 1: DEVELOP THE PROTOCOL

A protocol provides the opportunity to define and guide the preventive interventions and alternative measures to be prioritized with a student who exhibits behaviours that compromise their own safety or that of others, as well as the possible use of a control measure. It identifies the actions aimed at reducing the risk factors related to behaviours and to improve the overall functioning of this student. A protocol sets out the roles and responsibilities of each stakeholder and fosters a feeling of safety among the intervention staff, who can refer to it. The protocol also ensures more objectivity in the choice and application of interventions, while respecting the student's well-being and dignity.

School protocol

Through the implementation of universal preventive interventions and alternative measures, the school protocol is intended to avoid, and to provide a framework for, the possible use of a control measure involving any student at the school in the **context of an unplanned intervention**.

All educational institutions should have a school protocol and implement it at the start of the school year in order to prevent and, if applicable, to provide a framework for the use of physical restraint or seclusion in the context of an unplanned intervention. The school protocol is used to prepare the members of the school team to intervene in an unforeseeable and dangerous situation involving any student. Everyone must be familiar with it.

To this end, the school principal must:

- Set up and coordinate a working committee to develop and implement a school protocol.
- Schedule, for the start of each school year, the presentation and distribution of the school protocol to all members of the school team, including those in daycare services.
- Plan for its presentation to substitute teachers and new hires during the year.
- Review the protocol annually and following each application.

Working committee within the school

This committee should be comprised of different staff members who work with students and include at least one authorized professional (e.g. occupational therapist, psychoeducator, psychologist). Its main responsibility is to develop the school protocol and see to its implementation. To do so, they should analyze the data available in their school environment in order to create a portrait that is complete and representative of the situation. The committee must plan universal preventive interventions, alternative measures and control measures in compliance with existing legal guidelines. Given that control measures must never be applied except as a last resort in situations where there is imminent danger for the student or others, this committee should include follow-up procedures to avoid having to use control measures again. It ensures that the school protocol is updated annually, whether a control measure has been applied or not.

Student protocol

The student protocol is intended to help avoid the use of a control measure, through the implementation of preventive interventions and alternative measures, and to provide a framework for the possible use of a control measure for a student identified in the **context of a planned intervention**. It is usually part of the process of developing an IEP. It could also be included in the process of developing an IISP.

Following the use of a school protocol for a student, the school team should carry out a thorough analysis of the problematic situation and the student's needs in order to fully understand the underlying causes of their behaviours and promote the implementation of preventive interventions and alternative measures in the future. The school team should also reflect on the relevance of developing a student protocol.

The development of a student protocol requires collaboration between the school team, the student and/or their parents and the other partners involved. It also requires an assessment by an authorized professional.

Generally, the goal of this assessment is to identify the causes and factors that trigger the manifestation of behaviours that pose an imminent danger. It is also intended to plan preventive interventions and alternative measures to limit the manifestation, frequency and severity of these behaviours and, if applicable, to provide a framework for the use of control measures.

The assessment by authorized professional staff, which is required for the decision to use a control measure in the context of a planned intervention, will be covered in more detail in section 5.1.

It essentially consists of the following steps:

- Data collection
- Analysis and interpretation of information
- Planning of interventions
- Implementation of interventions
- Reassessment

The student protocol stipulates the specific elements to implement for preventive purposes when a control measure is used and after an incident. Unlike the school protocol, it is tailored to the student concerned. Its objectives include the following:

- To plan preventive interventions, alternative measures and the teaching of new competencies
- To prevent or slow down the behavioural escalation that could lead to a crisis
- To lessen the probability of recourse to a control measure

- To choose the appropriate control measure in accordance with the student's characteristics and needs
- To identify the conditions in which this control measure may be used
- To determine the roles and responsibilities of the staff members involved in the intervention

The collaboration of the parents and/or the student, in accordance with the student's capacities, is absolutely essential throughout the development of the student protocol. Although it is usually developed within the process of creating an IEP, it is a separate document and, as such, must have its own review process. Frequent and regularly scheduled reviews are required, in accordance with the evolution of the student's situation. It is quite possible that the student protocol will need to be reviewed or further developed before the scheduled date for the review of the IEP.

Components of a protocol

A protocol must be sufficiently detailed to ensure a logical and effective incremental increase in the scale of interventions. It must take into account the various places where and different times of the day when crisis situations are most likely to arise and the staff available there and then. A protocol must contain the following:

- **Goal**
- **Preventive interventions and alternative measures**
- **Danger-assessment criteria**
- **Situations that justify recourse to a control measure**
- **Procedures for application of the control measure**
- **Post-incident procedures**
- **Terms and conditions for the activation of the protocol and for communication**
- **People involved in the development of the protocol**
- **Protocol review date**

Although the **school protocol** and the **student protocol** have essentially the same components, they do present the following **unique characteristics**:

COMPONENTS ⁵³	SCHOOL PROTOCOL	STUDENT PROTOCOL
Goal	Applicable to all students	Consistent with a student’s IEP
Preventive interventions and alternative measures	Universal interventions proven effective and intended for all students	Personalized interventions planned for the student concerned
Danger-assessment criteria	Predictability of danger + Immediacy of danger + Severity of consequences = Emergency situation	
Situations that justify recourse to a control measure	Identified by the working committee and based on knowledge of the school environment	Identified by the authorized professional in collaboration with the team involved
Procedures for application of the control measure	Determined by the working committee	Under the responsibility of the authorized professional or the school principal, within the framework of a reserved activity
Post-incident procedures	<ul style="list-style-type: none"> • See to the well-being of students and adults <ul style="list-style-type: none"> • Establish the facts • Review the event 	
	<ul style="list-style-type: none"> • Assess the effectiveness of the school protocol and adjust it, as necessary • Determine the relevance of developing a student protocol 	<ul style="list-style-type: none"> • Assess the effectiveness of the student protocol and adjust it, as necessary
Terms and conditions for the activation of the protocol and for communication	Procedures specific to the school protocol	Procedures specific to the student protocol
People involved in the development of the protocol	Members of the working committee	School team, including the authorized professional, the school principal, the student and/or their parents, and the partner(s)
Protocol review date	Annually and following each application	Periodic review determined by the team involved or in accordance with the recommendations of the authorized professional

Templates to help guide the development of each protocol are provided in the appendices. [Appendix V](#) concerns the school protocol and [Appendix VI](#), the student protocol.⁵⁴

In a crisis situation, it is essential that these protocols be applied and that the stakeholders make adjustments as the situation evolves. Steps 2 to 5 must be followed when implementing the protocols.

⁵³ Concrete examples of different components are available in Appendices V (school protocol) and VI (student protocol).

⁵⁴ A student-protocol template specifically for mechanical restraint is provided in [Appendix VII](#).

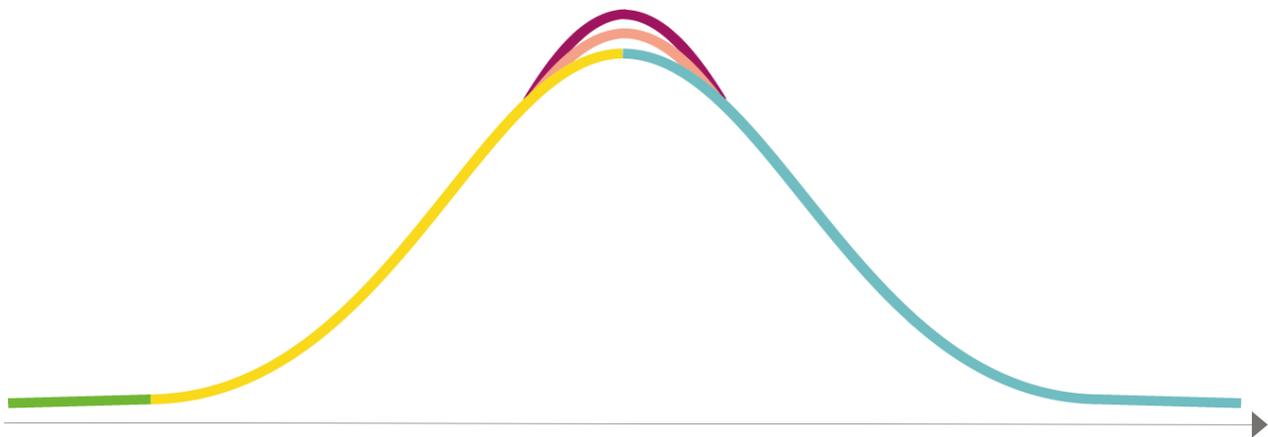
STEP 2: APPLY PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES

The second step of the process involves using the preventive interventions and alternative measures stated in the protocol (school or student) in order to better manage any situation in which behavioural escalation could lead to a crisis. This step is key to lessening or avoiding having to have recourse to physical restraint measures or seclusion.

The observable behavioural manifestations before, during and after the crisis are described in the protocols. The effective preventive interventions and alternative measures are indicated according to these manifestations.⁵⁵ More specifically, the school protocol is based on universal practices that are recognized as being effective in a crisis situation. The working committee chooses the interventions based on the specific characteristics of students likely to present behavioural manifestations requiring recourse to control measures. These interventions take into account the school's experience in crisis management. The student protocol, on the other hand, is more elaborate because the intervention strategies it contains result from an overall and rigorous analysis of the problem to be solved and the often complex needs of the student.

As illustrated in the following graph and table, certain interventions are to be prioritized in accordance with the evolution of a crisis. Sample questions are presented to support the planning of preventive interventions and alternative measures to be applied in accordance with the phases of a crisis.

Figure 1: Preventive interventions and alternative measures to be prioritized based on the evolution of a crisis



Legend:

- Green and yellow: preventive interventions
- Orange: alternative measures
- Red: control measure
- Blue: interventions for regaining composure

⁵⁵ The preventive interventions and alternative measures are recorded in documents where the terminology varies depending on the school: preventive arrangements, active prevention, de-escalation interventions, intervention protocol, action plan, etc.

BEFORE THE CRISIS		DURING THE CRISIS	
PREVENTIVE INTERVENTIONS		ALTERNATIVE MEASURES	CONTROL MEASURE IN AN EMERGENCY SITUATION
<ul style="list-style-type: none"> • Which skills need to be developed to lessen the frequency of crisis situations? • What means or strategies could be used to teach these skills? • How can I prevent a crisis situation? • Which interventions need to be implemented beforehand in order to: <ul style="list-style-type: none"> • respond to observed needs? • mitigate the crisis triggers? 	<ul style="list-style-type: none"> • Which interventions need to be implemented at the start of the crisis, that is, when early warning signs appear, to promote calming down? • Which interventions need to be implemented to stop behavioural escalation? 	<ul style="list-style-type: none"> • Which interventions need to be implemented to avoid the recourse to a control measure? 	
		<ul style="list-style-type: none"> • What are the interventions for the regaining of composure at the end of a crisis? 	
COMPLEMENTARY PROCESSES			
<ul style="list-style-type: none"> • What are the complementary processes that enable an in-depth understanding of the underlying causes of the student's behaviour (e.g. medical consultation for a suspected health problem)? • Should other professionals be called upon to: <ul style="list-style-type: none"> • Foster the development of certain skills? • Target other preventive interventions and alternative measures? • Should we ask partners to become involved? 			

When preventive interventions and alternative measures are being applied, it is important to adopt an overall perspective of the situation. The set of daily interventions will help to ensure the students' well-being and safety. A good intervention carried out at the appropriate time can really reduce the intensity of a crisis and help a student regain their composure. Along the same lines, the use of alternative measures helps avoid recourse to a control measure and, at the same time, contributes to preserving the bond established with the student. It also results in lessening the risks of physical injuries and negative psychological consequences for the student and the staff involved. The development of the student's skills is also important. The implementation of preventive interventions, even though this results in fewer crises, may not be enough because the student risks lapsing into their old behaviours if they are faced with new demands. The teaching of skills by the staff members involved in intervention thus becomes fully meaningful and an essential element of the educational mission.

