

## **RESTRAINT AND SECLUSION Regulations**

The following sets forth the procedures concerning the physical restraint and seclusion of persons at risk, as governed by state law. Violations of these procedures by a Board of Education staff member or other individual working at the direction of, or under the supervision of, the Board of Education, may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

### **I. DEFINITIONS**

- Provider: A person who provides direct care, education or supervision of a person at risk.
- Assistant Provider or Assistant: A person assigned to provide, or who may be called upon in an emergency to provide, assistance or security in a situation involving a student at risk..
- Person at Risk: A child who meets eligibility criteria for special education services under the IDEA and who is receiving special education from the Board of Education, or a child who is being evaluated for eligibility for special education pursuant to statute and awaiting determination.
- Life Threatening Physical Restraint: Any physical restraint or hold of a person that restricts the air flow of air into a person's lungs, whether by chest compression or any other means.
- Physical Restraint: For Plainfield Public Schools, any personal restriction that immobilizes or reduces the free movement of a person's arms, hands, legs head or body. The term does not include: (a) briefly holding a person in order to calm or comfort; (b) restraint involving the minimum contact necessary to safely escort a person from one area to another; (c) helmets or other protective gear used to protect a person from injuries due to a fall; or (d) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program (IEP) and is the least restrictive means available to prevent such self-injury.
- Seclusion: The confinement of a person in a room, with supervision by a provider or assistant, in a manner that prevents the person from leaving that room. The term does not include confinement in which the student is physically able to leave the area of confinement including, but not limited to in-school suspension and time-out.
- Behavior Intervention: Means supports and other strategies developed by the planning and placement team to address the behavior of a person at risk, which

that behavior impedes the learning of the person at risk or the learning of others.

## **II. TRAINING OF SCHOOL PERSONNEL**

Only school personnel who have received training in physical management, physical restraint and seclusion procedures may restrain or seclude a student who is a person at risk. Such training shall include, but not be limited to:

- Verbal defusing or de-escalation;
- Prevention strategies;
- Types of physical restraint;
- The differences between life-threatening physical restraint and other varying levels of physical restraint;
- The differences between permissible physical restraint pain compliance techniques;
- Monitoring to prevent harm to a person physically restrained or in seclusion; and
- Recording or reporting procedures on the use of restraints and seclusion.

## **III. PROCEDURES FOR THE USE OF PHYSICAL RESTRAINT**

- A. Life Threatening Physical Restraint: No provider or assistant shall under any circumstances use life threatening physical restraint on a person at risk.
- B. No provider or assistant shall use physical restraint on a person at risk EXCEPT as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others.
- C. Physical restraint of a person at risk shall never be used as a disciplinary measure or as a convenience.
- D. Providers and assistants must explore all less restrictive alternatives prior to using physical restraint for a person at risk.
- E. Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint with a person at risk.
- F. Monitoring:
  - 1. A provider or an assistant must continually monitor any person at risk who is physically restrained. The monitoring must be conducted by direct observation of the person at risk, which may be the person doing the restraint.

2. A provider or an assistant must regularly evaluate the person being restrained for signs of physical distress. The provider or assistant must record each evaluation in the education record of the person being restrained.
- G. When there is a possibility that physical restraint may be used as an emergency intervention, the PPT shall inquire as to whether there are any known medical or psychological conditions that would be directly and adversely impacted by the use of physical restraint as a behavior intervention.

#### **IV. PROCEDURES FOR THE USE OF SECLUSION**

- A. No provider or assistant shall use seclusion on a person at risk EXCEPT as follows:
1. As an emergency intervention to prevent immediate or imminent injury to the person at risk or to others, provided such seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative; or
  2. If seclusion is specifically provided for in the IEP of the person at risk, and if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective.
- B. Before incorporating the use of seclusion into the child's IEP, the PPT shall consider the use of less restrictive alternatives to determine whether seclusion is a necessary part of the child's IEP. If the PPT of the child determines, based upon the results of a Functional Behavioral Assessment (FBA) and other information determined relevant by the PPT, that use of seclusion is an appropriate behavior intervention, the PPT shall include the assessment data and other relevant information in the IEP of the child as the basis upon which a decision was made to include the use of seclusion as a behavior intervention. In such a case, the IEP shall specify (1) the location of seclusion, which may be multiple locations within a school building, (2) the maximum length of any period of seclusion, in accordance with Section IV E, below, (3) the number of times during a single day that the person at risk may be placed in seclusion, (4) the frequency of monitoring required for the child while in seclusion, and (5) any other relevant matter agreed to by the PPT taking into consideration the age, disability and behaviors of the child that might subject the child to the use of seclusion.
- C. The PPT shall, at least annually, review the continued use of seclusion as a behavior intervention for the child. When the use of seclusion as a behavior intervention is repeated more than two times in any school quarter, the PPT (1) shall convene to review the use of seclusion as a behavior intervention, (2) may consider additional evaluations or assessments to address the child's behaviors, and (3) may revise the child's IEP, as appropriate.

