



Seclusion & Restraint Guidance

Lapeer County Intermediate School District

December 2013



Introduction

Background

The basis of any discussion about the use of seclusion and restraint is that every effort should be made to provide a safe and healthy environment in which children can learn, by structuring environments and providing supports so that seclusion and restraint are not necessary. As many reports have documented, the use of seclusion and restraint can have very serious consequences. There is no evidence that using seclusion or restraint is effective in reducing the occurrence of the very problem behaviors that tend to precipitate the use of these techniques. Seclusion and physical restraint should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others.

Students are more likely to achieve when they are:

- Directly taught school and classroom routines and social expectations that are predictable and contextually relevant
- Acknowledged clearly and consistently for their displays of positive academic and social behavior
- Treated by others with respect

School-wide Positive Behavioral Interventions & Supports (PBIS) is a proactive, team-based framework for creating and sustaining safe and effective schools. Emphasis is placed on prevention of problem behavior, development of pro-social skills, and the use of data-based problem solving for addressing existing behavior concerns. School-wide PBIS increases the capacity of schools to educate all students utilizing research-based school-wide, classroom, and individualized interventions. (MDE, 2010)

The LCISD advocates, supports, and trains districts in PBIS and follows relevant guidance from the Michigan Department of Education. LCISD supports schools who implement Michigan's Integrated Behavior and Learning Support Initiative (MiBLSi). LCISD also provides regular training opportunities for Nonviolent Crisis Intervention® training fundamentals with Life Space Crisis Intervention concepts. This document is a supporting document to the LCISD's "Discipline of Students with Disabilities Administrative Guidelines Fall 2011". Further county resources on these topics can be found at <http://www.livebinders.com/play/play/100757>.

The purpose of this document is to shed further guidance on best practices of seclusion and restraint when used as a last resort and there is imminent danger of harm to self and others. The intent is to add additional guidance in addition to the federal document, "Restraint and Seclusion: Resource Document" as well as the Michigan Department of Education document, "Supporting Student Behavior: Standards for the Emergency Use of Seclusion and Restraint".

SPECIAL THANKS TO THE FOLLOWING CONTRIBUTORS TO THIS DOCUMENT:

Heather Lackey, LCISD Coordinator of Special Education – CEC

Theresa Frakes, LCISD Behavior Specialist/Compliance Monitor

Casey Rich, LCISD Coordinator of Special Education – Center Program

Michelle Proulx, LCISD Director of Special Education

Kelly Myers, LCISD Teacher Consultant – ASD

Table of Contents

PREVENTION	Page Number
Positive Behavior Interventions and Supports	4
Functional Behavior Assessment	6
Behavior Intervention Plan	7
Supplemental Strategies	7
De-Escalating Conflict	8
 CRISIS TEAM	
Developing an Effective School Crisis Response Team	9
School Crisis Response Team Sample Fact Sheet	10
School Crisis Team Roles and Responsibilities	11
Crisis Team Programming Question Checklist	12
School Crisis Team Debriefing Form	13
 SECLUSION	
Definition.....	14
Implementation Guidelines.....	15
Seclusion Room.....	17
Differentiating Interventions for Time Away from Instruction.....	18
 RESTRAINT	
Definition.....	19
Implementation Guidelines.....	20
Prohibited Practices for use of Restraint	22
 DOCUMENTATION	
Reminders	23
Crisis Incident Documentation	25
Seclusion and Restraint Documentation form.....	27
Seclusion and Restraint Tip Sheet	28
Emergency Intervention Plan	29
 FAQ	
Frequently Asked Questions.....	30
 15 PRINCIPLES OF SECLUSION AND RESTRAINT	32
 REFERENCES	33

Prevention

Required- A continuum of preventative and proactive strategies

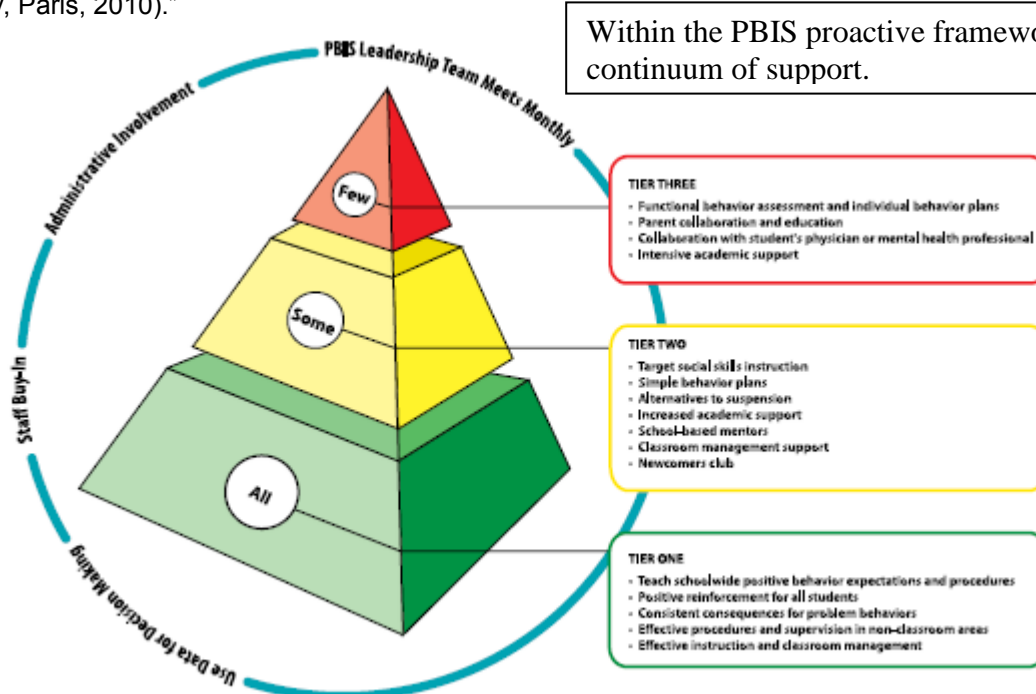
Schools must cultivate an environment that supports alternatives to physical restraints and seclusion.

In 2006 the Michigan State Board of Education created a policy that “each school district in Michigan implement a school-wide positive behavior support strategy (MDE, 2006).” The Michigan State Board of Education Positive Behavior Support Policy also states that,

“Each person deserves and needs a positive, concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood. A positive behavior support policy incorporates the demonstration and teaching of positive, proactive social behaviors throughout the school environment (2006).”

Positive Behavior Interventions and Supports (PBIS)

The Michigan Department of Education, in 2010, developed a School-wide Positive Behavioral Interventions and Supports Implementation Guide. The guide defined School-wide Positive Behavioral Interventions & Supports (PBIS) as a: “Proactive, team-based framework for creating and sustaining safe and effective schools. Emphasis is placed on prevention of problem behavior, development of pro-social skills, and the use of data-based problem solving for addressing existing behavior concerns. School-wide PBIS increases the capacity of schools to educate all students utilizing research-based school-wide, classroom, and individualized interventions (Dunlap, Goodman, McEvoy, Paris, 2010).”



PBIS Tier 1 – Universal Level:

Tier 1 “is based on the premise that all students can benefit from well implemented, evidence-based practices for improving student behavior. A set of universal expectations for behavior, positively stated, are established for all students in all locations of the school (Dunlap, Goodman, McEvoy, Paris, 2010).”

School-wide PBIS has six essential elements, based on the science of applied behavior analysis.

<ol style="list-style-type: none">1. Identification of three to five universal behavior expectations for the school that are positively stated.2. Direct instruction in high priority positive behavior expectations.3. High levels of positive reinforcement, including positive teacher attention to strengthen those behaviors.	<ol style="list-style-type: none">4. Enforcement of predictable consequences consistently and fairly.5. Prevention of problems by modifying situations that are known to produce high levels of problem behavior.6. Use of discipline data to plan, evaluate, and improve the PBIS implementation process.
--	--

PBIS Tier 2- Target Interventions

“When the universal support of Tier 1 is fundamentally in place for all students, it forms the base for implementing Tier 2 strategies. Tier 2 of the PBIS triangle model provides additional interventions to support that smaller percentage of students who do not sufficiently respond to Tier 1 strategies (Dunlap, Goodman, McEvoy, Paris, 2010).”

