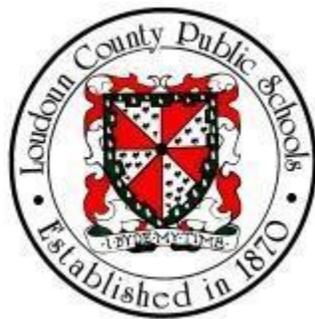


LOUDOUN COUNTY PUBLIC SCHOOLS
Department of Pupil Services



**GUIDELINES ON THE USE OF
PHYSICAL RESTRAINT AND SECLUSION**

© 2017-2018

Foreword

The purpose of this document, *Guidelines on the Use of Physical Restraint and Seclusion*, is to provide direction to all school administrators and employees regarding the appropriate use of physical restraint and seclusion to manage student behavior in emergency situations. These procedures reflect the recommendations of a Loudoun County Public Schools (LCPS) task force regarding the use of physical restraint and seclusion in schools and are intended to address core issues related to the use of physical restraint and seclusion in an effort to maintain a safe, supportive, and positive learning environment for all students and staff.



Loudoun County Public Schools
21000 Education Court
Ashburn, Virginia 20148
571-252-1000

Table of Contents

Foreword	2
Statement of Philosophy	4
Definitions	5
Training and Staff Development	8
Prevention and Intervention.....	9
Procedures for the Appropriate Use of Physical Restraint.....	11
Procedures for the Appropriate Use of Seclusion.....	14
References	16

Statement of Philosophy

All children have the inherent right to be treated with dignity and respect, and school personnel bear the responsibility of ensuring that our educational programs, policies, and procedures safeguard this right and maintain a safe and supportive learning environment that promotes a climate for success. This right extends to all children, including those who require more specialized behavioral and educational supports. Mutual respect and dignity are fostered when procedures used to manage student behavior emphasize prevention, positive supports, and effective and ethical approaches.

All behavioral interventions and supports must be universally humane and promote these rights in the most inclusive learning environment possible. Students should be free from the unnecessary use of physical restraint and seclusion. When managing student behavior, physical restraint and seclusion are safety procedures used as a last resort when appropriate alternatives have failed and the student is an immediate danger to him/herself and/or others. The use of abusive or aversive interventions including corporal punishment is expressly prohibited.

Positive Behavioral Interventions & Supports: A School-wide Approach to Prevention

Loudoun County Public Schools (LCPS) advocates a Positive Behavioral Interventions and Supports (PBIS) approach to addressing the needs of students with behavior challenges and strives to apply PBIS principles and strategies to behavior interventions implemented in LCPS.

PBIS is now being implemented in all LCPS schools and over 24,000 schools throughout the country as a systems approach to establishing the social culture needed for schools to achieve social and academic gains, while minimizing problem behavior for all students. It provides a framework for decision making that guides the implementation of evidence-based academic and behavioral practices throughout the entire school, frequently resulting in significant reductions in office disciplinary referrals and suspensions. Although the successful implementation of PBIS typically results in improved social and academic outcomes, it will not eliminate all behavior incidents in a school for all students. However, PBIS is a proactive, preventative approach that can increase the capacity of the school staff to support students with the most complex behavioral needs, thus reducing the instances that require intensive interventions (Duncan, 2009). More importantly, PBIS principles and research-based strategies can be applied to the intensive levels of intervention implemented for students with the most challenging behavioral issues in our schools to the maximum extent possible.

The intent of this document is to provide guidelines to staff to promote a safe and supportive learning environment and to provide staff with safety procedures for the appropriate use and consistent application of physical restraint and seclusion under specific circumstances.

Definitions

For the purposes of this document, the following terms and definitions are provided.

Abused or neglected child is any child less than 18 years of age whose parents or other person responsible for his care creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, or impairment of bodily or mental functions...; or whose parent or other person responsible for his care neglects or refuses to provide care necessary for his health...; or whose parents or other person responsible for his care abandons such child; or whose parents or other person responsible for his care commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law; or who is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent or guardian, legal custodian or other person standing in loco parentis. See §63.2-100 of the Code of Virginia for the full text of the definition of the term "abused or neglected child."