STEP 3: ASSESS THE DANGER

When the preventive interventions and alternative measures appear to be insufficient, it is critical that the danger to the safety of the student or others be assessed, which could justify the recourse to a control measure. This must be used only to ensure the safety of the student or others in the context of imminent danger; in other words, its only goal is to stop the student from potentially injuring themselves or others. A control measure must never be used in any way or at any time to educate the student, to punish them or to facilitate supervising them.⁵⁶ It is a last-resort measure to be used in an emergency situation that compromises the physical safety of the student or others and requires immediate action. To analyze such a situation and judge if it is necessary to apply a control measure, the staff member involved in the intervention must refer to the following criteria:⁵⁷



EMERGENCY SITUATION		
<ul style="list-style-type: none"> • Is there imminent danger that threatens the safety of the student and others? • Is a control measure necessary to ensure the safety of the student and others? 		
PREDICTABILITY OF DANGER	IMMEDIACY OF DANGER	SEVERITY OF CONSEQUENCES
Danger is more than probable given that it is observable.	Danger is present and there is not enough time to use another effective means.	Serious consequences are anticipated: injuries requiring treatment or hospitalization and consequences that are permanent or that require interventions to keep the person alive. ⁵⁸
<ul style="list-style-type: none"> • Does the student's behaviour present a real danger for themselves or others? 	<ul style="list-style-type: none"> • Is the control measure the only possible intervention that I have the time to carry out? 	<ul style="list-style-type: none"> • Will the consequences of the student's behaviour be serious for themselves or others?

Concretely, the staff member contemplating the intervention must ensure, on the spot, that these three criteria are present in order to justify the application of a control measure. This type of intervention must never be used systematically for a student. It is also important to consider the situations that justify recourse to a control measure and that are described in the protocols.

⁵⁶ Adapted from: *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques*, 15.

⁵⁷ Adapted from: CSMB, 19.

⁵⁸ Adapted from: McGill University Health Centre, "Scale of Severity of the Event," *Guide for using the incident/accident declaration report*. <https://muhc.ca/patient-safety/page/scale-severity-event>.

Furthermore, when a control measure has been used, it is essential that the established terms and conditions for the activation of the protocol and for communication be respected by considering the following elements:

- The code used to activate the school protocol
- The means of communication used between the staff members involved for requesting help, securing the area and communicating throughout the intervention
- Staff members responsible for:
 - Informing the principal every time the protocol is activated
 - Communicating with emergency services, if applicable

STEP 4: APPLY A CONTROL MEASURE

Whether in the context of a planned intervention or an unplanned intervention, the control measure is applied only as a last resort following the implementation of preventive interventions and alternative measures that have not been effective.⁵⁹ When the recourse to a control measure is justified, it is important to reassess the danger level throughout its application and in accordance with the established criteria. The application of this measure must be discontinued as soon as the justification for it is no longer valid, that is, when the student no longer poses an immediate threat to themselves or others.⁶⁰ Given that each crisis situation may create difficulties and destabilize the student's psychological state, the intervention must be carried out in the context of a helping relationship imbued with human warmth, empathy and caring, so as to maintain the bond established with the student.

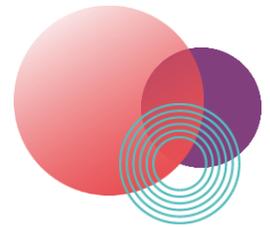
The use of a control measure with a student must, at all times, comply with the **application procedures** set out in the protocols, including the following:

- The **control measure chosen** must be the least restrictive possible, given the student's characteristics and needs, as well as the psychological consequences of using that measure. When a control measure is applied, the staff concerned are obliged to supervise the student constantly throughout the intervention. For safety reasons, it is recommended that more than one staff member be present. In addition, the control measure must be used for a limited amount of time only. The designated staff member must constantly assess the level of danger, the signs that the student wants to collaborate and the signs that they have regained their composure so that the application of the control measure is not unduly prolonged. The duration and intensity of the physical restraint or seclusion must also be reduced to a minimum, and the measure must be discontinued as soon as the safety of the student and the people around them is no longer compromised.

⁵⁹ Adapted from: *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques*, 5.

⁶⁰ *Ibid.*, 5.

- The **contraindications** and the **risks inherent** in the use of the control measure, with which the staff must be thoroughly familiar. They must pay constant attention to these elements to ensure their safety and that of the student.
- The **designated locations** for the application of a control measure, the safety of which must be ensured at all times by, for example, the removal of objects that could pose a danger for the student or others. This also applies to the locations designated for students to regain their composure. These locations must take into account the configuration of the school and the students' timetable.
- The **staff involved in intervention and their roles**. The staff who will apply the control measures must be duly trained not only to intervene properly but also to lessen the risks of injuries or accidents. The choice of the staff members who will participate in the application and supervision of the control measure must take into account their timetables and availability. These staff members will also be responsible for checking that the locations are safe in order to minimize the risk of accidents and incidents.
- The **partners** who could be of help during the intervention.



In brief, the protocols for applying control measures must include the following:

- The control measure chosen and the following details:
 - The level of supervision required during the application of the control measure
 - The length of time that the control measure will be applied
 - The signs that the student wants to collaborate and that they have regained their composure, indicating that the application of the measure should be discontinued
- The contraindications and inherent risks
- The locations designated for the application of the selected control measure
- The locations designated for the regaining of composure
- The staff involved in intervention and their roles:
 - The persons designated to apply the control measure
 - The persons designated to carry out the supervision
 - The persons who will have to check the safety of the location
- The names and contact information of partners who could be of help during the intervention

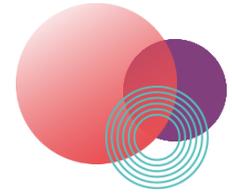
STEP 5: APPLY POST-INCIDENT PROCEDURES

The post-incident procedures are the set of interventions that must be carried out following the use of a control measure. They help the students and adults who were involved or were witnesses to be available to return to their normal activities. Every time that a student manifests a dangerous behaviour, the staff involved in intervention must reflect on the underlying causes and review the situation in order to reassess their practices.

The school principal ensures that these post-incident procedures are followed, including specific actions to be carried out immediately after the incident and others to be taken in the near future. [Appendix VIII](#) presents a memory aid outlining each of the actions associated with the use of these procedures:

- **Ensure the** physical and psychological **well-being** of the stakeholders involved:
 - Notify the parents, if this has not already been done (in compliance with the consent obtained, if applicable).
 - Ensure that all the staff and students who were involved or were witnesses have had enough time to calm down and that they are available to resume their activities.
 - See to the well-being of the students, staff involved and witnesses.
 - Decide when would be the best time for a review of the incident.
- **Establish the facts as objectively as possible**, shortly after the incident. Complete the required documents, mainly the incident report and the accident or incident register in the case of physical injuries:
 - Compile the required information (e.g. facts, context, environment, perceptions). Review the situation to establish the chain of events and to clarify everyone's perceptions.
 - Write up an incident report within 24 hours of the application of the measure (see [Appendix IX](#) for an example of this type of report).
 - Analyze the information collected: determine the triggers and develop hypotheses in order to try to fully understand the situation.
- **Review the incident** with the student, their parents and the staff involved in the intervention. To this end, it would be useful to determine the person who will conduct this review and when it will take place:
 - Review the incident with the student, their parents and the staff involved in order to prevent other crises:
 - Identify alternative solutions.
 - Verify the effectiveness of the interventions carried out and limit the negative psychological impact on the people who experienced the incident.

- Emphasize the lessons to be learned from the incident.
- Determine the support measures to be put in place or intensified.
- Determine the consequences and the reparative actions, if applicable.



In brief, the protocols for post-incident procedures must include the following:

- The person designated to ensure that post-incident procedures are followed
- The staff members designated to meet the student concerned, the staff involved in the incident and the witnesses, and to see to their well-being
- The person responsible for communicating with the parents
- The staff members responsible for gathering and documenting the information with regard to the situation
- The person designated to review the intervention with the stakeholders concerned and facilitate the meeting

**ASSESS THE EFFECTIVENESS OF THE SCHOOL OR STUDENT PROTOCOL USED
AND ADJUST IT, AS NEEDED.**

The necessity of the control measure used must be regularly reassessed and, depending on the effectiveness of the protocol, a review of this tool might be needed.

When a control measure is applied with a student, the committee responsible must have provided follow-up procedures to avoid repetitive use of that measure. In the context of an unplanned intervention, the relevance of developing a student protocol for the student involved must be analyzed.

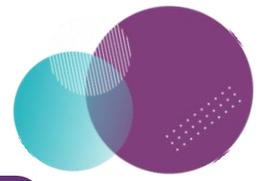
The following questions could be asked in order to assess the effectiveness of the protocol:

- Was the protocol applied as it was intended?
- Did it ensure concerted action by the staff involved in the intervention?
- Did it ensure the safety of the individuals present?
- Did it enable the intervention to be completely objective?
- Did it allow the crisis to be avoided?
- If not, did it help to reduce the length or intensity of the crisis in comparison with the previous occurrence?
- Did it enable a healthy and safe environment to be re-established for the student concerned, the staff involved in the intervention and the other students?
- Is a recurrence being observed in terms of previous incident reports?





Involvement
of authorized
professional
staff



5. INVOLVEMENT OF AUTHORIZED PROFESSIONAL STAFF

The work of the authorized professional staff falls within a **collaborative process carried out by an interdisciplinary team that mainly includes the members of the school team, the student and/or their parents, and the partners**. Among other things, the contribution of the authorized professional staff involves the assessment associated with the decision to have recourse to a control measure in the context of a planned intervention. The goal of this assessment is to encourage the development of preventive interventions to limit the appearance of inappropriate behaviours on the part of the student and to reduce the severity of these behaviours. Another goal is to determine the causes and factors that influence the behaviours that represent an imminent danger as well as to implement alternative measures to avoid having to resort to a control measure. If applicable, the assessment enables a decision to be made on the use of control measures and to frame that decision, in a concerted way, with the aim of reaching a consensus on the part of the interdisciplinary team concerning the interventions to be implemented.

Even in the context of a planned intervention, the control measures are only applied as a last resort when there is imminent danger and following the implementation of preventive interventions and alternative measures that have not been effective.⁶¹ It is important to remember that the **planned intervention context** involves clear guidelines for recourse to a control measure for a student who manifests a behaviour that is known and likely to be repeated, putting their safety or that of others in imminent danger. In such a situation, the decision to use a restraint measure is an **activity reserved** for authorized professionals, more specifically occupational therapists, nurses, physicians, physiotherapists, psychoeducators and psychologists.⁶² Given the complexity of certain students' situations, it is possible that an assessment by several authorized professionals could be required. As mentioned earlier, these professionals are not interchangeable but rather complementary in carrying out the reserved activity. It is also possible that other (non-authorized) professionals must do complementary assessments because the student's needs require expertise in various areas. The specific contribution of each professional on the team is therefore essential for drawing up a full portrait of the issue. This complementarity of clinical opinions thus ensures a wise use of control measures as a last resort.⁶³

⁶¹ Adapted from: *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques*, 5.

⁶² **Reminder:** Even if seclusion in a school environment is not a reserved activity within the meaning of the law, the orientations of this Reference Framework must apply to it in the same way as those applied to restraint because of the heightened risk of causing harm to the physical, psychological and moral well-being of students and staff.

⁶³ Adapted from: *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: contention, isolement et substances chimiques*, 26.

5.1. CLINICAL PROCEDURE FOR AUTHORIZED PROFESSIONAL STAFF

The assessment process for authorized professional staff is based on the Kayser-Jones model.⁶⁴ This model, which is adapted to the reality of schools, guides the professional in their assessment of a situation and their decision to resort, or not resort, to a control measure for a student. This assessment process was therefore divided up so as to highlight certain key elements set out in this Reference Framework. It does not mean that the professional must follow a specific sequence. It is more a case of a continuous cyclical process, just like any other type of clinical procedure.