Here are a few examples of Tier 2 interventions:

- Modify procedures/increase supervision in non-classroom settings.
- Increase classroom management support.
- Check in–Check out.
- Targeted instruction in social skills and replacement behaviors.
- School-based mentors.
- Simple behavior plan—function based.
- Contracts.
- Simple home/school behavior plans—function based.
- Newcomers Club.
- Increased academic support.
- Alternatives to suspension.

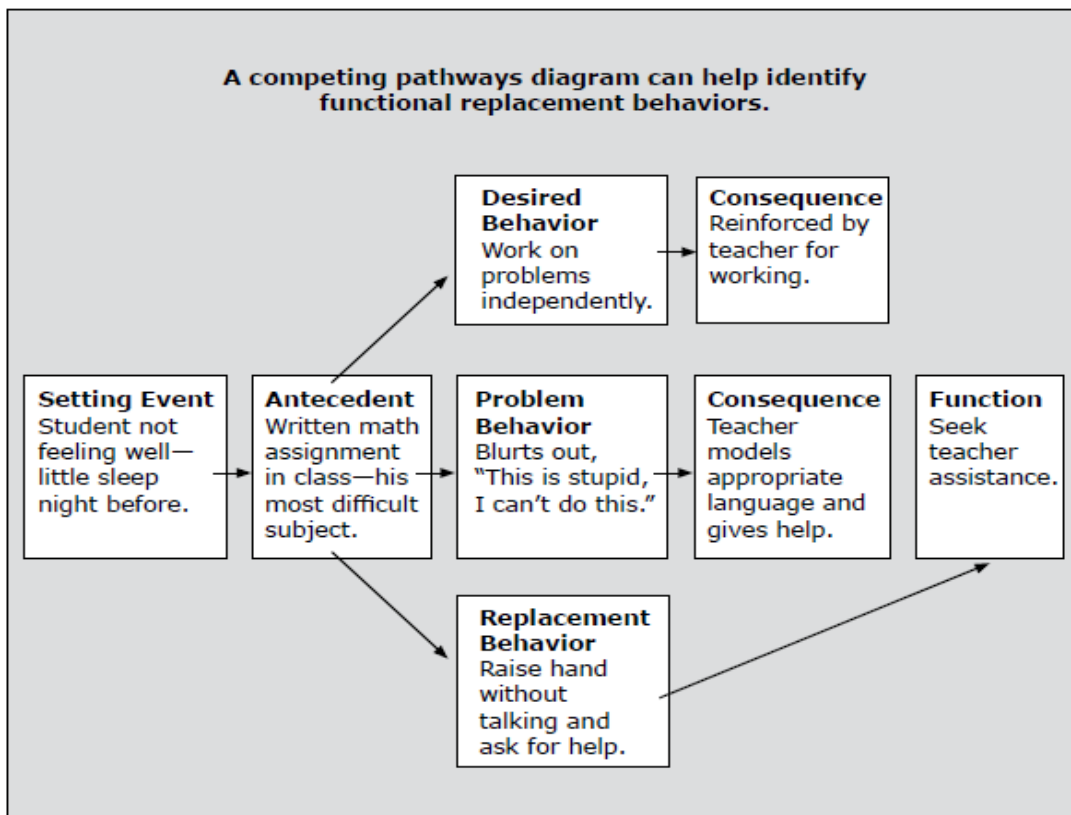
PBIS Tier 3- Intensive Individualizes Interventions

Tier 3 of the triangle model focuses on the individual needs of students who exhibit ongoing patterns of problem behavior and typically require intensive intervention. Tier 3 supports are layered on top of Tier 1 and Tier 2 supports. Students receiving Tier 3 supports also need the foundation and structure provided by Tier 1 and Tier 2 supports.

Tier 3 interventions are developed following a comprehensive and collaborative assessment of the problem behavior. Interventions and supports are then developed based on this information and are tailored to the student's specific needs and circumstances. The goal of Tier 3 interventions is not only to diminish the problem behavior but to also increase the student's adaptive skills and opportunities for an enhanced quality of life.

Functional Behavior Assessment

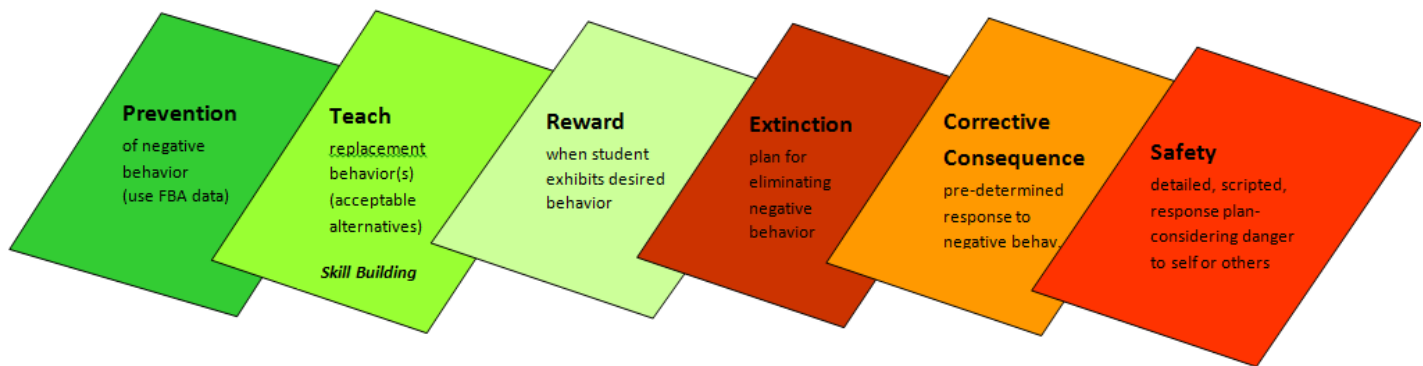
Information gathered through the FBA process is summarized and hypothesis statements are developed regarding the factors that might be influencing the behavior of concern. A behavioral support plan (BSP) is then designed based upon the information gathered in the functional assessment. Interventions should directly match the results of the FBA. FBA is best considered an ongoing process of problem solving conducted by the intervention team. FBA information should be continually gathered, and data should be summarized and reviewed by the team. Data should be used to evaluate the effectiveness of interventions, and the intervention plan should be modified as necessary.



Behavior Intervention Support Plan Components

- Prevention of problem behaviors.
- Instruction in replacement behaviors.
- Systems of individualized positive reinforcement.
- Planned consequences designed to decrease reinforcement for problem behavior.
- Emergency interventions, if appropriate.
- Home/school collaboration.

A Good Behavior Plan Should Answer All of These Components- What will the adult do to ensure:



Supplemental Strategies:

“Physical Restraint and Seclusion in Schools,” a book published by The Council for Exceptional Children, reference several supplemental strategies that should be used within a prevention framework (Peterson, Ryan, Rozalski, 2013).”