Aversive Intervention is any action used to punish a student or to eliminate, reduce, or discourage the problem behavior by use of any of the following, many of which are prohibited by the Code of Virginia:

- Noxious odors and tastes
- Water and other mists or sprays
- Blasts of air
- Corporal punishment
- Verbal and mental abuse
- Forced exercise where
 - the student's behavior is related to his/her disability,
 - the exercise would have a harmful effect on the student's health, or
 - the student's disability prevents participation in activities
- Deprivation of necessities including
 - food or liquid at a time when it is customarily served
 - medication, or
 - use of restroom

Behavioral Intervention Plan (BIP) is a plan that utilizes positive behavioral interventions and supports to address behaviors that interfere with the learning of a student, the learning of others, or that require disciplinary action.

Behavior Intervention Team (BIT) is a school-based team comprised of administrative and instructional personnel who have been trained in both relational and technical levels of the Mandt System. The team's primary function is to respond to building level behavioral crises that involve the potential for physical restraint and/or seclusion.

Corporal Punishment is the infliction of, or causing the infliction of, physical pain on a student as a means of discipline. (See School Board Policy §8-30 and Section 22.1-279 of the Code of Virginia)

Emergency is a sudden, urgent, usually unexpected situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others.

Exclusionary Time-Out is a behavior reduction intervention implemented following the occurrence of an inappropriate behavior, in which the student is moved to another setting where there is no longer access to reinforcement in the classroom for a time-limited period but where the student may have access to other students or staff.

Functional Behavioral Assessment (FBA) is a process to determine the underlying causes or functions of a child's behavior that impede the learning of the child or the learning of the child's peers. A functional behavioral assessment may include a review of existing data or new testing data or evaluation.

Inclusionary Time-Out is a behavior reduction intervention implemented following the occurrence of an inappropriate behavior, in which the student loses access to reinforcement for a time-limited period but remains within the classroom.

Mandt System® refers to a formal training program designed to teach staff how to effectively manage a potentially negative or even dangerous situation by first calming their own emotional responses and managing their own behavior so that they can interact with other people positively.

Mechanical Restraint is the use of any device or equipment to restrict a student's freedom of movement. This term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, such as:

- Adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports;
- Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle;
- Restraints for medical immobilization; or
- Orthopedically prescribed devices that permit a student to participate in activities without risk of harm.

Physical Restraint is a personal restriction that immobilizes or reduces the ability of a student to move freely. Physical restraint does not include:

- Briefly holding a student in order to calm or comfort the student;
- Physically touching or holding a student's hand, wrist, arm, shoulder, or back to escort a student safely from one area to another;
- Using incidental, minor, or reasonable physical contact or other actions designed to maintain order and control, such as intervening in a fight or the brief use of reasonable and necessary force to protect oneself or others from physical injury or harm in an emergency; or
- Using protective or stabilizing devices, including adaptive equipment prescribed by a health care professional; using a weighted glove or arm cuff to hold one of the student's arms, allowing him/her to refrain from stereotypy and work with the free arm/hand.

Physical Interaction is the use of a physical presence, skill, maneuver, or technique to either assist or limit a person's behavior. Physical interaction is a Mandt® term that includes encouraging, guiding,

helping, avoiding, redirecting, releasing, supporting, separating, and restraining. While physical interaction is often used to assist people, some restrictive interaction may be used to limit a person's freedom of movement, restrict access to personal property, or cause a person to do something which he or she does not want to do such as blocking or redirecting. At times, this kind of interaction may even involve physical restraint.

Positive Behavioral Interventions and Supports is an operational framework that uses a broad set of research-validated strategies designed to create school environments that promote and support appropriate behavior of all students.

Removal refers to excluding the student from the place where current educational services are provided.

Restraint is any method or device restricting another person's freedom of movement, physical activity, or normal access to his/her body, including but not limited to physical, mechanical, or chemical methods.

