

## **GUIDANCE FOR USE OF SECLUSION AND RESTRAINTS IN SCHOOLS** **Behavioral Interventions and Disciplinary Guidelines and Procedures**

This document outlines the disciplinary actions and behavioral interventions that teachers and support staff will adhere to when intervening to cease or diminish inappropriate behaviors. The goal of our corporation is to assure the safety of all students.

All behavioral interventions must be consistent with a child's rights to be treated with dignity and respect and be free from abuse.

- For a student with a disability any behavior intervention used must be consistent with the student's most current individualized education program and with the student's behavioral intervention plan.
- Behavior and social goals are designed to teach and redirect students to engage in appropriate behaviors and social interactions within the context of positive behavior interventions. Positive behavioral techniques are the first level of intervention. More restrictive intervention models are not to be used until this level of intervention has been exhausted and is no longer effective as determined by data review.

Our school corporation implements a pyramid model of behavioral interventions that establish increasing levels of support for student success.

**Our school corporation prohibits the following practices under all circumstances:**

- ✓ **Mechanical restraint**
- ✓ **Chemical restraint**
- ✓ **The deprivation of basic needs**
- ✓ **Anything constituting child abuse**
- ✓ **Any restraint that negatively impacts breathing**
- ✓ **Intentional application of any noxious substances**

All students, including students with Disabilities, are expected to follow the student code of conduct as stated in the school handbook. Students with Disabilities may require varying degrees of behavioral supports allowing them to be successful in the



school environment. The goal of South La Porte County Special Education Cooperative is to have each student with a disability become an active participant in their “Individualized Educational Program” that may include social-emotional or behavioral goals or behavior improvement plans. An effective school-wide system provides a full continuum of methods to support appropriate behavior, to promote safety, and to discourage violations of a school’s Student Code of Conduct. The use of positive intervention, supports adaptive and pro-social behavior, and foster dignity and self-esteem in students. **Implementation of a school-wide systematic approach will ensure that seclusion/isolation and restraint are used only as a last resort method.**

- For students identified as having a disability, the Level’s System and Self- Regulation Techniques have been adopted and are examples of effective, research-based systems that address challenging behaviors in a collaborative, comprehensive, research-validated and humane manner.

Teachers are expected to implement consistent classroom management strategies that include articulated rules and expectations of behavior. Additional positive behavioral supports may include but are not limited to the following that complement site positive behavioral support systems:

- Visits with the counselor,
- Consultation services from the behavioral specialist,
- Training in social skills,
- Behavior modification
- Student self-management

It is the expectation of our school corporation, and consistent with good practice that positive strategies are implemented before more restrictive actions take place. More restrictive actions are typically application of **time out within the classroom**. Any change in an intervention strategy must be data driven.

- For students identified as having a disability who do not respond to consistent classroom management strategies, have repeated violations of the student code of conduct or have a significant incident will be considered with parent permission for a Functional Behavior Assessment (**FBA**) and a resulting **Behavior Improvement Plan** that is imbedded within the Individual Education Program (**IEP**). The Behavior Improvement Plan must address the individualized positive behavior supports, the disciplinary action that may be taken, outline the strategies to change the targeted behavior(s), and the emergency interventions that may need to occur. The IEP/BIP will include how time-out and isolation are to be utilized and documented. Documentation of data specific to behaviors and application of interventions is subject to periodic reviews by administration. The behavior plan (**BIP**) is reviewed and revised as needed including discontinuation/exit when a BIP is no longer warranted as determined by data analysis.

In addition, the BIP must address any more restrictive measures that will be triggered with the continuation of inappropriate behaviors.

**Definition of Time-out:**

Time-out is a behavioral intervention in which a student for a limited and specified time is moved to a predetermined location. Time-out removes a student from all sources of positive reinforcement such as attention from peers or adults. Time out is a consequence for a specific and defined undesired behavior. Time-out lies within a continuum of procedures that help students self-regulate and control their behaviors. Duration of time-out should not exceed one (1) minute per child's age, for example, a five (5) year old = five (5) minutes. Time out must be used in the context of an entire plan for teaching and reinforcing desired behavior and assists the student to succeed in a learning environment.

**The time-out continuum is as follows:**

***Direct adult supervision must occur at all times.***

- Withdrawal of materials and privileges during activity, student remains at desk or activity site;
- Student moves to designated location within the room, withdrawal of privileges;
- Student moves to designated location outside of the classroom within the school. (example: student sits on bench outside of classroom);
- Student moves to designated location outside of the classroom within the school such as counselor's office.
- Isolated time-out is a circumscribed area in which a student is placed and under constant observation and direct supervision.