- D. The PPT shall inquire as to whether there are any known medical or psychological conditions that would be directly and adversely impacted by the use of seclusion as a behavior intervention. A person at risk shall not be placed in seclusion if such person is known to have any medical or psychological condition that a licensed health care provider has indicated will be directly and adversely impacted by the use of seclusion. Such licensed health care provider may be the child's licensed health care provider or a licensed health care provider utilized by the public schools to provide an evaluation of the child for purpose of determining the appropriate use of seclusion as a behavior intervention in the person at risk's IEP. As part of the assessments described in Section IV-B, above, the PPT may request a medical or psychological evaluation of the child for purposes of determining whether there is a medical or psychological condition that will be directly and adversely impacted by the use of seclusion as a behavior intervention. The parent may provide that information to the PPT. Any written statement provided by a licensed health care provider shall be included in the educational record of the child
- E. Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion for a person at risk. Any period of seclusion (1) shall be limited to that time necessary to allow the child to compose him or herself and return to the educational environment and (2) shall not exceed one hour. The use of seclusion may be continued with written authorization of the building principal or designee to prevent immediate or imminent injury to the child or to others. In the case where transportation of the child is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the child or to others is a concern.
- F. Monitoring:
1. A person at risk in seclusion shall be monitored by a provider or assistant specifically trained in physical restraint and seclusion procedures including, but not limited to, training to recognize health and safety issues for children placed in seclusion to ensure the safe use of seclusion as a behavior intervention.
  2. A provider or an assistant must regularly evaluate the person in seclusion for signs of physical distress.
- G. When there is a possibility that physical restraint may be used as an emergency intervention, the PPT shall inquire as to whether there are any known medical or psychological conditions that would be directly and adversely impacted by the use of physical restraint as a behavior intervention.

## V. DOCUMENTATION AND NOTIFICATION

- A. Each instance of the use of physical restraint or seclusion as an emergency intervention for all students must be recorded on a standardized incident report form. Such reports shall be completed no later than the school day following the incident. (ADDENDUM A, Physical Restraint Incident Report), (ADDENDUM B, Seclusion Incident Report)
- B. Parents or guardians of all students must be given notice of each incident in which the student is physically restrained or placed in seclusion.

If the restraint or seclusion was used as an emergency intervention, the parent shall be notified of the incident within 24 hours of the seclusion. Such notification may be made by phone, e-mail, or other method which may include sending a note home with the child. Such notification shall be followed by sending the parent a copy of the incident report no later than two business days after the incident.

- C. When a restraint or seclusion occurs to a student, the following information must be documented in the educational file of the student:
  - 1. In the case of an emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;
  - 2. A detailed description of the nature of the restraint or seclusion;
  - 3. The evaluation notes of the provider or assistant who monitored the student during the restraint or seclusion for indications of physical distress.
  - 4. The duration of the restraint or seclusion; and
  - 5. The effect of the restraint or seclusion on the student's established behavioral support or educational plan.
- D. The Assistant Superintendent must be notified of the following:
  - 1. Each use of restraint or seclusion on all students;
  - 2. The nature of the emergency that necessitated its use; and
  - 3. If the restraint or seclusion resulted in physical injury to the student.

## **VI. FACILITIES FOR SECLUSION OF PERSONS AT RISK**

Any room used for the seclusion of a person at risk shall:

- A. Be of a size that is appropriate to the chronological and developmental age, size and behavior of the person at risk;
- B. Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which it is located;

- C. Be 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;

**VII. RESPONSIBILITIES OF THE ASSISTANT SUPERINTENDENT**

**A. REPORTING INSTANCES OF RESTRAINT AND SECLUSION**

The Assistant Superintendent, or his/her designee, must report instances of restraint and seclusion to the State Department of Education within a 24 to 48 hour period.

**B. REPORTS OF INJURIES**

The Assistant Superintendent, or his/her designee, may report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to a person at risk. Any physical injury resulting from the use of restraint or seclusion must be recorded in the student’s school health record.

**C. PARENTAL NOTIFICATION OF LAWS**

The Assistant Superintendent, or his/her designee, must, at each initial PPT meeting for a child, inform the child’s parent, guardian, or surrogate parent, (or the pupil if such pupil is an emancipated minor or eighteen years of age or older), of the laws relating to physical restraint and seclusion as expressed by the State Department of Education’s “Parental Notification of the Laws Relating to the Use of Seclusion and Restraint in the Public Schools”. When there is a possibility that physical restraint or seclusion is utilized as an emergency intervention, the parent/eligible student will be provided a copy of the BOE Policy on “Restraint and Seclusion”. (ADDENDUM C – Parental Notification)

Legal References: Connecticut General Statutes:  
 10-76d Duties and powers of boards of education to provide special education programs and services.  
 10-220 Duties of boards of education  
 46a-150 through 46a-154 Use of restraint and seclusion  
 53a-18 Use of reasonable physical force  
 Regulations Connecticut State Agencies 10-76b-1 to 11

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