The steps required for the planning of a control measure are as follows:

- A. DATA COLLECTION
- B. ANALYSIS AND INTERPRETATION OF THE INFORMATION
- C. PLANNING OF INTERVENTIONS
- D. IMPLEMENTATION OF INTERVENTIONS
- E. REASSESSMENT

STEP A: DATA COLLECTION

Before starting the assessment process, the authorized professional must obtain the consent of the parents and/or the student aged 14 or older who is capable of giving consent. Note that it is important to distinguish between the consent to the assessment that must be carried out by the authorized professional, including the sharing of information, and the consent to be obtained for interventions associated with control measures. These consents must be handled separately. The authorized professional is invited to refer to their code of professional ethics for more information on this subject.

Once consent has been obtained, an assessment of the situation in question and the student's needs is carried out by an authorized professional. This professional assesses the characteristics of the student and their environments in an integrated fashion. To this end, using an ecosystemic approach in the analysis of the situation could prove useful because it takes into consideration all the systems in which the student evolves and their interaction with the environment.⁶⁵

⁶⁴ Jeanie Kayser-Jones, "Culture, environment, and restraints: A conceptual model for research and practice," *Journal of Gerontological Nursing* 18, no. 11 (1992): 13-20. <https://journals.healio.com/doi/10.3928/0098-9134-19921101-05>.

⁶⁵ Adapted from: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties* (Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016), 14.

In order to assess the situation, the professional chooses the methods for collecting the data, for example:

- Consultation of the student's file
- Consultation of prior assessments, interventions and control measures
- Meetings with the staff members involved in the intervention and other people concerned, including the parents and the partners
- Observations made in the classroom or in other areas (e.g. in the hallways, in the schoolyard, in daycare, in school transportation)
- Scenarios or task simulations
- Structured or partially structured interviews
- Analysis of the observation grids completed by the different staff members involved in the intervention
- Use of standardized measuring instruments

The authorized professional documents the information that is relevant for their decision-making process concerning the use of control measures. The Kayser-Jones model⁶⁶ shows that a person's behaviours and reactions are influenced by the elements in their environment. These elements in turn will influence the decision of the authorized professional who will assess the student, the psychosocial and cultural aspects, the physical layout, the organizational structures and the human environment.

Through their assessment, the professional is able to describe the student's behaviours, the hypotheses about their underlying causes and the contributing factors. The professional gathers data on the elements that play a role in the use of control measures. All of this data will allow for an analysis and an interpretation of the information.

STEP B: ANALYSIS AND INTERPRETATION OF THE INFORMATION

The authorized professional analyzes the data collected during the assessment of the situation (Step A) in order to decide whether or not to use control measures. More specifically, they analyze the physical and psychological risks, for the student or others, associated with the behaviours that have been identified.

Thus, this professional issues a clinical judgment in accordance with the chosen danger-assessment criteria:

- **Predictability of danger**
- **Immediacy of danger**
- **Severity of consequences**

⁶⁶ Jeanie Kayser-Jones, "Culture, environment, and restraints: A conceptual model for research and practice," *Journal of Gerontological Nursing* 18, no. 11 (1992): 13-20. <https://journals.healio.com/doi/10.3928/0098-9134-19921101-05>.

In their analysis, this professional takes into account the effectiveness of preventive interventions and alternative measures that are proposed or already in place. They anticipate the possible effects of new interventions targeted by the team involved in accordance with the causes and factors that influence the student's behaviours. It is important to emphasize that, at this stage, it is crucial that the preventive interventions and alternative measures appropriate for the student's situation be identified because their use enables the use of control measures to be circumscribed or even excluded. If applicable, the authorized professional specifies the situations that justify the recourse to such a measure in order to ensure the safety of the student or others, taking into account any possible undesirable effects.

Decision of the authorized professional with respect to recourse to a control measure

If, after analyzing all of these elements, the authorized professional decides that the use of a control measure is necessary, they are responsible for determining certain terms and conditions for its application, such as:

- The choice of the control measure (equipment and techniques used)
- The duration of its application, the indicators observed that the student wants to collaborate and signs that they have regained their composure that signal that the application of the measure should be discontinued
- The level of supervision required during the application of the control measure
- The contraindications and risks associated with its use
- The date or procedures for the reassessment that the authorized professional must conduct

STEP C: PLANNING OF INTERVENTIONS

Throughout the planning of interventions, and the control measure, the authorized professional must ensure that they obtain the consent of the parents and/or the student aged 14 or older who is capable of giving consent.

Given the importance of the collaboration with the family, parental involvement is strongly encouraged, when possible, regardless of the student's age. Therefore, when a control measure is planned, it is recommended that the authorized professional staff ask the student aged 14 or older who is capable of giving consent to inform their parents. The student's consent must be obtained in order for the **professional to inform the parents**. This best practice must be used in accordance with the judgment of the authorized professional staff.

Communication of the findings of the authorized professional

The authorized professional presents the conclusions of their evaluation to the student and/or their parents, the school team and the partners involved.

Planning of preventive interventions and alternative measures

In the spirit of shared responsibility, the authorized professional and the school principal, in collaboration with the student and/or their parents, the school team and the partners involved, plan the relevant interventions, taking into account the young person's situation, in line with three overall goals:

- Respond to the student's needs
- Foster the development of the student's skills
- Compensate for the student's disabilities

They also specify the goals to be reached and then validate the conditions and actions required for implementing and updating the interventions deemed relevant. The following actions are possible:

- Intervention focused on the factors that influence the behaviours that were identified in Step B to reduce the frequency and intensity of behavioural manifestations that could threaten the safety of the student or others
- Adaptation of activities and adjustment of the requirements of the tasks that the student is asked to do
- Adaptation and modification of the physical environment and the layout of the space
- Adaptation of the support offered to the student by the adult in response to the need for support
- Recommendation of an incremental scale of interventions, taking into account the student's behavioural manifestations, including the early warning signs
- Recommendation of educational interventions that encourage the development and strengthening of the student's personal and social skills by direct interventions, mainly the explicit teaching of prosocial behaviours, the development of self-control, the management of emotions and the improvement of social skills
- Recommendations for specific training programs, guidance and support for the school staff involved in intervention called upon to work and interact with the student

Planning of the terms and conditions for application of the control measure

In collaboration with the team responsible for planning, the school principal identifies the resources and conditions necessary for the application of the control measure decided upon by the authorized professional. In addition to the chosen control measure, the following elements are established in accordance with the student's needs:

- The specific details related to the use of the control measure:
 - Level of supervision required
 - Duration of the application of the control measure

- Indicators that the student wants to collaborate and signs that they have regained their composure, signalling that the application of the measure should be discontinued
- The contraindications and associated risks
- The locations designated for the use of the control measure
- The locations designated for the regaining of composure
- The staff members involved in the intervention and their roles (individuals who must apply the control measure, supervise the intervention, check the safety of the location, and ensure that the equipment complies with standards and is properly maintained)
- The partners who could be of help during the intervention

Development of the student protocol

The [student protocol](#) is the tool chosen to document and carry out the set of planned interventions. It includes the goal to be achieved, the preventive interventions and alternative measures, the conditions for applying a control measure, the post-incident procedures, the planned review date and the terms and conditions for activating the protocol and for communication. A student-protocol template is provided in [Appendix VI](#).

The student protocol must be drawn up in conjunction with the process of developing the student's IEP. This way, the goals and means defined by the IEP will simultaneously contribute to developing the student's skills and putting winning conditions in place for the withdrawal of control measures.

STEP D: IMPLEMENTATION OF INTERVENTIONS

The school principal must ensure that the planned interventions are implemented and see to it that the staff members concerned benefit from appropriate support and training with regard to control measures. It is important to remember that the application of the control measure set out in the student protocol is not a reserved activity. However, the person who uses the measure must be sufficiently informed and equipped following the recommendations by the authorized professional. It is this person's responsibility to become familiar with the information available on the subject and to act in compliance with the recommendations issued and the student protocol.

Applying the student protocol involves trying out preventive interventions, alternative measures and the planned control measure, and evaluating their impacts in order to quickly make the necessary adjustments. To do so, it is essential that there be continual communication among the people involved with the student protocol to ensure consistency among the interventions. Set times must be scheduled for working together to adjust this protocol, in accordance with the evolution of the student's situation and the scope of the interventions implemented.

If the team involved observes a significant change in the student's situation, the school principal is responsible for calling upon an authorized professional to reassess the situation. This professional will then reconsider the relevance of resorting to a control measure that was decided upon originally.

STEP E: REASSESSMENT

As mentioned previously, the reassessment may be conducted at the request of the school principal in the case of a significant change in the student's situation. This reassessment could also be periodic, in accordance with the time frame planned by the authorized professional or the specified terms and conditions. Under no circumstances can the decision of the professional be considered as final and irreversible. On the contrary, the main goal of the reassessment is to reconsider this decision in order to plan the withdrawal of the control measure. To do this, the reassessment involves redoing Steps A and B, that is, collecting data; analyzing and interpreting information, and possibly Step C, planning interventions.

In concrete terms, the authorized professional will have to base the reassessment on the information gathered from everyone involved (e.g. school staff involved in the intervention, parents, partners). This new data collection will enable the authorized professional to take note of the evolution of the student's situation and the effectiveness of the interventions set out in the student protocol. In light of the information gathered, the professional will then review their decision and judge whether it would be appropriate to keep or withdraw the control measure and, if applicable, will adjust the planned preventive interventions and alternative measures. The reassessment must also focus on the achievement of the goals and review of the means set out in the IEP.

5.2. ROLES AND RESPONSIBILITIES

In order to allow the authorized professionals to carry out the reserved activities, it is wise for each educational organization to specify the roles and responsibilities of these professionals within the framework of the organization of its services. For example, it is essential that the organizations establish whether these professionals should make the decision alone or as part of a team, depending on the situation, taking into account the invaluable nature of an interdisciplinary process.

The professional must have a thorough understanding of the nature of their mandate because that will be a determining factor in their level of involvement with regard to the planning of a control measure. More specifically, the authorized professional can carry out the reserved activity under two types of mandate:

1) Assessment with follow-up

The authorized professional is involved in all the steps of the process, including the regular follow-up on implementation interventions.

2) Assessment without follow-up

At the very least, the assessment by the authorized professional is comprised of data collection (Step A), the analysis and interpretation of information (Step B) and the planning of interventions (Step C), in such a way as to ensure compliance with a full clinical process. This type of mandate in which the school

principal is responsible for the follow-up allows the authorized professional to be called upon in accordance with the conditions previously agreed upon during the assessment. For information purposes, it should be noted that this mandate may be carried out by partners such as an authorized professional from the health and social services network under a pre-established intersectoral agreement.

In both cases, it is important to always shape the terms and conditions for reassessment and follow-up because the use of a control measure is never definitive. The control measure must be reviewed regularly and all the methods that could allow it to be withdrawn must be tried.

Furthermore, this reserved activity is carried out under a responsibility that is shared, primarily between the authorized professional and the school principal. The table below presents the set of steps in the assessment process required for planning a control measure as well as the parties responsible for each step.

STEPS IN THE ASSESSMENT PROCESS		RESPONSIBLE PARTIES	
		AUTHORIZED PROFESSIONAL	SCHOOL PRINCIPAL OR DIRECTOR
A	Data collection	●	
B	Analysis and interpretation of the information	●	
C	Planning of interventions	●	
	<ul style="list-style-type: none"> • Communication of the conclusions of the authorized professional to the student, their parents and the school team: decision and recommendations 	●	
	<ul style="list-style-type: none"> • Planning of preventive interventions and alternative measures • Planning of the terms and conditions for application of the chosen control measure and other procedures • Development of the student protocol 	●	●
D	Implementation of interventions	●*	●
E	Reassessment	●	

* The responsibility of the authorized professional may vary in accordance with their assigned mandate.