- Classroom Management
- A-B-C Analysis (Antecedent, Behavior, Consequence)
- Functional Behavioral Assessments and Individual Behavior Intervention Plans
- Climate-Based Strategies
- Relationship-Based Strategies
- Social and Emotional Learning Strategies
- Social Skills Instruction
- Violence Prevention Programs
- Bullying Prevention and Intervention Programs
- Mediation Programs
- Relaxation-Based Strategies
- Cool-Down ; Multisensory/Relaxation Rooms

FOR ADDITIONAL RESOURCES ON THE TOPICS OF FUNCTIONAL BEHAVIOR ANALYSIS OR BEHAVIOR INTERVENTION PLANS AS WELL AS FORM SAMPLES, VISIT:

www.lcisd.k12.mi.us/departments/special_education/behavior/

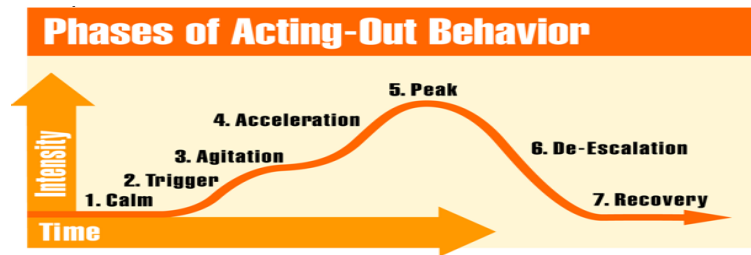
De-Escalating Conflict

When we become frustrated, angry, or scared, our ability to be rational becomes more difficult. The suggestions listed below (noted in Council for Exceptional Children's Peterson, Ryan, Rozalski, document, 2013) are an abbreviated version of recommendations proposed by Mayo Clinic Staff (2011):"

- Take a time-out
- Once calm, express your anger.
- Get some exercise
- Think before you speak
- Identify possible solutions
- Stick with "I" versus "you" statements
- Don't hold a grudge
- Use humor to release tension
- Practice relaxation skills
- Know when to seek help

Phases of Acting-Out Behavior Cycle:

Geoff Colvin, author of "Managing the Cycle of Acting-Out Behavior in the Classroom (2004)," describes the following phases during a behavioral crisis.



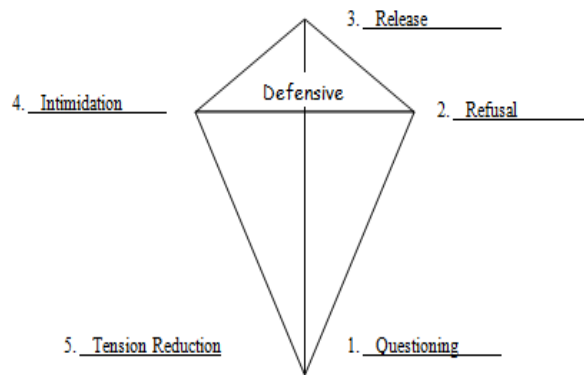
Very similar to Colvin's cycle, the Crisis Prevention Institute also has a model of Non-Violent Crisis Prevention Intervention. Their model is below:

The CPI Crisis Development Model

Integrated Experience

Crisis Development Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Acting Out Person (AOP)	3. Non violent Physical Crisis Intervention
4. Tension Reduction	4. Therapeutic Rapport

THE CPI Verbal Escalation Continuum



Developing an Effective School Crisis Response Team

The **Crisis Prevention Institute** defines a crisis response team as “any group of two or more people responsible for intervening in situations in which the behavior of an individual or individuals poses a threat to themselves or others”. Acting out individuals may include students, parents, visitors, or any person who poses a threat to themselves or others in your school.

The primary goal of a Crisis Response Team is to maintain the safety of every person involved. The secondary goals are to handle crises in a manner that is so effective that school operations quickly return to normal, students’ emotional needs are met and that confidence in school leadership is strengthened.

Responding to such situations using a team approach is the CPI model. Team intervention is a safer response for staff and students as two people can handle an acting out individual more safely than one person. Team members can also lend support to one another during a crisis situation and allows for staff to avoid perceiving the behavior as a personal confrontation thereby increasing professionalism. Lastly, having another person on the scene provides a witness to the intervention in the event of litigation.

The Crisis Response Team should operate without regard to status, and should be composed of a diverse group of trained staff. It is recommended that in responding to a crisis situation, a rule of thumb is that no more than five people respond per acting out individual. However, teams should not limit the number of people trained to five, as not everyone will be available in time of need.

Considerations that teams must make include training needs, defining team members’ roles, conducting crisis response drills, how the team will be summoned, and a structure for postvention and debriefing.

The model for debriefing after any use of an emergency safety intervention should determine future actions of the team including:

- What precipitated the behavior that required emergency intervention?
- Is there any anticipation that the behavior will occur again?
- Is there a need for follow-up action?
- What is the specific follow-up action?

Debriefings should also be used to complete the required documentation and reporting per MDE guidelines including a written report to parent/guardian and administration. Should a pattern of behavior emerge or be anticipated, staff must also conduct a FUBA, develop or revise the PBIS Plan, and consider the need for an Emergency Intervention Plan.

School Crisis Response Team Sample Fact Sheet

- *Philosophy of the team:*
 - To respond to crisis situations in a manner that respects individuals and promotes care, welfare, safety and security for all staff and students. To restore normal school routines as quickly and effectively as possible.
- *Purpose of the team:*
 - The Team is a Tier III behavior intervention committed to responding to crises involving a physically acting out episode of an individual. As the team evolves and with further training, the team may be prepared and available to respond to various school emergencies/crises.
 - The Team also has protocol in place for responding to a “lost” student (when staff temporarily does not know the location of a student).
- *Who is on the team?*
 - The Crisis Team is composed of instructional and support staff with diverse backgrounds and roles. All members have received CPI training and will receive ongoing (monthly) refresher trainings/ practice drills.
- *How is the team summoned?*
 - The Crisis Team is called as a last resort intervention, when an individual’s behavior is an immediate danger to themselves or others. To call the Team, call ##### and say “Team to: (teacher’s name, program, and room#)”. Emergency stickers have been created for and should be placed on every phone in the building.
 - When there is a “lost student”, call ##### and say “Team to Mr. Walker’s Room”. The Team will then assemble at reception and follow protocol for a “lost” student.
- *What can I expect when the team arrives?*
 - To effectively manage a crisis involving an acting out individual, no more than five people should be present. Crisis Team members will follow protocol in determining who will stay on the scene and *implement the least restrictive intervention necessary to allow the individual to regain control of his/her behavior.*
 - Team Members will assume the following roles and responsibilities:

In the crisis (3-5 people):

**One classroom staff member will remain in the crisis situation (others return to class)

School Crisis Response Team Sample Roles and Responsibilities

Lead	Classroom team member or Administrator to implement BIP/ Crisis Plan procedures (see duties below)
Administrator	Make final emergency decisions for building and individual care
Medical/Support Staff	Administer meds if necessary as documented in crisis plan. <i>Approach only when individual is sitting or has demonstrated compliance.</i> Check for and address other injuries of staff/students if necessary.
Behavioral Support	SSW/CPI trainer support in implementation of plan; monitor appropriate use of CPI de-escalation or physical intervention techniques
Additional Team Members	Provide additional physical support or intervention <i>as determined by team leader</i>

Team Leader Duties

- Identify self: Say, ***“I’m the Lead.”***
- Assess the situation
- Plan the Intervention
- Break/Time Away
- Compliance Task
- “What Do You Need?” visual
- Schedule

The lead is the ONLY PERSON to communicate or determine who communicates with the acting-out individual

Building procedures

When the Team is called:

- Secure area, account for all students
- If a student is in your area who does not belong, contact their teacher immediately
- Remove magnets from classroom doors
- Remain in “secure mode” until the “all clear” announcement is made

Debriefing the Crisis

- All crises occurring during the school day will be debriefed at the end of the day of the incident with administration and all staff members who were present during the incident. Documentation will be submitted to building and central office administration.