Seclusion is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving until the student no longer presents immediate danger to self or others or poses immediate threat of damage to property. This includes any time a student is involuntarily alone in a room and prevented from leaving regardless of the intended purpose or the name of the area where the student is secluded. Seclusion does not include the following activities:

- Supervised in-school suspension or detention;
- Out of school suspension;
- Time-out, which is a behavioral management technique;
- Removal from classroom by the teacher for disruptive behavior;
- Student-requested breaks in a different location in a room or in a separate room;
- Removal of student for short period of time from room or separate area of room to provide student with opportunity to regain self-control so long as student is not physically prevented from leaving except during investigation and questioning by school employees regarding student's knowledge of or participation in events constituting violation of student conduct code; or
- Placement decisions made by IEP teams, such as one-on-one instruction.

Time-out is a behavior reduction strategy implemented following the occurrence of an inappropriate behavior, in which the student loses access to reinforcement or is removed from a reinforcing setting within or outside of the classroom for a specified period (e.g., 5 minutes). It includes both exclusionary and inclusionary time-out. In some instances, the student may self-select this procedure.

Training and Staff Development

All LCPS employees have the responsibility for understanding policies and regulations related to the appropriate management of student behavior including the procedures herein related to the appropriate use of physical restraint and seclusion.

Each school must have a school-based team who is trained in the use of physical restraint and seclusion. The team should be comprised of administrative and instructional personnel including staff, who by reason of their training and job responsibilities, work with students who exhibit serious problem behavior or have the potential to engage in dangerous conduct. The team membership should include the following school personnel:

- Principal or designee
- Special education teacher
- General education teacher
- Other staff designated by the principal

The training of school personnel must include the following elements:

- Certification in a nationally recognized behavior management system that addresses physical restraint and seclusion;
- Regular updates for recertification;
- Content appropriate to the age and developmental level of the child;
- Education in the use of positive, instructional, and preventative methods for addressing student behavior;
- Instruction in de-escalation strategies and conflict management;
- Education about the potential harm of using restraint and seclusion; and
- Methods for monitoring a student's well-being when using these safety procedures.

Prevention and Intervention

All students have the fundamental right to be treated with dignity and respect and free of techniques that pose physical or psychological danger. To achieve this goal, schools must promote developmentally appropriate standards of conduct and employ effective educational and behavioral interventions in a safe and inclusive environment. The approaches and techniques used to promote appropriate student conduct should emphasize prevention and positive behavioral interventions in order to develop and maintain prosocial behaviors before relying on more restrictive approaches.

Physical restraint and seclusion are safety procedures in response to potentially dangerous behavior that place the student or others at immediate risk of injury and should not be confused with behavioral interventions, techniques, or treatments that are used to teach adaptive behaviors and reduce problem behaviors (e.g., time-out).

In an effort to prevent the need to use physical restraint and seclusion altogether and to increase the safety and effectiveness of planned physical restraint and seclusion in emergency situations, a continuum of behavioral supports must be in place for all students, especially for students who present with serious challenging behaviors. To that end, physical restraint and seclusion are emergency safety procedures to be used as a last resort and only as long as necessary to permit the reintroduction of other behavioral interventions once the emergency is over.

Without prevention and other behavioral supports, the number of emergency situations requiring physical restraint and seclusion would be higher than necessary. The most effective approaches in preventing and addressing dangerous student behaviors involve the use of proactive and instructive methods conducted by trained staff. For schools to implement an appropriate continuum of behavioral supports for students, the following approaches provide a strong foundation:

Positive Behavioral Interventions and Supports (PBIS) is a research-based systems approach to establishing the whole-school social culture and intensive individual behavior supports needed for schools to achieve social and academic gains while minimizing problem behavior for all students. PBIS emphasizes the following principles:

- Establish a preventative foundation of positive intervention that is empirically validated to be effective, efficient and sustainable
- Teach and acknowledge appropriate behavior before relying on negative consequences
- Use regular “universal screening” to identify students who need more intense support and provide that support as early as possible, with the intensity needed to meet the students’ needs
- Establish a continuum of behavioral and academic interventions for students identified as needing more intense support
- Use data from progress monitoring to assess the fidelity with which support is provided and the impact of support on student academic and social outcomes and the continuous improvement of behavioral supports

The Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) is a team problem-solving process designed to:

- Identify the events that reliably predict and maintain problem/targeted behavior through the examination of data
- Increase prediction of when and where targeted behavior will occur
- Identify patterns of behavior rather than describe individual occurrences
- Examine the motivation or function of the behavior
- Develop and implement the BIP when determined as necessary by the FBA
- Teach acceptable behaviors that serve the same function
- Modify classroom setting events
- Modify antecedent events, and/or consequent events
- Modify curriculum and instruction
- Introduce reinforcement-based interventions
- Provide frequent opportunities for reinforcement
- Review plan regularly, monitor for effectiveness, and determine if modifications are needed

The Mandt System® teaches school personnel specific non-physical skills to help students de-escalate from a behavioral crisis. Training includes instruction in the use of verbal and non-verbal communication skills, conflict resolution skills, and Positive Behavioral Interventions & Supports, in order to help students safely meet their behavior goals. The approach of the Mandt System® is to:

- Keep interactions between people from escalating (prevent)
- Keep interactions from becoming incidents (redirect)
- Keep incidents from becoming crises (de-escalate)

In order to achieve these goals, the Mandt System® teaches relational skills for building healthy relationships, communication skills, and conflict resolution competencies, as well as technical skills in body positioning, escape and evasion techniques, and physical interaction and restraint.

Procedures for the Appropriate Use of Physical Restraint

The procedures for the appropriate use of physical restraint must be followed by all staff working with students in the school setting. The following procedures apply to all students, not just students with disabilities, when the physical safety of the student or others is in immediate danger.

1. Physical restraint should **only be used in an emergency**, i.e., a sudden, urgent, usually unexpected situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others when there is immediate danger to the student and/or to others. Less restrictive interventions should be employed first unless in an emergency when, in reasonable judgment of school personnel, less restrictive intervention would be judged to be ineffective.

Physical restraint is not a teaching procedure or behavioral intervention and should **NOT** be administered as punishment or to address behaviors for non-emergency reasons, such as noncompliance, disrespect, disobedience, misuse of property, disruption, threats, etc.

Mechanical restraint should never be used to restrict a student's freedom of movement, and drug or medication should never be used to control or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).

If physical restraint is used it should not include restraining the individual in a chair or against a wall. Furthermore, prone restraints (where the student is placed face down on his/her stomach) or supine restraints (where the student is face up on his/her back), or any other physical maneuver that prevents a student from breathing or speaking, is strictly prohibited.

2. Physical restraint should only be conducted by a team of trained school-based personnel (**Mandt® trained**) with at least one additional staff member present and in line of sight.
3. Staff trained in the use of **cardiopulmonary resuscitation (CPR) and First Aid** must be available in the event of an emergency related to the use of physical restraint. A portable automatic electronic defibrillator (AED) should be available in the school.
4. Whenever possible, first **move other students from the immediate area** rather than trying to either remove a student engaging in dangerous behavior to another location or restrain a student while other students are in the immediate area. In circumstances involving an extreme hazard or emergency where the person is at risk of harm (i.e., fire, bomb threat), it may be necessary to move or transport the student to another area using at least two trained staff members. Consider the distance the child must be moved and safety for the student and others. Do not begin to move the student until the trained staff is ready to do so and have communicated their plan to one another and to others in the area.
5. Physical restraint must only be used for the period of time necessary to accomplish its purpose of ensuring safety, using **only the force that is necessary and no longer than 3 minutes per restraint** at which time the student must be released before the hold can be reapplied. The specific technique used should be appropriate to the student's age and be safe for the student. An alternative plan

should be in place in the event that the student does not begin to calm down within a reasonable time period.