Interdisciplinary collaboration with the authorized professional

It is important to stress that although the decision to resort to a restraint measure is a reserved activity, **collaboration remains a core part of this choice of intervention**. The proposed process is carried out as a team effort that includes the school staff, the student and/or their parents and the partners involved. As a result, this decision is the outcome of an assessment conducted within an **interdisciplinary work context**.⁶⁷

For information purposes, here are some examples of actions that can be carried out by all of the school stakeholders involved in working with the student:

- Help with collecting relevant information for the assessment conducted by the authorized professional (Step A)
- Participate in planning preventive interventions and alternative measures in accordance with factors that could mitigate, trigger or escalate a crisis situation likely to lead to an emergency situation (Step C)
- Collaborate in writing, applying and reviewing the student protocol (Step C)
- Note the evolution of the situation when the student protocol is applied in order to transmit to the people concerned essential data for the adjustment of interventions or for the reassessment (Steps D and E)

5.3. MECHANICAL RESTRAINT

Mechanical restraint is a control measure intended to partially or fully restrict a student's movement by using devices or objects such as a seatbelt, fasteners, straps, mittens, orthotic devices, harnesses or safety vests. It is important not to confuse the issue by defining mechanical restraint based on a pre-established list of devices or objects. What really **determines whether the use of the device or object is a restraint measure is based above all on the goal of the intervention. It is deemed to be a restraint measure when the goal is to limit the student's ability to move in a certain way.**

5.3.1 PLANNING OF A MECHANICAL RESTRAINT

In a school environment, mechanical restraint must be used in the context of a planned intervention and it must be governed by a student protocol because of the expertise necessary to select the device or object and use it safely. To this end, a student-protocol template specifically for mechanical restraint is provided in [Appendix VII](#). Mechanical restraints are therefore excluded from school protocols. Staff members involved in intervention must not have access to the devices or objects used for this type of restraint unless recommended by an authorized professional. It is important to remember that the authorized professionals are not interchangeable and that the reserved activity is carried out in accordance with their field of practice. In addition, the professional is responsible for analyzing all aspects of the situation in

⁶⁷ Office des professions du Québec, *Guide explicatif – Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé mentale et des relations humaines* (Québec: 2021), section 3, 60. https://cdn-contenu.quebec.ca/cdn-contenu/adm/org/office-professions-quebec/OPQ-Admin/Publications/2020-21_020_Guide-explicatif-sante-rh-26-08-2021.pdf.

order to ensure that their assessment is exhaustive. One of the specific characteristics of mechanical restraint is that it often requires an assessment of the neuromusculoskeletal function in order to ensure a workable and safe restraint that responds appropriately to needs and that respects biomechanical principles.

Mechanical restraint is normally used when there is no behavioural escalation or crisis situation. In this scenario, as preventive intervention is not applicable, the definition of alternative measures becomes all-encompassing. A wide range of interventions will help avoid resorting to the mechanical restraint of a student based on the problem observed. For example, the intervention might consist of more frequent monitoring, distracting the student by proposing an activity that corresponds to their interests, using a visual tool to remind the student of the instruction and the associated reinforcer or securing the physical environment in which the student moves around. In their analysis, the authorized professional must demonstrate that they have considered all possible alternative measures that could be taken before resorting to using a mechanical restraint.

The authorized professional must also specify the level of risk linked to the student's behaviour in order to justify using mechanical restraint. In this respect, the definition of an emergency situation and the danger-assessment criteria for justifying the use of this type of restraint must be nuanced. Unlike physical restraint and seclusion, mechanical restraint may be used in certain cases without there being any predictable or immediate danger (the student is not demonstrating any dangerous behaviour).

To conclude, **planning to discontinue the use of restraint is deemed a reserved activity because it involves a reassessment of the situation and the danger** (Step E). When this discontinuation is under consideration, the authorized professional must be involved. At that point, they will formulate new recommendations to ensure that the probability of the student manifesting the dangerous behaviour again is minimized.

In addition to the distinctions previously covered with regard to the intervention context, danger-assessment criteria, alternative measures and discontinuation of the measure, the entire clinical procedure (Section 5.1) must be included in the plan for the use of a mechanical restraint.

5.3.2 CONSIDERATIONS

The following elements should also be taken into consideration with regard to mechanical restraint. Given the complexity of certain situations, it is appropriate to involve the authorized professional in the reflection aimed at clarifying the goal of using the devices or objects in order to ensure that the established guiding principles are followed.

Positioning actions

The use of devices or objects to position the student is not considered to be a restraint measure if its goal is to enable the student to compensate for a disability, increase their autonomy in their activities or improve their ability to move around by themselves. For example, using a wheelchair positioning harness is not a restraint measure if the goal is to stabilize the torso of a student in a sitting position and to help them manipulate their school tools and learning materials. On the other hand, using it to limit the movement of a student who is banging their head on the table is considered to be a restraint measure.

Devices or objects used in accordance with chronological age

The use of a device or object designed for all students is not considered a restraint measure if it corresponds to their chronological age. For example, harnessing a young child in a stroller is considered a normal use. However, harnessing a student of elementary school age is considered to be a restraint measure if the goal is to restrain a young person who is incapable of detaching it or if the use is beyond that for the chronological age of the student.

Restraint through the removal of a device or object

The removal of a device or object could be considered a restraint measure if it is intended to restrict the student's capability. For example, storing a walker at the back of the room to prevent a student sitting at their desk from getting up is considered to be a restraint through the removal of a device or object because the young person no longer has access to a device that they must rely on to move around independently. Therefore, like all control measures in schools, such an intervention must be provided for in the student protocol and the situation must be assessed and analyzed by an authorized professional.

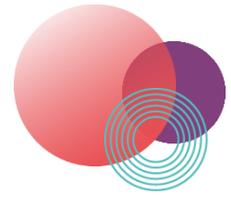
Subtle form of restraint

Great care must be taken to avoid using a subtle form of restraint. It is not uncommon for the recourse to a device or object to facilitate an activity to become a restraint measure due to improper use. For example, an adjustable table could be installed on a wooden chair during lunch to enable a student to feed themselves. However, the prolonged use of this table, that is, beyond the lunch period, is considered to be a restraint measure because it hinders the student from getting up and moving around the room. According to the first guiding principle, a restraint measure is not justified if it is intended to compensate for a lack of supervision or if it is used as an educational measure to encourage the student to remain seated with the group.

Choice of devices or objects

In collaboration with the authorized professionals, educational institutions must demonstrate great care in the choice of restraining devices or objects. A mechanical restraint poses major risks for the student: risk of damaging their skin (e.g. rash, wound), improper positioning, suffocation, falling, psychological distress, etc.⁶⁸ In order to avoid accidents and incidents, the restraint must be used in accordance with the instructions from the manufacturer of the device or object. Furthermore, it is essential that the people who will apply the mechanical restraint be trained and that there be strict supervision procedures. It goes without saying that homemade restraint devices or objects are forbidden.

⁶⁸ Adapted from: Québec, Ministère de la Santé et des Services sociaux, *Encadrer l'utilisation des mesures de contrôle* (Québec: 2005), 19-40. <https://publications.msss.gouv.qc.ca/msss/fichiers/2005/05-812-01.pdf>.



The choice of restraint devices or objects involves considering the following questions:

- Is this the safest device or object?
- Is this the least constraining device or object?
- Is this the most comfortable device or object?
- Is the device or object properly adjusted to the student?
- Does the device or object respect the student's dignity (image projected)?
- Is the device or object easy to install?
- Can the device or object be quickly removed, especially in an emergency?
- Is the device or object easy to maintain?⁶⁹

A wise choice of devices or objects, based on these characteristics, helps reduce the student's risk of being harmed. It is also necessary to manage the inventory and maintenance of the materials in order to identify any obsolete or dilapidated devices or objects: expected lifespan, signs of wear and tear or breakage, missing parts, etc.

5.3.3 SCHOOL TRANSPORTATION

School transportation is a context likely to present potentially dangerous situations. Therefore, it is important that the different stakeholders concerned plan and implement alternative measures in a concerted manner. In certain cases, the use of a mechanical restraint, governed by a student protocol, might be required.

The regulation of restraint measures in school transportation is particularly complex, given the number of people involved, the fact that it is outside the school and the road safety rules to be followed. It thus becomes essential that the various responsibilities inherent in this context be shared. The rigour of concerted actions will help ensure the safety of the student, passengers, driver and other users of the road. The following elements must therefore be considered in developing guidelines concerning the use of mechanical restraint in school transportation.

Stakeholders involved in a shared responsibility

- Educational services department
- School transportation administrator
- School principal

⁶⁹ Adapted from: Ibid., 11-14.

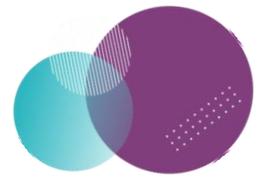
- School team, including an authorized professional
- Parents and student
- Transportation provider
- Driver
- Partners (e.g. health and social services)

Division of responsibilities

- Plan and organize the school transportation service, taking the students with specific needs into consideration.
- Establish a communication procedure for the different stakeholders involved when students exhibit behaviours that could compromise the safety of school transportation.
- Ensure effective communication among the stakeholders involved.
- Quickly report any behaviour that could compromise the safety of school transportation.
- Participate in data collection and intervention planning aimed at solving problems that could arise in the transport vehicle.
- Implement alternative measures for students with specific needs.
- Call upon an authorized professional to assess whether a mechanical restraint is required and decide upon its use, if applicable.
- Obtain and assign the necessary device or object in accordance with the decision of the authorized professional.
- Maintain and inspect the device or object.
- Inventory the device or object.
- Properly install the device or object recommended by the authorized professional (e.g. install an anchorage system for a harness on the bus seat).
- Apply alternative measures and the mechanical restraint when boarding (e.g. place the harness on the student and attach it to the anchorage system).
- Check the application of alternative measures and the mechanical restraint (at departure and throughout the journey).
- Follow the necessary supervisory procedures.

- Provide training for the people responsible for installing the devices or objects.
- Provide training for the people responsible for applying the mechanical restraint measure.
- Call upon an authorized professional to reassess the situation and to plan for the discontinuation of the mechanical restraint, if applicable.

The memory aid provided in [Appendix X](#) may be useful when assigning different responsibilities to the stakeholders involved during a risky situation in school transportation that could require the use of alternative measures or mechanical restraint for a student.



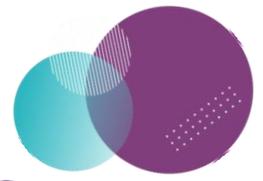
CONCLUSION

A positive, healthy, safe and caring climate in an educational institution promotes a sense of well-being and educational success in all students. The universal preventive and educational interventions prioritized by the educational institutions must be established on a consistent basis and be part of a reflective practice in keeping with practices that are recognized as being effective. These interventions are essential to prevent the onset or escalation of situations that could exceptionally require recourse to a control measure with a student.

This Reference Framework thus encourages the different stakeholders to intervene in a preventive fashion in crisis or emergency situations. It promotes a common understanding of the terminology related to the use of control measures. It clarifies the roles and responsibilities of the stakeholders involved by describing, among other things, the clinical procedure of the authorized professionals. It stresses the relevance of close collaboration between the school team, the student and their parents, and the partners concerned to analyze the student's needs and to wisely plan the best adapted interventions, in a concerted and complementary fashion.

Educational organizations must also show great care with regard to the use of control measures with students because of the associated legal frameworks, the ethical issues that stem from their use and the risks of harm to the young people and the staff involved in the intervention. A control measure must be applied exclusively for the purpose of protection, when the physical safety of the student or others is threatened. It must be seen only as a last resort, to be taken in the presence of imminent danger; be the least constraining possible; be applied while ensuring that the student, their dignity and safety are respected; comply with the protocols in force and be followed up. In addition, it is important to remember the requirement that preventive interventions and alternative measures be applied before resorting to a control measure.

In conclusion, although this document represents a key milestone, the staff involved in intervention require specific training and support in order to acquire knowledge about the subject and to integrate new practices. It is hoped that the implementation of this Reference Framework, which stresses a collaborative and structured intervention process, will provide a significant, enduring contribution to the implementation of conditions conducive to the health and safety of all in school environments.



APPENDIX I – LEGAL REFERENCES

This guide raises several ethical and legal questions concerning the application of control measures in schools. The following descriptive list is not exhaustive. It consists of various sections and some excerpts from legal texts that underpin the orientations of this Reference Framework and are directly linked to its guiding principles, among others.

CANADIAN CHARTER OF RIGHTS AND FREEDOMS

Section 1

The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

Section 7

Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

Section 9

Everyone has the right not to be arbitrarily detained or imprisoned.