Important Areas of Training Outside of Crisis Training:

- ✓ Positive behavioral intervention supports
- ✓ Understanding the function of maladaptive behavior
- ✓ Monitoring student welfare and emergency medical intervention

Questions for Evaluating A Crisis Intervention Team's Programming:

Crisis Antecedents and De-escalation
1. Can members of the team identify and manage the antecedents surrounding or leading into a crisis situation?
2. Can members of the team recognize signs of agitation prior to a crisis situation?
3. Do team members use preventive and early intervention strategies?
4. Do team members know how to verbally de-escalate agitated students?
5. Do team members know how to use nonphysical de-escalation strategies?
6. Do team members know how to reinforce alternatives to student's aggressive behavior
7. Can team members assess all possible contributing factors to aggression, including academic and social factors?
8. Can team members functionally assess acting-out behaviors?
Physical Restraint Procedures
1. Does the team have criteria for determining when physical restraint is warranted?
2. Do team members understand the definition of "immediate danger to self or others?"
3. Are all team members clear on the time limit and duration of physical restraint?
4. Do all team members understand that all restraints are free standing, moving techniques? **Restraints should never be done on the floor**
Monitoring During Restraint Procedures
1. Is at least one team member monitoring the student's physical state during restraint? This includes a student's breathing, color, and posture.
2. Do team members monitor the student emotional state during restraint?
3. Do team members know to discontinue a restraint based on the student's physical or emotional state during restraint?
Debriefing and Follow Up
1. Do team members problem solve together following a crisis situation?
2. Is there a written record of the debriefing meeting following a crisis intervention?
3. Does a team member debrief with the student following a crisis situation?
4. Is the team, including an administrator, monitoring and keeping records of the frequency, duration, and types of restraints used?
5. Do team members know the process for documenting injuries related to the use of restraint procedures?
Training and Certification
1. Are all crisis team members current with their CPI certification?

Table modified from the "Physical Restraint and Seclusion in School" Table 7, Chapter 6: Training Educators for Crisis Intervention (Peterson, Ryan, Rozalski, 2013)

School Crisis Response Team DEBRIEFING form

Crisis as an opportunity for change and new learning

Student:

Date:

Team Members Present:

Debriefing:

Control All back in control, check-in, how is everyone feeling?	
Orient Identifying and defining the target behavior	
Patterns Gathering information	
Investigate Developing a hypothesis statement about the function of the behavior <i>(Environment- Do we need to adapt the environment or reduce/eliminate the setting events and antecedents?)</i>	
Negotiate Developing changes to the BIP/Crisis Plan <i>(Skill-Building- What new skills will be taught to replace the challenging behavior?)</i>	
Give Evaluate effectiveness <i>(Staff Responses- How will staff respond in order to support positive behavior and reduce the challenging behavior?)</i>	

Seclusion

DEFINITION

Emergency seclusion is an emergency safety intervention that is used as a last resort to provide the student an opportunity to regain self-control. **Seclusion is the confinement of a student alone in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student.**

The area used for seclusion:

- Must not be locked;
- Must not prevent the student from leaving the area should staff become incapacitated or leave that area; and
- Must provide for adequate space, lighting, ventilation, viewing, and the safety of the student

Limitations in Use:

Seclusion shall not be used:

- For the convenience of staff;
- As a substitute for an education program;
- As a form of discipline/punishment;
- As a substitute for less restrictive alternatives;
- As a substitute for adequate staffing; or
- As a substitute for staff training in positive behavior supports and crisis prevention and intervention

Seclusion is inappropriate for students who are severely self-injurious or suicidal.

Use of Emergency Seclusion – A behavior that requires immediate intervention constitutes an emergency. Emergency seclusion must be used only under emergency situations and if essential. An emergency that may require the use of seclusion includes behavior that:

- Poses an imminent risk to the safety of an individual student; or
- Poses an immediate risk to the safety of others

General Procedures for Emergency Seclusion

An emergency seclusion may not be used in place of appropriate less restrictive interventions and should follow a series of proactive attempts.

Emergency seclusion shall be performed in a manner that is:

- Safe;
- Appropriate; and
- Proportionate to and sensitive to the student's: (See Time and Duration)

- Severity of behavior;
- Chronological and developmental age;
- Physical size;
- Gender;
- Physical condition;
- Medical condition;
- Psychiatric condition; and
- Personal history, including any history of physical or sexual abuse

Staff shall immediately call for help from a key identified **personnel trained in Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention**.

Assurance must be made that substitute teachers are informed of all local emergency procedures, **including the emergency use of seclusion and restraint**.



Time and Duration

Emergency seclusions should not be used any longer than necessary to allow a student to regain control of his/her behavior, but generally:

- *Elementary school students – no longer than 15 minutes; and*
- Middle and high school students – no longer than 20 minutes

Documentation should commence immediately.

If an emergency seclusion lasts longer than the suggested maximum time, the following are required:

- Additional support (e.g., changes of staff, introducing a nurse or specialist, obtaining additional expertise); and
- Documentation to explain the extension beyond the time limit

Seclusion Continued

Staff Requirements – While using seclusion, staff must:

- Involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
- Continually observe the student in seclusion for indications of physical distress and seek medical assistance if there is a concern; and
- Document observations

Documentation and Reporting – Each use of an emergency seclusion and the reason for each use shall be:

- Documented in writing and reported to the building administration immediately including what occurred leading up to the seclusion, during seclusion, and after the use of seclusion
- Reported to the parent or guardian immediately or as soon as possible; and
- Documented in a written report for each use of seclusion (including multiple uses within a given day) and given to the parent or guardian within **24 hours**

Debrief – After any use of an emergency seclusion, Crisis Team must debrief and consult with parents, IEP Team and students (as appropriate) regarding the determination of future actions.

Questions to address include:

- ✓ What precipitated the behavior that required emergency intervention?
- ✓ Is there any anticipation that the behavior will occur again?
- ✓ Is there a need for follow-up action?
- ✓ What is the specific follow-up action?

Reoccurring Behavior – School personnel must be cognizant of emerging patterns of behavior and anticipation of exhibited behaviors that would require emergency seclusion. (see §300.534.3)

- Conduct a functional behavioral assessment
- Develop or revise a positive behavioral support plan to facilitate the reduction/elimination of the use of seclusion
- Develop an assessment and planning to establish the team process working with the student, including: parent, student (if appropriate); people who are responsible and deliver services to the student; people knowledgeable in PBIS.

Emergency Intervention Plan

An emergency intervention plan is required in the case of **anticipated reoccurrences of the behavior and subsequent seclusion**. An emergency intervention plan should be developed by both parent and team members knowledgeable of seclusion and **requires PBIS**.

The IEP must indicate if a particular device or service, including an intervention, accommodation or other program modification is needed to address the student's behavior that impedes his or her learning or that of others (special factors). A student's need for a BIP must be documented in the IEP, and the BIP must be reviewed at least annually by the IEP team. The implementation of a student's BIP must include regular progress monitoring of the frequency, duration and intensity of the behavioral interventions at scheduled intervals, as specified in the BIP and on the student's IEP.

The results of the progress monitoring must be documented and reported to the student's parents and to the IEP and must be considered in any determination to revise a student's BIP or IEP.

Seclusion Continued

Prohibited Practices - The following are prohibited under all circumstances, including emergency situations:

- Corporal punishment as defined in §380.1312(1) of The Revised School Code, 1976 PA 451
- Deprivation of basic needs
- Anything constituting child abuse
- Seclusion of preschool children and
- The intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student

Seclusion Rooms

Size and Characteristics (KSDE, 2008)

Each seclusion room to be used for any particular child should be:

- Of a size that is appropriate to the child's chronological and developmental age, size, and behavior
- Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which it is located
- Equipped with heating, cooling, ventilation, and lighting systems that are comparable to the systems that are in use in the other rooms of the building in which it is located
- Free of any object that poses a danger to the child with a disability who is being placed in the room.
- Equipped with a door that locks only if the lock is equipped with a device that automatically disengages the lock in case of an emergency, such as a fire or tornado
- Include a viewing window

Timeout is a behavior management technique in which a student, for a limited and specified time, is placed in an environment where access to positive reinforcement is unavailable. Timeout should not be confused with seclusion, because in a timeout setting a student's movement is not physically restricted.