6. Following the use of physical restraint, the student must be **seen by a health clinic staff member**. An injury incident report form is to be completed and submitted to Risk Management if staff and/or students are injured.
7. By the end of the **same school day**, the incident and any related first aid must be reported to the principal/designee.
8. The **case manager or school administrator must make reasonable effort to ensure direct contact (in person or on the phone) with the parents of the student immediately** (within one calendar day) for each and every use of physical restraint and related first aid. Staff is required to document the parent contact and indicate the type of contact (phone, email, personal, etc.) and content of the interaction. If the student is physically restrained outside regular school day, notification is to be made as soon as practicable pursuant to school division's school crisis/emergency management plan.
9. An **incident report** must be completed and submitted in Phoenix **within 48 hours following the restraint**. A copy of the generated report is to be placed in the student's educational record and provided to the student's parents within seven (7) calendar days.
10. A **staff debriefing must occur within 48 hours** after an incident necessitating emergency physical restraint. The debriefing should include a school administrator and all personnel involved in the use of the physical restraint. Consideration should be given to inviting the parents and student to participate. The purpose of the debriefing is to review the events leading to the use of physical restraint, identify additional preventative strategies to avoid the future use of physical restraint, and assess the need to conduct an FBA or revise the BIP.
11. If the student has a history of dangerous behavior, **the use of planned physical restraint as an emergency safety procedure should be discussed with the student's parents** if it is anticipated that such use will be necessary to address the student's behavior. As part of the discussion, parents will be provided information on:
 - When and how planned physical restraint will be used
 - Specific techniques to use with the student
 - Physical, medical, and psychiatric concerns and the effects of medications when physical restraint is used

Written documentation of parental concerns about the use of physical restraint should be maintained in the student's file. If there were no prior indications that physical restraint might be a necessary safety procedure for a student, a meeting should be convened as soon as possible after the first instance.

LCPS school-based staff should consult with the appropriate staff to work on positive behavioral interventions for students with challenging behaviors. The continuum of interventions and supports

can be utilized to affect high quality behavior plans for students as a comprehensive, systematic approach. The designated Pupil Services staff are available to provide the specialized training and ongoing support necessary to achieve this goal for all students so they can be successful participants in the school community.

Procedures for the Appropriate Use of Seclusion

The procedures for the appropriate use of seclusion must be followed by all staff working with students in the school setting. The following procedures apply to all students, not just students with disabilities, when the physical safety of the student or others is in immediate danger.

1. Seclusion should **only be used in an emergency**, i.e., a sudden, urgent, usually unexpected situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others when there is immediate danger to the student and/or to others. Less restrictive interventions should be employed first unless in an emergency when, in reasonable judgment of school personnel, less restrictive intervention would be judged to be ineffective.

Seclusion is not a teaching procedure or behavioral intervention and should **NOT** be administered as punishment or to address behaviors for non-emergency reasons, such as noncompliance, disrespect, disobedience, misuse of property, disruption, threats, etc.

2. Seclusion should only be conducted by a team of trained school-based personnel (**Mandt® trained**) with at least one additional staff member present and in line of sight.
3. Staff trained in the use of **CPR and First Aid** must be available in the event of an emergency related to the use of seclusion. A portable automatic electronic defibrillator (AED) should be available in the school.
4. The seclusion area or environment, if used, must meet the following requirements:
 - Be of reasonable size permitting students to lie or sit down
 - Have adequate ventilation including heat and air conditioning as appropriate
 - Have adequate lighting
 - Be free of any potential or predictable safety hazards
 - Permit direct continuous visual and auditory monitoring of the student
 - Permit automatic release of any locking device if fire or other emergency in the school exists
5. Seclusion must **last only as long as necessary** to resolve the actual risk of danger or harm while awaiting the arrival of other trained staff. Once the trained staff person using the seclusion has determined that the student is no longer a danger to him/herself or others, the student should be released. An alternative plan should be in place in the event that the student does not begin to calm down within a reasonable time period.

Students must have adequate access to bathroom facilities, drinking water, necessary medication or medical interventions, and regularly scheduled meals.

6. Maintain **constant adult supervision and observation** (e.g., visual and auditory contact) of the student for the entire period of the seclusion. If seclusion is used, the student must be continuously monitored and the entire seclusion area can be adequately viewed.