Section 12

Everyone has the right not to be subjected to any cruel and unusual treatment or punishment.

CHARTER OF HUMAN RIGHTS AND FREEDOMS

Section 1

Every human being has a right to life, and to personal security, inviolability and freedom.

Section 2

Every person must come to the aid of anyone whose life is in peril, either personally or calling for aid, by giving [them] the necessary and immediate physical assistance, unless it involves danger to [themselves] or a third person, or [they have] another valid reason.

Section 4

Every person has a right to the safeguard of [their] dignity, honour and reputation.

Section 10

Every person has a right to full and equal recognition and exercise of [their] human rights and freedoms, without distinction, exclusion or preference based on race, colour, sex, gender identity or expression, pregnancy, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, a handicap or the use of any means to palliate a handicap. Discrimination exists where such a distinction, exclusion or preference has the effect of nullifying or impairing such right.

Section 24

No one may be deprived of [their] liberty or of [their] rights except on grounds provided by law and in accordance with prescribed procedure.

Section 40

Every person has a right, to the extent and according to the standards provided for by law, to free public education.

THE CONVENTION ON THE RIGHTS OF THE CHILD

Article 3

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12

1. States Parties shall assure to the child who is capable of forming [their] own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

CIVIL CODE OF QUÉBEC

Section 10

Every person is inviolable and is entitled to the integrity of [their] person. Except in cases provided for by law, no one may interfere with [their] person without [their] free and enlightened consent.

Section 33

Every decision concerning a child shall be taken in light of the child's interests and the respect of [the child's] rights. Consideration is given, in addition to the moral, intellectual, emotional and physical needs of the child, to the child's age, health, personality and family environment, . . . and to the other aspects of [their] situation.

Section 601

The person having parental authority may delegate the custody, supervision or education of the child.

Section 1460

A person who, without having parental authority, is entrusted, by delegation or otherwise, with the custody, supervision or education of a minor is bound, in the same manner as the person having parental authority, to make reparation for injury caused by the act, omission or fault of the minor.

Where [they are] acting gratuitously or for reward, however, [they are] not so bound unless it is proved that [they have] committed a fault.

Section 1471

Where a person comes to the assistance of another or, for an unselfish motive, gratuitously disposes of property for the benefit of another, [they are] exempt from all liability for injury that may result, unless the injury is due to [their] intentional or gross fault.

CRIMINAL CODE

Section 43

Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under [their] care, if the force does not exceed what is reasonable under the circumstances.

Section 265

A person commits an assault when without the consent of another person, [they apply] force intentionally to that other person, directly or indirectly.

PROFESSIONAL CODE

Section 37.2

A person shall not in any manner engage in a professional activity reserved under section 37.1 to members of a professional order, claim to have the right to do so or act in such a way as to lead to the belief that the person is authorized to do so, unless the person holds a valid, appropriate permit and is entered on the roll of the order empowered to issue the permit, except if it is allowed by law.

ACT RESPECTING OCCUPATIONAL HEALTH AND SAFETY

Section 2

The object of this Act is the elimination, at the source, of dangers to the health, safety and physical and mental well-being of workers.

Section 3

The fact that collective or individual protective means and equipment are put at the disposal of workers where necessary to meet their special needs must in no way reduce the effort expended to eliminate, at the source, dangers to the health, safety and physical or mental well-being of workers.

Section 9

Every worker has a right to working conditions that have proper regard for [their] health, safety and physical and mental well-being.

Section 10

In accordance with this Act and the regulations, the worker is entitled, in particular,

- (1) to training, information and counselling services in matters of occupational health and safety, especially in relation to [their] work and [their] work environment, and to receive appropriate instruction, training and supervision

Section 12

A worker has a right to refuse to perform particular work if [they have] reasonable grounds to believe that the performance of that work would expose [them] to danger to [their] health, safety or physical or mental well-being, or would expose another person to a similar danger.

Section 49

A worker must

- (1) become familiar with the prevention program applicable to [them];
- (2) take the necessary measures to ensure [their] health, safety or physical or mental well-being;
- (3) see that [they do] not endanger the health, safety or physical or mental well-being of other persons at or near [their] workplace;

...

(5) participate in the identification and elimination of risks of work accidents or occupational diseases at [their] workplace;

...

Section 51

Every employer must take the necessary measures to protect the health and ensure the safety and physical and mental well-being of [their] worker. [They] must, in particular,

(1) see that the establishments under [their] authority are so equipped and laid out as to ensure the protection of the worker;

...

(3) ensure that the organization of the work and the working procedures and techniques do not adversely affect the safety or health of the worker;

...

(5) use methods and techniques intended for the identification, control and elimination of risks to the safety or health of the worker;

...

(7) supply safety equipment and see that it is kept in good condition;

...

(9) give the worker adequate information as to the risks connected with [their] work and provide [them] with the appropriate training, assistance or supervision to ensure that [they possess] the skill and knowledge required to safely perform the work assigned to [them];

...

(11) provide the worker, free of charge, with all the individual protective means and equipment selected by the health and safety committee in accordance with paragraph 4 of section 78 or, as the case may be, the individual or collective protective means and equipment determined by regulation, and require that the worker use these devices and equipment in the course of work;

...

(16) take the measures to ensure the protection of a worker exposed to physical or psychological violence, including spousal, family or sexual violence, in the workplace and take any other measure that may be determined by regulation to prevent or put a stop to sexual violence.

...

AN ACT TO MODERNIZE THE OCCUPATIONAL HEALTH AND SAFETY REGIME

The purpose of this Act is to modernize the occupational health and safety regime with regard to prevention of and compensation for employment injuries.

...

The Act then amends the *Act respecting occupational health and safety*, in particular to

(1) extend the application of prevention and worker participation mechanisms to all sectors of activities according to the size of each establishment, including by requiring the implementation of a prevention program, the establishment of a health and safety committee and the designation of a health and safety representative if there are at least 20 workers, as well as by requiring the implementation of an action plan and the designation of a health and safety liaison officer if there are fewer than 20 workers;

(2) allow an employer to establish a single prevention program for all or part of its establishments where activities of the same nature are carried on and, in such a case, require the establishment of a single health and safety committee for those establishments;

...

(12) ensure the protection of workers' mental well-being.

...

The Act provides that the Minister must, not later than 6 October 2026, report on its carrying out, which report must be tabled in the National Assembly.

Lastly, the Act makes consequential amendments and contains transitional and final measures, in particular regarding the interim mechanisms that are applicable in an establishment until the coming into force of the provisions concerning the prevention and participation mechanisms in an establishment, where none of those measures is already in place in accordance with the provisions of the *Act respecting occupational health and safety*.

ACT RESPECTING PRIVATE EDUCATION

Section 63.1

An institution providing educational services belonging to the categories listed in paragraphs 1 to 5 of section 1 must provide a healthy and secure learning environment that allows every student to develop [their] full potential, free from any form of bullying or violence. To that end, the institution must adopt . . . an anti-bullying and anti-violence plan. . . .

EDUCATION ACT

Section 22

A teacher shall

- (1) contribute to the intellectual and overall personal development of each student entrusted to [their] care;
- (2) take part in instilling into each student entrusted to [their] care a desire to learn;
- (3) take the appropriate means to foster respect for human rights in [their] students;
- (4) act in a just and impartial manner in [their] dealings with [their] students;
- (5) take the necessary measures to promote the quality of written and spoken language;
- (6) take the appropriate measures to attain and maintain a high level of professionalism;
- (6.1) collaborate in the training of future teachers and in the mentoring of newly qualified teachers;
- (7) comply with the educational project of the school.

Section 36

A school is an educational institution whose object is to provide to the persons entitled thereto under section 1 the educational services provided for by this Act and prescribed by the basic school regulation established by the Government under section 447 and to contribute to the social and cultural development of the community. In keeping with the principle of equality of opportunity, the mission of a school is to impart knowledge to students, foster their social development and give them qualifications, while enabling them to undertake and achieve success in a course of study. A school shall pursue its mission within the framework of an educational project.

Section 76

The governing board is responsible for approving the rules of conduct and the safety measures proposed by the principal.

In addition to the elements the Minister may prescribe by regulation, the rules of conduct must specify

- (1) the attitudes and conduct that are required of students at all times;
- (2) the behaviours and verbal or other exchanges that are prohibited at all times, including during school transportation, regardless of the means used, including social media; and
- (3) the applicable disciplinary sanctions, according to the severity or repetitive nature of the prohibited act.

The rules of conduct and the safety measures must be presented to the students during a civics session held each year by the principal in collaboration with the school staff, and must be sent to the parents at the beginning of each school year.

Section 96.12

The principal, under the authority of the director general of the school service centre, shall ensure that educational services provided at the school meet the proper standards of quality. The principal is the academic and administrative director of the school and shall see to the implementation of the decisions of the governing board and of the other provisions governing the school.

Section 96.14

In the case of a handicapped student or a student with a social maladjustment or a learning disability, the principal, with the assistance of the student's parents, of the staff providing services to the student, and of the student [themselves], unless the student is unable to do so, shall establish an individualized education plan adapted to the needs of the student. The plan must be consistent with the school service centre's policy concerning the organization of services for handicapped students and students with social maladjustments or learning disabilities and in keeping with the ability and needs of the student as evaluated by the school service centre before the student's placement and enrollment at the school. In addition, the plan must state that recourse to the complaint processing procedure provided for by the *Act respecting the National Student Ombudsman* (chapter P-32.01) is an option if the parent or student is not satisfied.

The principal shall see to the implementation and periodical evaluation of the education plan and inform the student's parents on a regular basis.

Section 96.21

The principal is responsible for the management of the staff of the school and shall determine the duties and responsibilities of each staff member in accordance with the provisions of the applicable collective agreements or regulations of the Minister and, where applicable, with the agreements between the school service centre and university-level institutions concerning the training of future teachers or the mentoring of newly qualified teachers.

The principal shall see to it that all school staff members are informed of the school's rules of conduct, safety measures and anti-bullying and anti-violence measures, and of the procedure to be followed when an act of bullying or violence is observed.

The principal shall see to the organization of such professional development activities for the school staff as agreed with the staff, in accordance with the provisions of the applicable collective agreements, and shall ensure that all teachers fulfill their continuing education obligation.

Section 210.1

The school service centre shall see to it that each of its institutions provides a healthy and secure learning environment that allows every student to develop [their] full potential, free from any form of bullying or violence. To that end, it shall support the principals of its institutions in their efforts to prevent and stop bullying and violence.