Differentiating Interventions for Time Away from Instruction

Break

- Student Requested (or staff prompted during teaching phase)
- Specific, limited amount of time
- Supervised at staff's discretion
- Movement is not physically restricted (door open or closed *per student choice*, no restraints or physical assistance)
- Documented

Timeout Continuum

- Staff directed
- Specific, limited amount of time
- Access to positive reinforcement is unavailable
- Movement is not physically restricted (door open, no physical restraints)
- Documented
- Continuum:
 - Planned Ignoring: Classroom
 - Withdrawal of materials: Classroom
 - Contingent observation: Classroom
 - Exclusionary timeout: Classroom or nearby location
 - Seclusionary timeout: Designated area

Seclusion

- Staff directed
- Last resort, emergency safety intervention*
- Student is physically prevented from leaving (door closed, not locked and must not prevent the student from exiting the area should staff become incapacitated or leave that area)
- Continuous adult observation of the student
- Should not be used any longer than necessary to allow a student to regain control of his behavior
- Suggested maximum times:
 - Elementary school students– 15 Minutes;
 - Middle and high school students – 20 minutes
- If seclusion lasts longer than the suggested maximum time, additional support and documentation to explain the extension must occur.
- Document using Emergency Use of Seclusion or Restraint form

*Emergency: a situation in which a student's behavior poses imminent risk to the safety of an individual student or to the safety of others.

Restraint

DEFINITION

There are three types of restraint: physical, chemical, and mechanical. For the purpose of this document only physical restraint will be discussed because chemical and mechanical restraints are not allowed (use of a protective devise or medication for the purpose of controlling).

Physical restraint – is the direct physical contact that prevents or significantly restricts a student's movement. Restraint is a last resort emergency safety intervention. Restraint is an opportunity for the student to regain self-control. This policy is not intended to forbid actions undertaken:

- To break up a fight
- To take a weapon away from a student
- The brief holding to calm and comfort by an adult
- Minimum contact necessary to physically escort a student from one area to another
- Assisting a student in completing a task/response if the student does not resist or resistance is minimal in intensity or duration
- To hold a student for a brief time in order to prevent an impulsive behavior that threatens the student's immediate safety (e.g. running in front of a car)

Limitations in Use:

Restraint shall not be used:

- For the convenience of staff;
- As a substitute for an education program;
- As a form of discipline/punishment;
- As a substitute for less restrictive alternatives;
- As a substitute for adequate staffing; or
- As a substitute for staff training in positive behavior supports and crisis prevention and intervention

Use of Emergency Restraint – a behavior that requires immediate intervention constitutes an emergency. Emergency restraint must be used only under emergency situations and is essential. An emergency that may require the use of restraint includes behavior that:

- Poses an imminent risk to the safety of an individual student;
- Poses an imminent risk to the safety of others; or
- **Is otherwise governed by The Revised School Code, 1976 PA 451, otherwise known as the Corporal Punishment Act**

General Procedures for Emergency Restraint

An emergency restraint may not be used in place of appropriate less restrictive interventions and should follow a series of proactive attempts.

Emergency restraint shall be performed in a manner that is:

- Safe;
- Appropriate; and
- Proportionate to and sensitive to the student's: (See Time and Duration)
 - Severity of behavior;
 - Chronological and developmental age;
 - Physical size;
 - Gender;
 - Physical condition;
 - Medical condition;
 - Psychiatric condition; and
 - Personal history, including any history of physical or sexual abuse
- In a location, when possible, not in front of other students

Staff shall immediately call for help from a key identified **personnel trained in CPI**.

Assurance must be made that substitute teachers are informed of all local emergency procedures, **including the emergency use of seclusion and restraint**.



Time and Duration

Restraint should not be used:

- Any longer than necessary to allow students to regain control of their behavior; and
- Generally no longer than **10 minutes**

Documentation should commence immediately.

If an emergency restraint lasts longer than the suggested maximum time, the following are required:

- Additional support (e.g., changes of staff, introducing a nurse or specialist, obtaining additional expertise); and
- Documentation to explain the extension beyond the time limit

The restraint should be immediately discontinued if the student exhibits any signs of undue physical distress or injury.

Restraint Continued

Staff Requirements – While using restraint, staff must:

- Involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
- Continually observe the student in restraint for indications of physical distress and seek medical assistance if there is a concern; and
- Document observations

Documentation and Reporting – Each use of an emergency restraint and the reason for each use shall be:

- Documented in writing and reported to the building administration immediately including what occurred leading up to the restraint, during restraint, and after the use of restraint
- Reported to the parent or guardian immediately or as soon as possible; and
- Documented in a written report for each use of restraint (including multiple uses within a given day) and given to the parent or guardian within **24 hours**

Debrief – After any use of an emergency restraint, staff must debrief with Crisis Team and consult with parents and students (as appropriate) regarding the determination of future actions.

Questions to address include:

- ✓ What precipitated the behavior that required emergency intervention?
- ✓ Is there any anticipation that the behavior will occur again?
- ✓ Is there a need for follow-up action?
- ✓ What is the specific follow-up action?

Reoccurring Behavior – School personnel must be cognizant of emerging patterns of behavior and anticipation of exhibited behaviors that would require emergency restraint. (see §300.534.3)

- Conduct a functional behavioral assessment
- Develop or revise a positive behavioral support plan to facilitate the reduction/elimination of the use of restraint
- Develop an assessment and planning to establish the team process working with the student, including: parent, student (if appropriate); people who are responsible and deliver services to the student; people knowledgeable in PBIS.

Emergency Intervention Plan

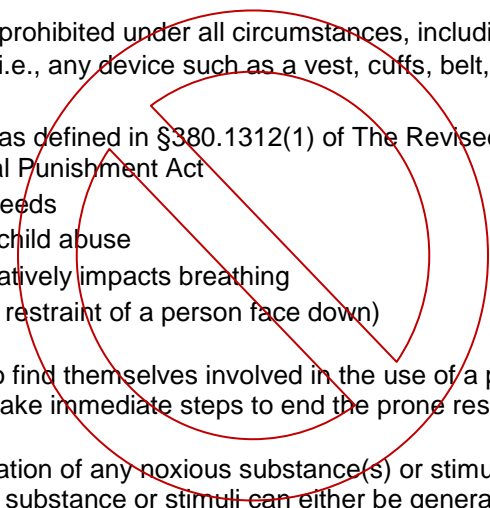
An emergency intervention plan is required in the case of **anticipated reoccurrences of the behavior and subsequent restraint**. An emergency intervention plan should be developed by both parent and team members knowledgeable of restraint and **requires PBIS**.

The IEP must indicate if a particular device or service, including an intervention, accommodation or other program modification is needed to address the student's behavior that impedes his or her learning or that of others (special factors). A student's need for a BIP must be documented in the IEP, and the BIP must be reviewed at least annually by the IEP team. The implementation of a student's BIP must include regular progress monitoring of the frequency, duration and intensity of the behavioral interventions at scheduled intervals, as specified in the BIP and on the student's IEP. The results of the progress monitoring must be documented and reported to the student's parents and to the IEP and must be considered in any determination to revise a student's BIP or IEP.

Restraint Continued

Prohibited Practices

The following procedures are prohibited under all circumstances, including emergency situations:

- 
- Mechanical restraint (i.e., any device such as a vest, cuffs, belt, etc.)
 - Chemical restraint
 - Corporal punishment as defined in §380.1312(1) of The Revised School Code, 1976 PA 451, otherwise known as the Corporal Punishment Act
 - Deprivation of basic needs
 - Anything constituting child abuse
 - Any restraint that negatively impacts breathing
 - Prone restraint (is the restraint of a person face down)
 - School personnel who find themselves involved in the use of a prone restraint as the result of responding to an emergency, must take immediate steps to end the prone restraint
 - The intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student

Risk of Restraint and Seclusion- A Deadly Reality

"Restraint remains one of the most controversial and dangerous measures used today in settings that provide services to people with disabilities. Restraint is an intrusive and dangerous intervention that can have significant adverse implications for the physical and emotional well-being of the individual who is restrained. The use of restraints continues to represent a significant risk to adults and children with mental illness or developmental disabilities in any setting where restraints are used, as evidenced by the growing number of documented deaths." Equip for Equality, a protection and advocacy organization in Illinois, published a report, "[National Review of Restraint Related Deaths of Children and Adults with Disabilities: The Lethal Consequences of Restraint](#)," examining more than 60 restraint-related deaths that occurred throughout the US from 1999 to 2005.