\*It must be noted that patterns of behavior must be analyzed as to the function that the behavior reinforces. Plans will need to be revised and adapted if the current program does not reflect the desired change in behavior.

**Documentation in the use of Time-out** as outlined above requires recording of the following information:

- Name of the student
- Inappropriate behavior that triggered the use of time out
- Date and time student was assigned to time-out
- Duration of the time out period
- Behavior exhibited while placed in time out in the educational setting

**Physical description of a time out room must meet specific criteria.**

- **May not be locked at any time**

- **Must have a system to visually observe student behavior for the complete duration of the time out**
- **Must be free of any items that could cause harm to the student (free of desks, chairs, hooks....)**
- **Must meet physical size and be ventilated**
- **Must be lighted**
- **Must be directly supervised at all times by staff**

**\*A timer is an essential piece of equipment in the use of “time-out”.**

**Document, Document, Document. Keep a LOG**

The teacher must provide the student the opportunity to process through the behavior which resulted in the time out before returning to the activity and setting. The teacher informs the parents in writing and verbally (unless no telephone or emergency numbers exist for the student) on the use of all Isolated time-outs by the end of the school day.

### **In-School Restriction**

Assignment to in-school restriction means that the student is removed from the classroom but not from the educational program. The student reports to the assigned location where the student will work on classroom tasks assigned by the teacher (Special Education and/or General Education) all of which are related to a course of study in which the student is currently enrolled. When completed, the assignments are to be turned in to the teacher for review and grading. Thus, the student continues his/her academic program albeit in a different setting and receives full credit for the completed work. **In-school restrictions are not a suspension if the educational services continue. The student is not removed from the school setting and the student continues to access educational program. Please note, Indiana’s new behavior code that applies to all students specifies that when a student is removed from the classroom, parents, student, administration will meet to devise a behavioral plan for success.**

- **Out of school Suspension-Special Education**

Out of school suspension is a disciplinary action taken by school administration and may not exceed 10-school days, **for a student identified as being eligible for Special Education.** Upon the occurrence of the 5<sup>th</sup> day of suspension, the Teacher of Record will seek parent permission for a Functional Behavior Assessment/Case Conference to discuss behavior. **Out of school suspension is a removal from the educational program and considered a change of placement when it exceeds 10-school days.** Suspensions from the school bus count towards the accumulated days of school suspensions if the removal from the bus impacts the student’s ability to attend school. In addition, students demonstrating inappropriate or disruptive behavior on the school bus may need a BIP implemented during the student’s transportation. The days of suspension from school bus accumulate and count towards the total number of school suspensions if the bus suspensions impact the student’s ability to attend school.

- **Crisis Intervention Plan-Special Education**

Should a pattern of behavior which requires the use of emergency isolation emerge, or be anticipated, a crisis intervention plan should be developed with the BIP and included within the IEP. A Case Conference must be held. The Crisis Intervention Plan details the emergency intervention procedures. The plan needs to include the contact phone numbers of the parents, person who is designated by the parent to contact in an emergency, and phone numbers for Mental Health Agency representatives or therapists, Probation Department, Doctors, etc., if appropriate. Release of Confidential information, signed by the parent needs to be attached to the Crisis Intervention Plan. Consideration must be given to any specific health conditions of the student. Parent and students are provided explanation of when plan is put into place.

### **Reporting of all Incidents- All Students**

Documentation is maintained to include a detailed report by teacher and other involved staff members of the significant incident, or escalation of the behavior. Documentation in the use of isolation or emergency seclusion requires recording of the following information:

- Name of the student
- Inappropriate behavior and significant incident that triggered the use of isolation
- Date and time student isolation began and resolution
- Duration of the isolation period
- Behavior exhibited while placed in the secluded setting

This report is to include behavior interventions exhausted to change or stop the behavior. Administrative personnel are to be notified immediately when a Crisis Intervention Plan needs to be implemented. Teacher or other counseling staff provides student time to calm and regain control. Student will need to process through the behavior which resulted in the Crisis Intervention Plan being acted upon. The student will need to take a voluntary time out for a short time before the student returns to the activity and setting. The staff will need to observe the student at this time and determine if the student is ready to return to the classroom setting. Parents are informed in writing and verbally (unless no telephone or emergency numbers are available) on the use of all Isolations or Emergency Interventions within the same school day.

- For a student with a disability the implementation of a Crisis Intervention Plan for a student is subject to review by the Behavior Team to assure the health, safety, and dignity of the student. This review considers the consistency between the Crisis Intervention Plan and the actions taken by the staff when the significant incident occurred. Revisions are made to the plan if warranted. A Case Conference must be held whenever there are revisions.