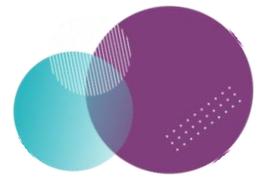
ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

Section 118.1

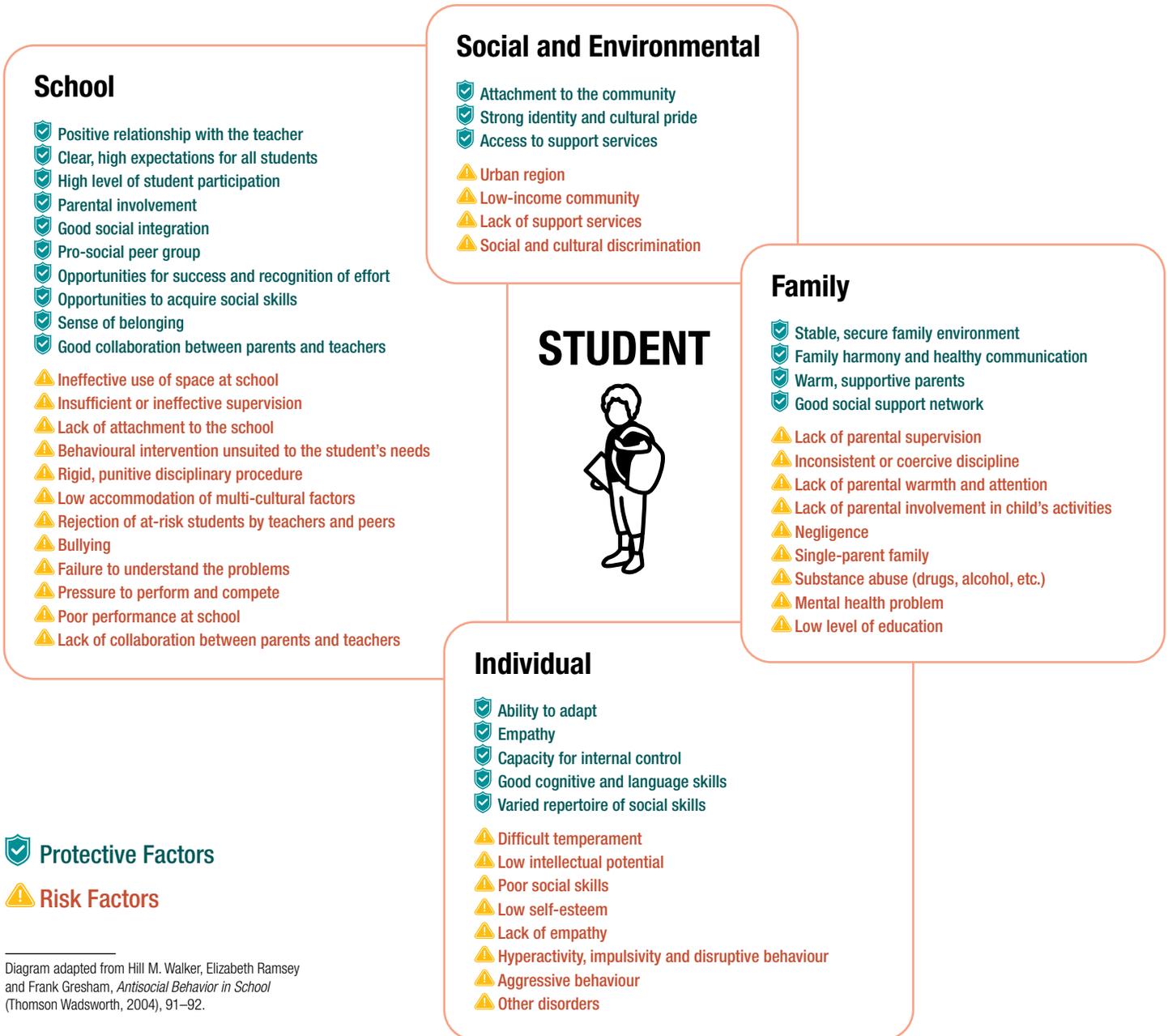
Force, isolation, mechanical means or chemicals may not be used to place a person under control in an installation maintained by an institution except to prevent the person from inflicting harm upon [themselves] or others. The use of such means must be minimal and resorted to only exceptionally, and must be appropriate having regard to the person's physical and mental state.

Any measure referred to in the first paragraph applied in respect of a person must be noted in detail in the person's record. In particular, a description of the means used, the time during which they were used and a description of the behaviour which gave rise to the application or continued application of the measure must be recorded.

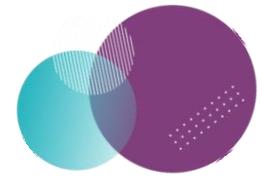
Every institution must adopt a procedure for the application of such measures that is consistent with ministerial orientations, make the procedure known to the users of the institution and evaluate the application of such measures annually.



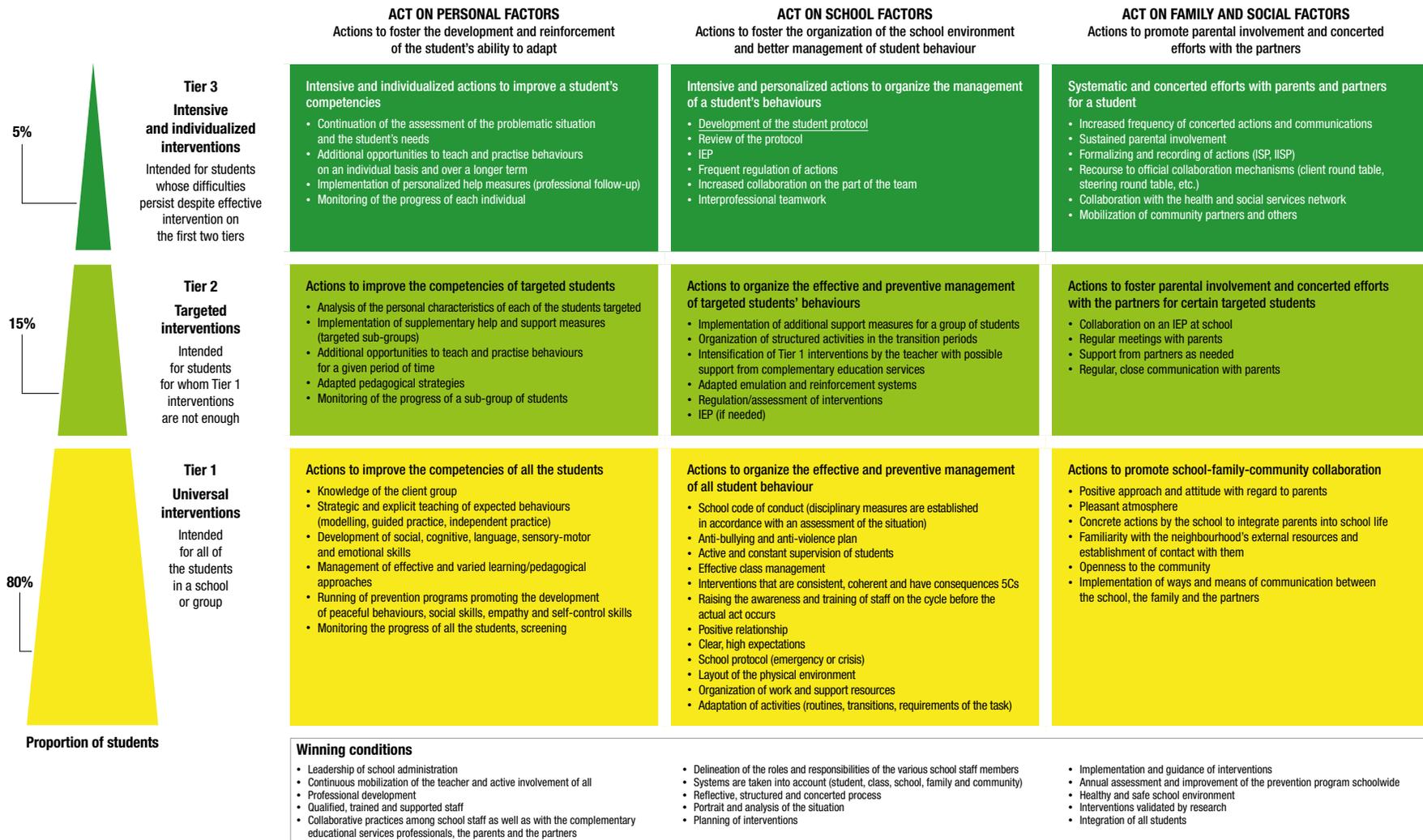
APPENDIX II – RISK AND PROTECTIVE FACTORS



Source: https://bibliotheque.cecile-rouleau.gouv.qc.ca/documents/archives/pgq/E3A25_C332_2015_A.pdf, 15.



APPENDIX III – “3 X 3” MODEL AND PLANNING TOOL



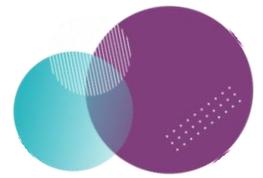
Julie Norm and Joseph Pless, psychoéducateur and education consultants, 2015.

Source: Commission scolaire Marguerite-Bourgeoys, *Mesures d'encadrement à l'école: assurer une intervention préventive et éducative en situation complexe et une intervention adéquate en situation d'urgence ou de crise*, 2016 [Translation].



Julie Morn and Joseph Ross, psychoeducators and education consultants, 2015.

Source: <https://levisaue.ecoleverdun.com/wp-content/uploads/2016/05/Referentiel-sur-les-mesures-dencadrement-final.pdf>, 57.



APPENDIX IV – OCCUPATIONAL HEALTH AND SAFETY HAZARD-PREVENTION TOOLS FOR EDUCATIONAL ORGANIZATIONS

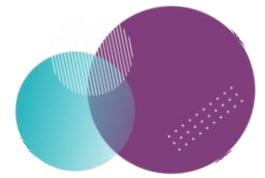
Over the years, in the area of prevention, educational organizations have updated various tools that enable them to protect staff members who must intervene with students.

Whether it be guides, information sheets, memory aids, risk-analysis grids or any other document concerning the risks present in educational environments, the sharing of these tools is useful to school network staff who are sometimes called upon to develop similar tools.

The FCSSQ thus encourages school service centres and school boards to share these tools through the portal of the Service d'expertise en présence au travail, by sending them to the following address: sept@fcssq.quebec.

These shared tools will then become available on this portal, in French only, at the following address: <https://sept.fcscsq.quebec/prevention/outils-sst/risques-dagression/>.

This portal highlights promising initiatives and contributes to the development of a culture of sharing among the school service centres and school boards.



APPENDIX V – SAMPLE SCHOOL PROTOCOL*

*MECHANICAL RESTRAINT IS EXCLUDED FROM SCHOOL PROTOCOLS.

SCHOOL PROTOCOL IN A CRISIS SITUATION

Date prepared: _____

Name of the school: _____

GOAL OF THE SCHOOL PROTOCOL	
TO PREVENT AND PROVIDE A FRAMEWORK FOR THE POTENTIAL APPLICATION OF A CONTROL MEASURE IN THE CONTEXT OF AN UNPLANNED INTERVENTION	

PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES TO BE USED IN A CRISIS SITUATION AND INTENDED FOR ALL STUDENTS		
	OBSERVABLE BEHAVIOURS	INTERVENTIONS
1 – Before the crisis	Behavioural manifestations on the part of students indicating that a crisis is likely to occur:	Preventive interventions to be carried out before the crisis starts, depending on the triggers:
2 – During the crisis	Behavioural manifestations on the part of students indicating the early warning signs of a crisis:	Preventive interventions to be carried out at the beginning of the crisis:
	Behavioural manifestations on the part of students indicating an escalation of the behaviours:	Interventions to be carried out to defuse the crisis:
	Dangerous behavioural manifestations by students (emergency situations):	Alternative measures to be applied:
3 – At the end of the crisis	Indicators that the students want to collaborate and signs that they have regained their composure:	Interventions to be carried out for the regaining of composure:

DANGER-ASSESSMENT CRITERIA	
•	Predictability of danger Does the student's behaviour present a real danger for themselves or others?
•	Immediacy of danger Is the control measure the only possible intervention that I have the time to carry out?
•	Severity of consequences Will the consequences of the student's behaviour be serious for themselves or others?