The National Disability Rights Network (NDRN), Protection & Advocacy for Individuals with Disabilities, released a report entitled "School Is Not Supposed To Hurt." In January of 2010, they published the document titled, "Update on the Progress in 2009 to Prevent and Reduce Restraint and Seclusion in Schools." The report "investigated the abusive use of restraint and seclusion in our nation's schools. The report revealed that many children-even very young children-were being isolated, battered and bound, often without their parents' permission and without notice (NDRN, 2010)."

DOCUMENTATION – IMPORTANT REMINDERS



Documents in This Guide:

“Questions for Evaluating A Crisis Intervention Team’s Programming” – This team assessment should be completed by a schools crisis team before any use of restraint and/or seclusion (p. 12).

“School Crisis Response Team Debriefing Form” – This is used after a crisis incident has occurred. A team debriefing should take place after each incident of seclusion and/or restraint. This document answers critical questions that help team members revise and plan appropriate responses during a crisis situation (p. 13)

“Crisis Incident Documentation Sheet” – This is a log that can be used during the emergency use of restraint and/or seclusion. Helping to identify function of behavior, use of interventions, and results of emergency intervention. *This document is 2 pages that should be copied front to back (p. 25-26).

“Documentation for Emergency Use of Seclusion and/or Restraint” – Use after each restraint and/or seclusion incident. Page 2 of this form is a tip sheet that can be copied on reverse (p. 27-28).

“Emergency Intervention Plan” – Should a pattern of behavior that requires the use of emergency restraint and/or seclusion emerge, or be anticipated, an emergency intervention plan should be developed in addition to the PBS to protect the health, safety, and dignity of the student. The emergency intervention plan should be developed in partnership with the parent by a team that includes a person knowledgeable about restraint. A detailed Behavior Intervention Plan must accompany the Emergency Intervention Plan (p. 29).

Remember:

Documentation and Reporting – Each use of emergency seclusion and/or restraint and the reason for each use must include:

- ✓ Documented in writing and reported to the building administration immediately
- ✓ Reported to the parent or guardian immediately or as soon as possible
- ✓ Documented in a written report for each use of physical restraint and/or seclusion (including multiple uses within a given day) and given to the parent or guardian within 24 hours.

Debriefing Must Include: – After any use of an emergency restrain and/or seclusion, staff must debrief and consult with parents and students (as appropriate) regarding the determination of future actions. Questions to address:

1. What precipitated the behavior that required emergency intervention?
2. Is there any anticipation that the behavior will occur again?
3. Is there a need for follow-up action?
4. What is the specific follow-up action?

Reoccurring Behavior: Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency restraint and/or seclusion, the school personnel must:

- ✓ Conduct a functional behavioral assessment;
- ✓ Develop or revise a PBS plan to facilitate the reduction or elimination of the use of restraint;
- ✓ Develop an assessment and planning process conducted by a team knowledgeable about the student, including:
 - The parent
 - The student (if appropriate)
 - People who are responsible for implementation of the PBIS plan
 - People who are knowledgeable in PBIS

It is essential to this policy that restraint and/or seclusion be used only in response to an emergency as defined in this document, and not as a planned response for the convenience of staff, discipline or punishment, or as a substitute for an appropriate educational program.

Crisis Incident Documentation Sheet

Page 1 of 2

Student's Name: _____

Date: _____

Start Time: _____

End Time: _____

Initial Incident: _____ Location: _____

Activity: _____

What Happened Before (Antecedent)

- ☐ Demand/Academic _____
- ☐ Demand/Other _____
- ☐ Transition from 1 activity to another _____
- ☐ Told "No" _____
- ☐ Other student provoked _____
- ☐ Adult attention given to others _____
- ☐ Positive reinforcement given to others _____
- ☐ Other _____

What Happened (Behavior)

- ☐ Verbal Release -Yelling/screaming _____
- ☐ Verbal Refusal _____
- ☐ Verbal Threats _____
- ☐ Name Calling _____
- ☐ Questioning _____
- ☐ Inappropriate Gestures _____
- ☐ Property Destruction _____
- ☐ Hitting self/other _____
- ☐ Kicking self/other _____
- ☐ Throwing Objects _____
- ☐ Climbing _____
- ☐ Other _____

What Happened After (Consequence)

- ☐ Answered Question _____
- ☐ Allowed to Vent _____
- ☐ Kept Demand _____
- ☐ Verbal Redirections (# of times) _____
- ☐ Ignored Challenge _____
- ☐ Re-set Limits _____
- ☐ Redirected to Task _____
- ☐ Separated from others _____
- ☐ Removed audience _____
- ☐ Cool Down Period _____
- ☐ Cool Down Activity _____
- ☐ Other _____

Limit Setting:

Briefly describe limits that were set: _____

Limits were clear: ☐ Yes ☐ No Limits were enforceable: ☐ Yes ☐ No Limits were reasonable: ☐ Yes ☐ No Limits were effective: ☐ Yes ☐ No

Results:

Behavior increased after verbal intervention: ☐ Yes ☐ No

Behavior didn't change after verbal intervention: ☐ Yes ☐ No

Behavior reduced after verbal intervention: ☐ Yes ☐ No

Tension Reduction achieved: ☐ Yes ☐ No

Physical Behavior Exhibited

Self-Abusive: Student engaged in behavior causing self-harm: ☐ Yes ☐ No

If yes, describe self-harming behavior: _____

Physically acting-out toward others (non-staff):

☐ Strike (i.e., punch, slap, kick, use of weapon) _____

☐ Grab (i.e., wrist grab, choke, hair pull, bite) _____

Number of other students injured by the behavior: _____

Physically acting-out toward others (staff):

☐ Strike (i.e., punch, slap, kick, use of weapon) _____

☐ Grab (i.e., wrist grab, choke, hair pull, bite) _____

Number of staff injured by the behavior: _____

Staff Response/Intervention:

☐ Target was moved _____

☐ Strike was blocked _____

☐ Grab was released (i.e., wrist grab, choke, hair pull, bite) _____

☐ Student/audience was moved to a safer location _____

Student posed an imminent risk to the safety of themselves or others: YES NO

Describe: _____

CPI's Nonviolent Physical Crisis Intervention was used:

- | | |
|--|--|
| <input type="checkbox"/> CPI Interim Control Position | <input type="checkbox"/> Student was referred to administration |
| <input type="checkbox"/> CPI Children's Control Position | <input type="checkbox"/> Assistance secured from police/security |
| <input type="checkbox"/> CPI Team Control Position | <input type="checkbox"/> Student injured during intervention |
| <input type="checkbox"/> CPI Transport Position | <input type="checkbox"/> Injury required medical attention |
| <input type="checkbox"/> Other: _____ | |

Staff Involved (Identify Team Lead): _____

"Time and Duration – Emergency seclusion should not be used ***any longer than necessary*** to allow a student to regain control of his/her behavior, but generally: Elementary school students – ***no longer than 15minutes***; and Middle and High school students – no longer than 20 minutes. ***If an emergency seclusion lasts longer than the suggested maximum time***, the following are required:

- **Additional support** (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise);

- **Documentation** to explain the extension beyond the time limit." (Standards for the Emergency Use of Seclusion and Restraint, 2006)

Seclusion Used: Yes _____ No _____ Enter Time: _____ Exit Time: _____

Number of times exit procedure was initiated : _____ (use tally marks) Clock Times: _____

Number of times student started exit procedure with the door closed: _____ (use tally marks)

Number of times student started exit procedure with the door open: _____ (use tally marks)

Injuries or Property Damage: _____

Results:

- ☐ Behavior increased after physical intervention
- ☐ Behavior didn't change after physical intervention
- ☐ Behavior reduced after physical intervention
- ☐ Debriefing process was initiated

Documentation:

Parent Notified: YES NO _____ **Administrator Notified:** YES NO _____ **Police/Probation Notified:** YES NO _____

By Whom: _____ Date/Time: _____ By Whom: _____ Date/Time: _____ By Whom: _____ Date/Time: _____

Crisis Team Debriefing: ☐ YES ☐ NO Date/Time: _____

Is A Behavior Plan Review/Revision Needed: ☐ YES ☐ NO Date/Time: _____

Is an Emergency Intervention Plan Review/Revision Needed: ☐ YES ☐ NO Date/Time: _____