7. Following the use of seclusion, the student must be **seen by a health clinic staff member**. An injury incident report form is to be completed and submitted to Risk Management if staff and/or students are injured.
8. By the end of the same school day, the incident and any related first aid must be reported to the principal/designee.
9. The case manager or school administrator must make reasonable effort to ensure direct contact (in person or on the phone) with the **parents of the student** immediately (within one calendar day) for each and every use of seclusion and related first aid. Staff is required to document the parent contact and indicate the type of contact (phone, email, personal, etc.) and content of the interaction. If the student is secluded outside regular school day, notification is to be made as soon as practicable pursuant to school division's school crisis/emergency management plan.
10. An **incident report** must be completed and submitted in Phoenix **within 48 hours following the use of seclusion**. A copy of the generated report is to be placed in the student's educational record and provided to the student's parents/guardians within seven (7) calendar days.
11. A **staff debriefing must occur within 48 hours** after a behavioral incident necessitating emergency seclusion. The debriefing should include a school administrator and all personnel involved in the use of seclusion. Consideration should be given to inviting the parents and student to participate. The purpose of the debriefing is to review the events leading to the use of seclusion, identify additional preventative strategies to avoid the future use of seclusion, and assess the need for an FBA or new/ revised BIP.
12. If the student has a history of dangerous behavior, **the use of planned seclusion as an emergency safety procedure should be discussed with the student's parents** if it is anticipated that such use will be necessary to address the student's behavior. Parents should be in agreement with the plan prior to implementation. As part of the discussion, the parents will be provided information on:
 - When and how planned seclusion will be used
 - Specific techniques to use with the student
 - Physical, medical, and psychiatric concerns and the effects of medications when using seclusion

Written documentation of parental concerns about the use of seclusion should be maintained in the student's file. If there were no prior indications that seclusion might be a necessary safety procedure for a student, a meeting should be convened as soon as possible after the first instance.

LCPS school-based staff should consult with appropriate staff to work on positive behavioral interventions for students with challenging behaviors. The continuum of interventions and supports can be utilized to affect high quality behavior plans for students as a comprehensive, systematic approach. The designated Pupil Services staff are available to provide the specialized training and ongoing support necessary to achieve this goal for all students so they can be successful participants in the school community.

References

- Council for Children with Behavioral Disorders. (2009). *CCBD position on the use of physical restraint procedures in school settings*. Arlington, VA: Author.
- Council for Children with Behavioral Disorders. (2009). *CCBD position on the use of seclusion in school settings*. Arlington, VA: Author.
- Council for Exceptional Children. (2009). *CEC's Policy on Physical Restraint and Seclusion Procedures in School Settings*. Arlington, VA: Author.
- Duncan, A. (2009, July 31). *Arne Duncan on seclusion and restraints*. Retrieved from http://www.pbis.org/seclusion/restraint/arne_duncans_letter.aspx
- Horner, R., & Sugai, G. (2009, April 29). *Considerations for seclusion and restraint use in school-wide positive behavior supports*. Retrieved from <http://www.pbis.org/seclusion/restraint/default.aspx>
- Mandt, D. H. (2006). *The Mandt System®*. Richardson, TX: Client Management Techniques, Inc.
- United States Department of Education (2012). *Restraint and seclusion: resource document*. Retrieved from <http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>
- Virginia Department of Education. (2009). *Guidelines for the development of policies and procedures for managing student behaviors in emergency situations in Virginia public schools: focusing on physical restraint and seclusion*. Retrieved from <http://www.doe.virginia.gov/VDOE/sess/EmergBehaviorGd.pdf>
- Virginia Department of Education. (2009). *Regulations governing special education programs for children with disabilities in Virginia*. Retrieved from http://www.doe.virginia.gov/VDOE/duproc/final_regulations_2009.pdf
- Wisconsin Department of Public Instruction. (2005). *WDPI directives for the appropriate use of seclusion and physical restraint in special education programs*. Retrieved from <http://www.specialed.us/S&R/DPI%20Directives%20on%20Seclusion%20&%20Restraint.pdf>