SITUATIONS THAT JUSTIFY RECOURSE TO A CONTROL MEASURE	
Identify and describe possible situations based on your familiarity with the environment concerned	

METHODS AND CONDITIONS FOR APPLYING A CONTROL MEASURE

- Control measure selected:
 - Level of supervision required:
 - Duration of the application:
 - Indicators that the student wants to collaborate and signs that they have regained their composure, signalling that the application of the measure should be discontinued:
- Contraindications and associated risks:
- Locations designated for the application of the selected control measure:
- Locations designated for the regaining of composure:
- Staff members involved in intervention and their roles:
 - Persons designated to apply the control measure:
 - Persons designated to carry out the supervision:
 - Persons who will have to check the safety of the locations:
- Names and contact information of partners who could be of help during the intervention:

POST-INCIDENT PROCEDURES

- Person designated to ensure that post-incident procedures are followed:
- Staff members designated to meet the people concerned and see to their well-being:
 - Student:
 - Staff members involved in the intervention:
 - Witnesses:
- Person responsible for communicating with the parents:
 - Name of the person to contact:
 - Contact information:
- Staff members responsible for documenting the information with regard to the situation:
 - Person designated to write up the incident report (24 hours following the intervention):
- Person designated to review the intervention with the stakeholders concerned and facilitate the meeting:

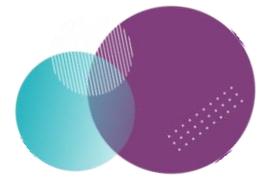
DATE SET TO REVIEW THE SCHOOL PROTOCOL

TERMS AND CONDITIONS FOR THE ACTIVATION OF THE SCHOOL PROTOCOL AND FOR COMMUNICATION

- Code used to activate the school protocol:
- Means of communication the staff will use to request help, secure the area and communicate throughout the intervention (e.g. intercom, walkie-talkie):
- Staff members responsible for:
 - Informing the principal every time the school protocol is activated:
 - Communicating with emergency services, if applicable:

COMMITTEE MEMBERS

_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)



APPENDIX VI – SAMPLE STUDENT PROTOCOL

STUDENT PROTOCOL⁷⁰ IN A CRISIS SITUATION

INFORMATION ON THE STUDENT	
Student's name: _____	Date of birth: _____
Group/class: _____	School: _____

GOAL OF THE STUDENT PROTOCOL in accordance with the student's individualized education plan
Identify the competencies the student needs to develop

PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES TO BE USED WITH A STUDENT IN A CRISIS SITUATION		
	OBSERVABLE BEHAVIOURS	INTERVENTIONS
1 – Before the crisis	Behavioural manifestations on the part of the student indicating that a crisis is likely to occur:	Preventive interventions to be carried out before the crisis starts, depending on the triggers:
2 – During the crisis	Behavioural manifestations on the part of the student indicating the early warning signs of a crisis:	Preventive interventions to be carried out at the beginning of the crisis:
	Behavioural manifestations on the part of the student indicating an escalation of the behaviours:	Interventions to be carried out to defuse the crisis:
	Dangerous behavioural manifestations by the student (emergency situations):	Alternative measures to be applied:
3 – At the end of the crisis	Indicators that the student wants to collaborate and signs that they have regained their composure:	Interventions to be carried out for the regaining of composure:

DANGER-ASSESSMENT CRITERIA
<ul style="list-style-type: none"> • Predictability of danger Does the student's behaviour present a real danger for themselves or others? • Immediacy of danger Is the control measure the only possible intervention that I have the time to carry out? • Severity of consequences Will the consequences of the student's behaviour be serious for themselves or others?

⁷⁰ Document to be placed in the student's personal assistance file.

ACTIVITY RESERVED FOR AN AUTHORIZED PROFESSIONAL

Name: _____

Profession: _____

Date of the assessment by the authorized professional: _____

SITUATIONS THAT JUSTIFY RECOURSE TO A CONTROL MEASURE

METHODS AND CONDITIONS FOR APPLYING A CONTROL MEASURE

- Control measure selected:
 - Level of supervision required:
 - Duration of the application:
 - Indicators that the student wants to collaborate and signs that they have regained their composure, signalling that the application of the measure should be discontinued:
 - Contraindications and associated risks:
 - Date or terms and conditions for a reassessment by the authorized professional:
-
- Locations designated for the application of the selected control measure:
 - Locations designated for the regaining of composure:
 - Staff members involved in intervention and their roles:
 - Persons designated to apply the control measure:
 - Persons designated to carry out the supervision:
 - Persons who will have to check the safety of the locations:
 - Names and contact information of partners who could be of help during the intervention:

POST-INCIDENT PROCEDURES

- Person designated to ensure that post-incident procedures are followed:
- Staff members designated to meet the people concerned and see to their well-being:
 - Student:
 - Staff members involved in the intervention:
 - Witnesses:
- Person responsible for communicating with the parents:
 - Name of the person to contact:
 - Contact information:
 - Situations requiring that parents be contacted:
- Staff members responsible for documenting the information with regard to the situation:
 - Person designated to write up the incident report (24 hours following the intervention):
- Person designated to review the intervention with the stakeholders concerned and facilitate the meeting:

TERMS AND CONDITIONS FOR THE ACTIVATION OF THE STUDENT PROTOCOL AND FOR COMMUNICATION

- Code used to activate the student protocol:
- Means of communication the staff will use to request help, secure the area and communicate throughout the intervention (e.g. intercom, walkie-talkie):
- Staff members responsible, depending on the time of day, for:
 - Informing the principal every time the student protocol is activated:
 - Communicating with emergency services, if applicable:

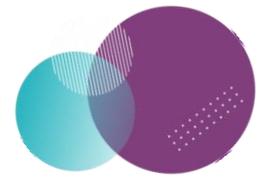
TEAM INVOLVED	
_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)

DATE SET TO REVIEW THE STUDENT PROTOCOL

I give my free and enlightened consent for the application of the means stated in this protocol.

_____ (Parent's signature) _____ (Parent's signature) _____ (Date)

_____ (Student's signature) _____ (Date)



APPENDIX VII – SAMPLE STUDENT PROTOCOL (MECHANICAL RESTRAINT)

STUDENT PROTOCOL⁷¹ FOR THE USE OF A MECHANICAL RESTRAINT

INFORMATION ON THE STUDENT	
Student's name: _____	Date of birth: _____
Group/class: _____	School: _____

GOAL OF THE STUDENT PROTOCOL in accordance with the student's individualized education plan
Identify the competencies the student needs to develop

ALTERNATIVE MEASURES INTENDED TO LEAD TO THE DISCONTINUATION OF THE MECHANICAL RESTRAINT

ACTIVITY RESERVED FOR AN AUTHORIZED PROFESSIONAL
Name: _____
Profession: _____
Date of the assessment by the authorized professional: _____
SITUATIONS THAT JUSTIFY USING A MECHANICAL RESTRAINT

⁷¹ Document to be placed in the student's personal assistance file.

METHODS AND CONDITIONS FOR APPLYING A MECHANICAL RESTRAINT

- Control measure selected:
 - Level of supervision required:
 - Duration of the application:
 - Contraindications and associated risks:
 - Date or terms and conditions for a reassessment by the authorized professional:
-
- Staff members involved in intervention and their roles:
 - Persons designated to install the mechanical restraint:
 - Persons designated to carry out the supervision:
 - Persons who will have to check the conformity and maintenance of the device used for the mechanical restraint:
 - Names and contact information of partners who could be of help during the intervention:

TEAM INVOLVED

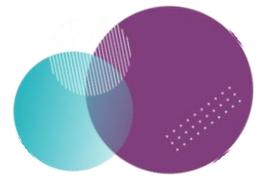
(Name and title)	(Name and title)
(Name and title)	(Name and title)
(Name and title)	(Name and title)

DATE SET TO REVIEW THE STUDENT PROTOCOL

I give my free and enlightened consent for the application of the means stated in this protocol.

 (Parent’s signature) (Parent’s signature) (Date)

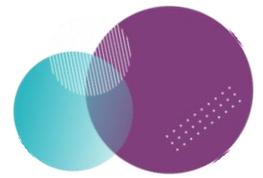
 (Student’s signature) (Date)



APPENDIX VIII – POST-INCIDENT PROCEDURES

MEMORY AID TO BE CONSULTED FOLLOWING THE USE OF A CONTROL MEASURE

ENSURE WELL-BEING	
<input type="checkbox"/> Notify the parents if this has not already been done.	<input type="checkbox"/> See to the well-being of the students, staff involved and witnesses.
<input type="checkbox"/> Ensure that all the staff and students who were involved or were witnesses have had enough time to calm down and that they are available to resume their activities.	<input type="checkbox"/> Decide when would be the best time to review the incident.
ESTABLISH THE FACTS	
<input type="checkbox"/> Compile the required information. Review the situation to establish the chain of events and to clarify everyone’s perceptions (facts, context, environment).	<input type="checkbox"/> Analyze the information collected: determine the triggering factors and develop hypotheses in order to try to understand the situation better.
<input type="checkbox"/> Write up an incident report within 24 hours of the application of the measure (see Appendix IX for an example of this type of report).	
REVIEW THE INCIDENT	
<input type="checkbox"/> Review the incident with the student, their parents and the staff involved in order to prevent other crises: <ul style="list-style-type: none"> • Identify alternative solutions. • Verify the effectiveness of the interventions carried out and limit the negative psychological impact on the people who experienced the incident. • Emphasize the lessons to be learned from the incident. • Determine the support measures to be put in place or intensified. 	<input type="checkbox"/> Determine the consequences and the reparative actions, if applicable.
ASSESS THE EFFECTIVENESS OF THE SCHOOL PROTOCOL AND ADJUST IT, AS NEEDED	
<input type="checkbox"/> Was the protocol applied as it was intended?	<input type="checkbox"/> Did it allow the crisis to be avoided?
<input type="checkbox"/> Did it ensure concerted action by the staff involved in the intervention?	<input type="checkbox"/> If not, did it help to reduce the length or intensity of the crisis in comparison with the previous occurrence?
<input type="checkbox"/> Did it ensure the safety of the individuals present?	<input type="checkbox"/> Did it enable a healthy and safe environment to be re-established for the student concerned, the staff involved in the intervention and the other students?
<input type="checkbox"/> Did it enable the intervention to be completely objective?	<input type="checkbox"/> Is a recurrence being observed in terms of previous incident reports?



APPENDIX IX – SAMPLE INCIDENT REPORT

INCIDENT REPORT

FOLLOWING THE USE OF A CONTROL MEASURE

INFORMATION ON THE STUDENT	
Student's name _____	Date of birth _____
Group/class _____	School _____

INTERVENTION CONTEXT	
Location	<input type="checkbox"/> Class <input type="checkbox"/> Hallway <input type="checkbox"/> Outdoors <input type="checkbox"/> Other: _____
	Date _____
	Time _____
Nature of the activity at the time of the incident	_____
Person responsible for the intervention	_____
Witness(es)	_____

CIRCUMSTANCES OF THE INCIDENT	
Triggering element(s)	_____
Risk to well-being or safety	<input type="checkbox"/> Student <input type="checkbox"/> Others
Nature of the incident <i>Factual description of the incident</i>	_____

APPLICATION OF THE CONTROL MEASURE	
Application of the school protocol	<input type="checkbox"/>
Application of the student protocol	<input type="checkbox"/>
Preventive interventions and alternative measures carried out prior to the application of the control measure	_____

APPLICATION OF THE CONTROL MEASURE (CONT.)	
Type of measure used _____	Length of time applied _____
Overall condition of the student following the use of the control measure (e.g. reactions, fatigue)	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Time at which the principal was informed _____	

INTERVENTION FOLLOW-UP	
Injury during the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Adult (specify): _____
Protocol to be developed or revised	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____
Parents have been informed of the situation	<input type="checkbox"/> Yes <input type="checkbox"/> No Communicated by _____ Date _____ Time _____

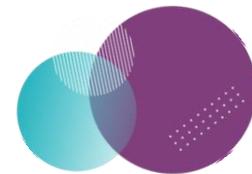
OTHER RELEVANT INFORMATION

Prepared by

Date

Signature of a school administrator

Date

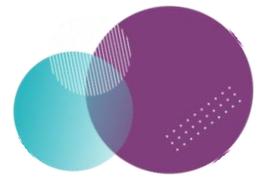


APPENDIX X – MEMORY AID FOR SCHOOL TRANSPORTATION

MEMORY AID FOR SCHOOL TRANSPORTATION

RESPONSIBILITIES / STAKEHOLDERS INVOLVED	EDUCATIONAL SERVICES DEPARTMENT	SCHOOL TRANSPORTATION ADMINISTRATION	SCHOOL PRINCIPAL	SCHOOL TEAM, INCLUDING AN AUTHORIZED PROFESSIONAL	PARENTS AND STUDENT	TRANSPORTATION PROVIDER	DRIVER	PARTNERS
Plan and organize the school transportation service, taking the students with specific needs into consideration.								
Establish a communication procedure for the different stakeholders involved when students exhibit behaviours that could compromise the safety of school transportation.								
Ensure effective communication among the stakeholders involved.								
Quickly report any behaviour that could compromise the safety of school transportation.								
Participate in data collection and intervention planning aimed at solving problems that could arise in the transport vehicle.								
Implement alternative measures for students with specific needs.								
Call upon an authorized professional to assess whether a mechanical restraint is required and decide upon its use, if applicable.								