Person Completing this form: _____ **Administrator Signature:** _____

Documentation While In Seclusion

Tally number of times:

Swearing: _____

Threats of Physical Harm: _____

Screaming: _____

Repetitive Noises: _____

Banging/Kicking on the Door: _____

Spitting: _____

Hitting: _____

Kicking: _____

Release of Bodily Fluids: _____

Removal of Clothes: _____

Other: _____

Documentation for Emergency Use of Seclusion and/or Restraint

Student Name:	Date: Time in: Time out:		
Teacher/class:	If time exceeded allowable amount, provide explanation and action taken:		
Staff person initiating seclusion and/or restraint; others present/involved:			
Describe the behavior that led to seclusion and/or restraint, including time, location, activity, others present, other contributing factors: Time and Location: Activity: Others Present: Contributing factors:			
Procedures used to attempt to de-escalate the student prior to using seclusion and/or restraint:			
Describe student behavior during seclusion and/or restraint: Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		Describe student behavior after seclusion and/or restraint: Was student able to return to working on goals and objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the follow-up with the student after seclusion and/or restraint (including when and where it took place).			
Is other follow-up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: Is it anticipated that the behavior will reoccur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain actions taken: Is there an Emergency Intervention Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, is there a need to develop one? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student have a Functional Assessment and Behavior Intervention Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Behavior Intervention Plan and/or IEP Team report address the behaviors of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent contact made: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact made by whom: _____ Date and time: _____ If no contact made, explain why: _____		Administration contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact made by whom: _____ Date and time: _____ If no contact made, explain why: _____	

A copy of this document was sent to: ☐ Parent/Guardian ☐ Director ☐ Special Education Office

Seclusion / Restraint Documentation Tip Sheet

(Copy on reverse side of “Documentation for Emergency Use of Seclusion and/or Restraint”)

Seclusion is a last resort emergency safety intervention that provides an opportunity for the student to regain self-control. Seclusion is the confinement of a student in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student. A room or area used for seclusion:

- Must not be locked.
- Must not prevent the student from exiting the area should staff become incapacitated or leave that area.
- Must provide for adequate space, lighting, ventilation, viewing, and the safety of the student.

Time and Duration – Emergency seclusion (prohibited for pre-school students) should not be used any longer than necessary to allow a student to regain control of his or her behavior, but generally:

- Elementary school students – no longer than 15 minutes.
- Middle and high school students – no longer than 20 minutes.
- If an emergency seclusion lasts longer than the suggested maximum time, the following are required:
 - > Additional support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise).
 - > Documentation to explain the extension beyond the time limit.

Physical restraint is a last resort emergency safety intervention involving direct physical contact that prevents or significantly restricts a student's movement. Restraint is an opportunity for the student to regain self-control. Physical restraint is not intended to forbid actions undertaken:

- To break up a fight.
- To take a weapon away from a student.
- The brief holding by an adult in order to calm or comfort.
- The minimum contact necessary to physically escort a student from one area to another.
- Assisting a student in completing a task/response if the student does not resist or resistance is minimal in intensity or duration.
- To hold a student for a brief time in order to prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car).

Time and Duration – Restraint should not be used:

- Any longer than necessary to allow students to regain control of their behavior.
- Generally no longer than ten minutes.
- If an emergency restraint lasts longer than ten minutes, the following are required:
 - > Additional support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise).
 - > Documentation to explain the extension beyond the time limit.

Reoccurring Behavior – Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency restraint, the school personnel must:

- Conduct a functional behavioral assessment.
- Develop or revise a PBS plan to facilitate the reduction or elimination of the use of restraint.
- Develop an assessment and planning process conducted by a team knowledgeable about the student, including:
 - > The parent.
 - > The student (if appropriate).
 - > People who are responsible for implementation of the PBIS/BIP plan.
 - > People who are knowledgeable in PBIS.

Documentation and Reporting – Each use of an emergency seclusion and the reason for each use shall be:

- Documented in writing and reported to the building administration immediately.
- Reported to the parent or guardian immediately or as soon as possible.
- Documented in a written report for each use of seclusion (including multiple uses within a given day) and given to the parent or guardian within 24 hours.

Developed by Mark Moody, Director of Special Education, Midland County Educational Service Agency.

Emergency Intervention Plan

(To be developed for students who exhibit a pattern of behavior which may require the use of emergency restraint or seclusion)

TEAM MEMBERS SIGNATURES		
<u>Required Participants</u>	<u>Other Participants</u>	
Parent: _____	Student (as appropriate): _____	
Administrator: _____	Other: _____	
Teacher: _____	Other: _____	
Counselor/SSW/Psych: _____	Other: _____	
Staff member knowledgeable about seclusion and restraint: _____		
EMERGENCY INTERVENTION PLAN		
<i>(Attach the Behavior Intervention Plan to the document and include detailed information for sections 1 through 4 at a minimum)</i>		
<ol style="list-style-type: none"> 1. What specific behaviors must occur prior to the use of seclusion or restraint? 2. What medical conditions, risks or factors exist that must be considered as part of this plan? (obtain with consent from parent) 3. Detail the procedure to be followed if the behaviors identified on #1 occur. Be specific include timelines, techniques, staff involved. 4. Training <ol style="list-style-type: none"> a. Who needs to be trained appropriately to implement this plan? b. What training is needed? c. Who will do the training? <p>In the development of this plan this team has addressed the following issues (check the box to indicate completion):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explanation of Emergency Procedures to be followed to all involved and the purpose of the use of seclusion or emergency restraint. <input type="checkbox"/> Description of possible discomforts or risks to the student <input type="checkbox"/> Inform student of circumstances in which restraint may occur <input type="checkbox"/> Discussion of possible alternative strategies with the advantages and disadvantages <input type="checkbox"/> If a concern arises regarding the humane or social acceptability of this plan any member can ask for a Human Rights Committee to convene and review the EIP. 		
APPROVALS		
<ol style="list-style-type: none"> 1. Parent _____ Date _____ <i>I agree to provide consent to the EIP and have had all of my questions answered regarding this plan. I understand that I can withdraw my consent to this EIP at any time upon notification to the appropriate district administrative staff.</i> 2. District Administrator _____ Date _____ <i>I have reviewed and approve of the implementation of this EIP.</i> 		
SCHEDULED DATES FOR REVIEW		
Review Date: _____	Time: _____	Location: _____

Frequently Asked Questions

1. How does one document that seclusion or restraint may be used regularly if necessary?

A: Neither seclusion nor restraint should be primary consequences in a behavior plan; however, if behavior log data indicates that either technique may be needed in emergencies, then the BIP should have a separate Emergency Intervention Plan that indicates when either technique will be used.

2. Do we need parent consent for a FBA/BIP?

A: Yes. Under 34 CFR §300.324(a)(2)(i), the use of positive behavioral interventions and supports must be considered in the case of a child whose behavior impedes his or her learning or that of others. The requirement in 34 CFR §300.530(f) applies to students whose behavior is a manifestation of their disability as determined by the LEA, **the parent**, and the relevant members of the child's IEP Team under 34 CFR §300.530(e). FBAs and BIPs must also be used proactively and revised as necessary, if the IEP Team determines that they would be appropriate for the child. IEP teams, by definition, include **the parent**.

3. What if a parent will not agree to include seclusion or restraint in an Emergency Intervention Plan?

A: As noted in Question 1, neither seclusion nor restraint should be primary consequences in a behavior plan. If a parent is not comfortable with either of their inclusions in the emergency plan, the team should problem-solve with the parents to come up with alternatives in dangerous situations. However, the school team should add a statement to the BIP citing The **REVISED SCHOOL CODE Act 451 of 1976, otherwise known as the Corporal Punishment Act**, which states that "the person may use physical force upon a pupil [without parent permission] as may be necessary for 1 of the following:

- (a) To restrain or remove a pupil whose behavior is interfering with the orderly exercise and performance of school district or public school academy functions within a school or at a school-related activity, if that pupil has refused to comply with a request to refrain from further disruptive acts.
- (b) For self-defense or the defense of another.
- (c) To prevent a pupil from inflicting harm on himself or herself.
- (d) To quell a disturbance that threatens physical injury to any person.
- (e) To obtain possession of a weapon or other dangerous object upon or within the control of a pupil.
- (f) To protect property."