## **Restraint:**

There are three types of restraint:

- ✓ Chemical
- ✓ Mechanical
- ✓ Physical

Chemical Restraint is the administration of medication for the purpose of restraint and administered in accordance with the directions of a physician. This would NOT be used within a public school setting. Medications used for the treatment of ADHD or other medical conditions would not be included within this definition.

Mechanical Restraint means the use of any device or material attached to or adjacent to a student's body that restricts normal freedom of movement and which cannot be easily removed by a student. Mechanical restraints are **NOT** used within a public school setting. Mechanical restraint does **not** include:

- An adaptive or protective device recommended by a physician or therapist (such as a "rifton" chair that provides support for student's safety).
- Safety equipment such as seat belts or a bus harness on school transportation.

The use of adaptive and safety equipment for a given student would be specified as a "**needed assistive device on the IEP**" for a student with a disability.

**Our School Corporation implements physical restraint as prescribed by the Crisis Prevention Intervention Institute (CPI).** Such physical restraint may be referred to as a "therapeutic hold". Therapeutic holds may need to be utilized as a special treatment procedure for students that are a physical danger to themselves or others. Therapeutic holds will only be used after less restrictive interventions have been exhausted. Under no circumstances will the use of mechanical or chemical restraints be utilized. Only staff trained by a certified non-violent crisis interventions instructor will participate in the implementation of a therapeutic hold. The duration of the therapeutic hold will only last until the student is able to demonstrate the ability to maintain physical safety either through verbal and/or physical cues.

- For a student identified as having a disability, based on a review of the student's social-emotional, behavioral, developmental, and health history and the functional behavior assessment, the possible need to utilize a **Therapeutic Hold will be written within the IEP/BIP and Crisis Intervention Plan.**

Steps in applying a Therapeutic Hold:

1. Assess the student's behavioral level and offer support and understanding in an attempt to process possible feelings of anxiety.

2. Intervene with verbal acting-out with verbal interventions that will include the use of limit setting and offering of choices.
3. Promote the student's care, welfare, safety, and security by including the student in problem solving ways to interrupt verbal acting-out behaviors.
4. Utilize the least intrusive and restrictive strategies first. These may include redirection, voluntary time-out, gross motor activities, time alone or verbal processing of student's behavior.
5. Implement therapeutic holds only if the student escalates to physical acting out behaviors (which are a danger to self or others and previous interventions have been exhausted).
6. Follow therapeutic hold guidelines as developed by the Crisis Prevention Institute.
7. One staff member will continue to talk with the student and reassure them of their care, welfare, safety, and security.
8. Tell the student the therapeutic hold will only last until they can demonstrate the ability to maintain physical safety either through verbal and/or physical cues.
9. Inform the student that previously offered interventions such as voluntary time-out, processing feelings, etc. can still be utilized upon the student regaining control.
10. Assess the student's physical wellbeing continuously during the therapeutic hold.
11. Debrief the therapeutic hold with the student to process ways to prevent future physical acting-out. Staff should also debrief to support and to promote growth, and to problem solve any issues that arise.
12. Document the procedure, justification, time duration, and student's response.
13. Assess for any injuries to student or staff. Administer basic first aid to seek emergency medical attention if needed.
14. Complete an Incident Report if any injury occurs to student or staff and send to administration.
15. Notify administration including the building principal and special education administration.

If an emergency restraint is needed, the following will occur:

- ✓ Staff shall call for additional support (change of staff, behavior specialist, counselor, crisis team (if there is one))
- ✓ Implement the Crisis Intervention Plan
- ✓ Continue to protect the care, welfare, dignity and safety of the student
- ✓ Observe student for indications of physical condition
- ✓ Document in writing and report to administration
- ✓ Report to the parent immediately or as soon as possible
- ✓ Debrief: Questions to address: What triggered the behavior? Can it be anticipated that it will occur again? What follow-up action is needed and will be taken?

All Crisis Intervention Plans will be subject to periodic review.



- For a student with a disability the need to use time-out, emergency isolation or emergency restraint will be included within the IEP/BIP and serve as prior notice to parent that such action by the school may be required.

**Prohibited Practices:**

**The following practices are prohibited under all circumstances:**

- ✓ **Mechanical restraint**
- ✓ **Chemical restraint**
- ✓ **The deprivation of basic needs**
- ✓ **Anything constituting child abuse**
- ✓ **Any restraint that negatively impacts breathing**
- ✓ **Intentional application of any noxious substances**

***Reviewed and revised 10-2018***