RESPONSIBILITIES / STAKEHOLDERS INVOLVED	EDUCATIONAL SERVICES DEPARTMENT	SCHOOL TRANSPORTATION ADMINISTRATION	SCHOOL PRINCIPAL	SCHOOL TEAM, INCLUDING AN AUTHORIZED PROFESSIONAL	PARENTS AND STUDENT	TRANSPORTATION PROVIDER	DRIVER	PARTNERS
Obtain and assign the necessary device or object in accordance with the decision of the authorized professional.								
Maintain and inspect the device or object.								
Inventory the device or object.								
Properly install the device or object recommended by the authorized professional.								
Apply alternative measures and the mechanical restraint when boarding.								
Check the application of alternative measures and the mechanical restraint (at departure and throughout the journey).								
Follow the necessary supervisory procedures.								
Provide training for the people responsible for installing the devices or objects.								
Provide training for the people responsible for applying the mechanical restraint measure.								
Call upon an authorized professional to reassess the situation and to plan for the discontinuation of the mechanical restraint, if applicable.								



BIBLIOGRAPHY

STUDIES, REPORTS AND REFERENCE DOCUMENTS

Beaumont, Claire. *Promouvoir à la fois la santé mentale, un climat scolaire positif et la prévention de la violence: Guide de planification pour soutenir de manière continue le bien-être à l'école*. Québec: Chaire de recherche Bien-être à l'école et prévention de la violence, Faculté des sciences de l'éducation, Université Laval, 2023. https://www.violence-ecole.ulaval.ca/fichiers/site_chaire_cbeaumont_v2/documents/Guide_de_planification.pdf.

Beaumont, Claire, Josée Lavoie, and Caroline Couture. *Les pratiques collaboratives en milieu scolaire: Cadre de référence pour soutenir la formation*. Québec: Centre de recherche et d'intervention sur la réussite scolaire, Université Laval, 2011. https://crires.ulaval.ca/guide_sec_nouvelle_version.pdf.

Beaumont, Claire, Camil Sanfaçon, and Line Massé. "La prévention et la gestion de crise." In *Les troubles de comportement à l'école*, edited by Nadia Desbiens, Catherine Lanaris, and Line Massé. 3rd ed. Montréal: Chenelière Éducation, 2020.

Boissonneault, Julie C., Claire Beaumont, Marie-Andrée Pelletier, and Julie Beaulieu. *Soutenir l'apprentissage socioémotionnel à l'école primaire: Un guide pour le personnel scolaire*. Québec: Comité québécois pour les jeunes en difficulté de comportement and Chaire de recherche Bien-être à l'école et prévention de la violence, Université Laval, 2021. https://www.violence-ecole.ulaval.ca/fichiers/site_chaire_cbeaumont_v2/documents/fascicule_2021-09-13_Personnel_ecran_2.pdf.

Bronfenbrenner, Urie. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, USA: Harvard University Press, 1979. https://khoerulanwarbk.files.wordpress.com/2015/08/urie_bronfenbrenner_the_ecology_of_human_developbokos-z1.pdf.

Canada. *The United Nations Convention on the Rights of the Child*. Public Health Agency of Canada, 2021. <https://www.canada.ca/en/public-health/services/national-child-day/united-nations-convention-rights-of-the-child.html>.

Centre de réadaptation en déficience intellectuelle et en trouble envahissant du développement de la Mauricie et du Centre-du-Québec – Institut universitaire et Service québécois d'expertise en troubles graves du comportement. *Programme TC-TGC: Pour mieux comprendre et intervenir auprès des personnes ayant une DI ou un TSA vivant des situations à défis*, 1st ed. Trois-Rivières: Centre de réadaptation en déficience intellectuelle et en trouble envahissant du développement de la Mauricie et du Centre-du-Québec – Institut universitaire et Service québécois d'expertise en troubles graves du comportement, 2014.

Centre de transfert pour la réussite éducative du Québec. *La collaboration entre enseignants et intervenants en milieu scolaire*, 2nd ed. Québec: CTREQ, 2018. <https://www.ctreq.qc.ca/wp-content/uploads/2019/01/CTREQ-Projet-Savoir-Document-85x11-28269-Collaboration-C1-Cliquable.pdf>.

Centre on Positive Behavioral Interventions and Supports. *What is PBIS?* <https://www.pbis.org/pbis/what-is-pbis>.

Commission scolaire Marguerite-Bourgeoys. *Mesures d'encadrement à l'école: Assurer une intervention préventive et éducative en situation complexe et une intervention adéquate en situation d'urgence ou de crise*. Montréal: 2016. <https://levissauve.ecoleverdun.com/wp-content/uploads/2016/05/Referentiel-sur-les-mesures-dencadrement-final.pdf>.

Cummings, E. Mark, Patrick T. Davies, and Susan B. Campbell. *Developmental Psychopathology and Family Process: Theory, Research, and Clinical Implications*. New York: Guilford Press, 2000.

Institut national d'excellence en santé et en services sociaux. *État des connaissances – Troubles graves du comportement: Meilleures pratiques en prévention, en évaluation et en intervention auprès des personnes qui présentent une déficience intellectuelle, une déficience physique ou un trouble du spectre de l'autisme*. Québec: Institut national d'excellence en santé et en services sociaux, 2021. https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/ServicesSociaux/INESSS_TGC_EC.pdf.

Jimerson, Shane. R., Matthew K. Burns, and Amanda M. VanDerHeyden. *Handbook of Response to Intervention: The Science and Practice of Multi-Tiered Systems of Support*. New York: Springer, 2016.

Kayser-Jones, Jeanie. "Culture, environment, and restraints: A conceptual model for research and practice." *Journal of Gerontological Nursing* 18, no. 11 (1992): 13-20. <https://journals.healio.com/doi/10.3928/0098-9134-19921101-05>.

McGill University Health Centre. "Scale of Severity of the Event." *Guide for using the incident/accident declaration report*. <https://muhc.ca/patient-safety/page/scale-severity-event>.

O'Dowd, N., V. Girard, G. Damecour, S. Brochu, N. Boiteau Leclerc, L. De Serres, M.-J. Filion, S. Leclerc, M. Labrie, L. Boisvert-Lajoie, C. Baribeau, and Y. Delma. *Les mesures de contrôle en soutien à domicile: les alternatives et l'utilisation exceptionnelle des contentions*, 2005. <https://ciusssmq.ca/telechargement/469/les-mesures-de-contrôle-en-soutien-a-domicile-les-alternatives-et-l-utilisation/>.

Office des professions du Québec. *Guide explicatif: Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé mentale et des relations humaines*. Québec: 2021. https://cdn-contenu.quebec.ca/cdn-contenu/adm/org/office-professions-quebec/OPQ-Admin/Publications/2020-21_020_Guide-explicatif-sante-rh-26-08-2021.pdf.

Office des professions du Québec. *Cahier explicatif: Loi 90, Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé*. Québec: 2003.

Ordre des ergothérapeutes du Québec. *Guide de l'ergothérapeute – Les mesures de contention: De la prévention à leur utilisation exceptionnelle*. Montréal: 2006. https://www.oeq.org/DATA/NORME/33~v~lignes_directrices_contention.pdf.

Ordre des ergothérapeutes du Québec. "Rappel déontologique: Les responsabilités de l'ergothérapeute au regard de ses activités réservées," *Occupation: Ergothérapeute* 4, no. 2, (2023). <https://www.oeq.org/DATA/ERGOEXPRESS/125~v~printemps-2023.pdf>.

Potvin, Pierre, Marie-Claude Nicole, Marie-Josée Picher, Hélène Rioux, and Amélie Roy. *Agir dès les premiers signes: Répertoire de pratiques pour prévenir les difficultés de comportement au préscolaire et au primaire*. Québec: CTREQ, 2017. https://www.ctreq.qc.ca/wp-content/uploads/2017/09/AGIR_sept2017.pdf.

Québec, Ministère de l'Éducation. *ÉKIP: Health, Well-Being and Educational Success of Young People*. <https://www.quebec.ca/en/education/preschool-elementary-and-secondary-schools/resources-tools-school-network/young-people-health-wellbeing/ekip-health-well-being-and-educational-success-of-young-people/about>.

Québec, Ministère de l'Éducation. *Healthy Schools*. Québec: Direction des services éducatifs complémentaires, 2005. <https://www.quebec.ca/en/education/preschool-elementary-and-secondary-schools/resources-tools-school-network/young-people-health-wellbeing/ekip-health-well-being-and-educational-success-of-young-people/resources-ekip-health-well-being-and-educational-success-of-young-people#c146934>.

Québec, Ministère de l'Éducation. *L'organisation et ses engagements*. <https://www.quebec.ca/gouvernement/ministere/education/mission-et-mandats>.

Québec. Ministère de l'Éducation et de l'Enseignement supérieur. *Guide pour la mise en œuvre de la réponse à l'intervention en milieu scolaire*. Québec: Ministère de l'Éducation et de l'Enseignement supérieur, 2020.

Québec. Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche. *Reference Framework and Guide for Schools: Working with Students with Behavioural Difficulties*. Québec: Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, 2016. https://bibliotheque.cecile-rouleau.gouv.qc.ca/documents/archives/pgq/E3A25_C332_2015_A.pdf.

Québec. Ministère de la Santé et des Services sociaux. *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle: Contention, isolement et substances chimiques*. Québec: 2015.

Québec. Ministère de la Santé et des Services sociaux. *Encadrer l'utilisation des mesures de contrôle*. Québec: 2005. <https://publications.msss.gouv.qc.ca/msss/fichiers/2005/05-812-01.pdf>.

Québec. Ministère de la Santé et des Services sociaux. *Programme de formation: Vers un changement de pratique afin de réduire le recours à la contention et à l'isolement*. Québec: 2010. <https://publications.msss.gouv.qc.ca/msss/document-000790>.

Québec. Ministère de la Santé et des Services sociaux. *Projet Épanouir – Promotion de la santé mentale positive en contexte scolaire: Cadre de référence*. Québec: 2022. <https://publications.msss.gouv.qc.ca/msss/fichiers/2022/22-914-12W.pdf>.

Université TÉLUQ. *Fostering the Educational Success of Autistic Students*. Online training course, module 6, "Understanding Behaviour." October 3, 2022. <https://www.teluq.ca/site/en/mooc-fostering-the-educational-success-of-autistic-students.php>.

LEGAL DOCUMENTS

Act respecting health services and social services, CQLR, chapter S-4.2. <https://www.legisquebec.gouv.qc.ca/en/document/cs/S-4.2>.

Act respecting occupational health and safety, CQLR, chapter S-2.1. <https://www.legisquebec.gouv.qc.ca/en/document/cs/S-2.1>.

Act respecting private education, CQLR, chapter E-9.1. <https://www.legisquebec.gouv.qc.ca/en/document/cs/e-9.1>.

An Act to modernize the occupational health and safety regime, SQ 2021, chapter 27. https://www.publicationsduquebec.gouv.qc.ca/fileadmin/Fichiers_client/lois_et_reglements/LoisAnnuelles/en/2021/2021C27A.PDF.

Canadian Charter of Rights and Freedoms, 1982, chapter 11 (U.K.). <https://laws-lois.justice.gc.ca/eng/const/page-12.html>.

Charter of human rights and freedoms, CQLR, chapter C-12. <https://www.legisquebec.gouv.qc.ca/en/document/cs/C-12>.

Civil Code of Québec, CQLR, chapter CCQ-1991. <https://www.legisquebec.gouv.qc.ca/en/document/cs/ccq-1991>.

Convention on the Rights of the Child. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.

Criminal Code, R.S.C., 1985, chapter C-46. <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-1.html#h-115006>.

Education Act, CQLR, chapter I-13.3. <https://www.legisquebec.gouv.qc.ca/en/document/cs/i-13.3>.

Professional Code, CQLR, chapter C-26. <https://www.legisquebec.gouv.qc.ca/en/document/cs/c-26>.