4. Does a seclusion room need to be designated as such at all times to meet the definition of a seclusion room? For example, a student loses control in a classroom and becomes a danger to himself and/or others. If that child is not removed from the classroom, but all other students and staff are instead evacuated, leaving the student in the room alone, does the classroom become a seclusion room if the student is prevented from leaving?

A: A room need not be used exclusively as a seclusion room in order to be subject to the same requirements. In the example above, the classroom has become a seclusion room, and the seclusion of this student should be documented and reported.

5. If a staff person remains in the room with the student, is it considered seclusion?

A: No. Seclusion occurs when a student is placed in a room, isolated from all others and prevented from leaving the area.

6. If a child is removed from class, brought to another room where no other persons are present, and told to return to class when they are ready, would this be considered seclusion?

A: No, it would not be considered seclusion. The definition states that the student is considered to be in seclusion when they are restricted from leaving independently

Frequently Asked Questions Continued

7. Sometimes when the seclusion period is over, the student remains in the room, but is permitted to leave at any time and may leave once he/she is ready. Is this considered seclusion?

A: If the student remains in the seclusion area by choice it is not considered seclusion. Therefore, seclusion time ends once the student is provided the opportunity to leave; however, staff should continue to document the time that the student is choosing to remain there. This information could be helpful for FBA/BIP revisions.

8. During seclusion, the guidelines state there should be someone that can see and hear the student throughout the seclusion period. If they can see them, how can they be considered “isolated”?

A: Isolation refers to whether or not someone else is in the same room with the student. The fact that someone can see and hear the student from outside the room does not negate the fact that the student is sitting in the room in isolation from other individuals.

9. Are there recommended dimensions for an elementary seclusion or timeout room? The guideline states the size that should be appropriate to the student's chronological and developmental age, size and behavior.

A: Be sure the IEP team discusses what would be appropriate for the child. This implies that the team should discuss and decide on the seclusion room(s) that will be used when needed. The IEP team should discuss how the room will “fit” the child in terms of size, ventilation, lighting, safety, etc. To determine “appropriate” dimensions of the room, a rule of thumb might be to be at least large enough so that the child can lay in the room in any direction and not be cramped. The ceiling height should be comparable to the ceiling height of the other rooms in the building.

10. Do parents need to attend the Crisis Team Debriefing?

A: Parents are not required to attend the Crisis Team Debriefing, as this meeting should occur the same day of the incident and may not be feasible. However, schools are required to notify parents of any use of seclusion and/or restraint immediately or soon as possible, as well as receive a written copy of the Seclusion Restraint documentation within 24 hours.

15 PRINCIPLES FOR SECLUSION AND RESTRAINT

1. Every effort should be made to prevent the need for the use of restraint and for the use of seclusion.

3. Physical restraint or seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.

5. Any behavioral intervention must be consistent with the child's rights to be treated with dignity and to be free from abuse.

7. Restraint or seclusion should never be used in a manner that restricts a child's breathing or harms the child.

9. Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.

10. Teachers and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion.

12. Parents should be informed of the policies on restraint and seclusion at their child's school or other educational setting, as well as applicable Federal, State or local laws.

14. Policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate.

2. Schools should never use mechanical restraints to restrict a child's freedom of movement, and schools should never use a drug or medication to control behavior or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).

4. Policies restricting the use of restraint and seclusion should apply to all children, not just children with disabilities.

6. Restraint or seclusion should never be used as punishment or discipline (e.g., placing in restraint for out-of-seat behavior), as a means of coercion, or retaliation, or as a convenience.

8. The use of restraint or seclusion, particularly when there is repeated use for an individual child, multiple uses within the same classroom, or multiple uses by the same individual, should trigger a review and, if appropriate, a revision of behavioral strategies currently in place to address dangerous behavior; if positive behavioral strategies are not in place, staff should consider developing them.

11. Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and the safety of the child, other children, teachers, and other personnel.

13. Parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child.

15. Policies regarding the use of restraint and seclusion should provide that each incident involving the use of restraint or seclusion should be documented in writing and provide for the collection of specific data that would enable teachers, staff, and other personnel to understand and implement the preceding principles.

References

- Council for Exceptional Children (2013) *Physical restraint and seclusion in schools*. Arlington, VA
- Genesee Intermediate School District (2010). *Behavior Support Guidelines and Procedures*, Flint, Michigan.
- Kansas State Department of Education Special Education Services (KSDE) (2008). *Functional Assessment Process*, Topeka, KS: Project STAY – Supporting Teachers and Youth.
- Michigan Department of Education (2006). *Supporting Student Behavior: Standards for the Use of Seclusion and Restraint*, Lansing, Michigan.
- Michigan Department of Education (2010). *School-wide Positive Behavioral Interventions and Supports Implementation Guide*, Lansing, Michigan.
- Montcalm Area Intermediate School District (2012). *Staff Guidelines For: Seclusion and Restraint*, Stanton, Michigan.
- Peterson, R. (2010). *Developing School Policies & Procedures for Physical Restraint and Seclusion in Nebraska Schools. A Technical Document*. Lincoln, NE: Nebraska Department of Education.
- State of Michigan, *The Revised School Code, 1976 PA 451*, Retrieved April 1, 2013, from [http://www.legislature.mi.gov/\(S\(xrle1oajowbckr550x24xt55\)\)/documents/mcl/pdf/mcl-380-1312.pdf](http://www.legislature.mi.gov/(S(xrle1oajowbckr550x24xt55))/documents/mcl/pdf/mcl-380-1312.pdf)
- U.S. Department of Education (2012). *Restraint and Seclusion: Resource Document*, Washington, D.C.

Lapeer County Intermediate School District



1996 West Oregon Street
Lapeer, Michigan 48446


Lapeer County Intermediate School District

Phone (810) 664-5917 FAX (810) 664-1011
Michigan Relay Voice/TTY 800-649-3777

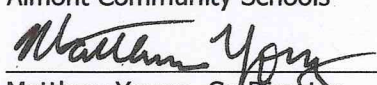
Letter of Agreement

Each of the following schools districts have agreed to adopt the attached document entitled "Seclusion & Restraint Guidance" (dated December 2013) and any subsequent amendments:

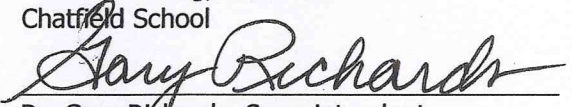
- Almont Community Schools
- Dryden Community Schools
- Chatfield School
- Imlay City Community Schools
- Lapeer Community Schools
- Lapeer County Intermediate School District
- North Branch Area Schools.


Joe Candela, Superintendent
Almont Community Schools

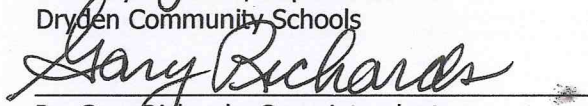
Date: 12/13/13


Matthew Young, Co-Director
Chatfield School

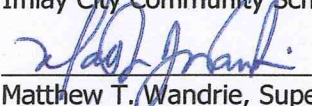
Date: 12-13-13


Dr. Gary Richards, Superintendent
Dryden Community Schools


Date: 12/13/13


Dr. Gary Richards, Superintendent
Imlay City Community Schools

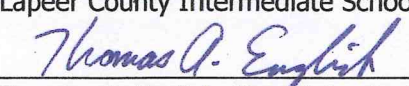
Date: 12/13/13


Matthew T. Wandrie, Superintendent
Lapeer Community Schools

Date: 12-18-13


Steven A. Zott, Superintendent
Lapeer County Intermediate School District

Date: 12/13/13


Thomas A. English, Superintendent
North Branch Area Schools

Date: 12/13/13