

RESTRAINT AND SECLUSION

The Board requires the implementation of an evidence-based, school-wide system or framework of non-aversive Positive Behavior Intervention and Supports (“PBIS”) by its employees to address inappropriate behavior by District students. As part of this framework, the District’s educational environments shall be structured to greatly reduce, and in most cases eliminate, the need to use the techniques of restraint or seclusion on District students. The PBIS prevention-oriented framework applies to all students, all staff, and in all settings.

Physical restraint and/or seclusion may only be used by trained District employees, and only when the dangerous behavior of a student creates an immediate risk of physical harm to the student or others and no alternative safe and effective intervention strategy is possible. Further, those techniques must be used in a manner that is age and developmentally appropriate. District employees shall utilize physical restraint and seclusion only in a manner that protects the safety of all children and adults within the District. Practices that do not adhere to the standards and requirements set forth in this policy are prohibited.

DEFINITIONS

Aversive Behavioral Interventions: an intervention that is intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors, including such interventions as application of noxious, painful and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalant or tastes.

Chemical Restraint: a drug or medication used to control a student’s behavior or restrict freedom of movement that is not:

- A. Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional’s authority under Ohio law, for the standard treatment of a student’s medical or psychiatric condition; and
- B. Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional’s authority under Ohio law.

Mechanical Restraint:

- A. Any method of restricting a student’s freedom of movement, physical activity, or normal use of the student’s body by using an appliance or device manufactured for this purpose; but
- B. Does not mean a device used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purpose for which the device was designed and, if applicable, prescribed, including:

1. Restraints for medical immobilization;
2. Adaptive devices or mechanical supports used to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; or
3. Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle.

Parent:

- A. A biological or adoptive parent;
- B. A guardian generally authorized to act as the child’s parent, or authorized to make decisions for the child (but not the state if the child is a ward of the state);
- C. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare;
- D. A surrogate parent who has been appointed in accordance with O.A.C. §3301-51-05 (E); or
- E. Any person identified in a judicial decree or order as the parent of a child or the person with authority to make educational decisions on behalf of a child.

Physical Escort: the temporary touching or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a student to move to a safe location.

Physical Restraint: the use of physical contact in a way that immobilizes or reduces the ability of an individual to move the individual’s arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint. Physical restraint does not include brief physical contact for the following or similar purposes:

- A. To break up a fight;
- B. To knock a weapon away from a student’s possession;
- C. To calm or comfort;
- D. To assist a student in completing a task/response if the student does not resist the contact; or
- E. To prevent an impulsive behavior that threatens the student’s immediate safety (e.g. running in front of a car).

Positive Behavior Intervention and Supports:

- A. A school-wide systematic approach to embed evidence-based practices and data-driven decision making to improve school climate and culture in order to achieve improved academic and social outcomes, and increase learning for all students; and
- B. Encompasses a range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors, and teach appropriate behaviors to students.

Prone Restraint: physical or mechanical restraint while the individual is in the face-down position for an extended period of time.

Seclusion: the involuntary isolation of a student in a room, enclosure, or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier. It does not include a timeout.

Student Personnel: teacher, principal, counselor, social worker, school resource officer, teacher's aide, psychologist, bus driver, or other District staff members who interact directly with students.

Timeout: a behavior intervention in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

PROHIBITED PRACTICES

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

- A. Prone restraint as defined in Executive Order 2009-13S;
- B. Corporal punishment;
- C. Child endangerment as defined in O.R.C. §2919.22;
- D. Seclusion or restraint of preschool students in violation of the provisions of O.A.C. §3301-37-10(D);
- E. The deprivation of basic needs;
- F. Restraint that unduly risks serious harm or needless pain to the student, including the intentional, knowing, or reckless use of any of the following techniques:
 1. Using any method that is capable of causing loss of consciousness or harm to the neck or restricting respiration in any way;
 2. Pinning down with knees to torso, head and/or neck;
 3. Using pressure points, pain compliance and joint manipulation techniques;
 4. Dragging or lifting of the student by the hair or ear or by any type of mechanical restraint;
 5. Using other students or untrained staff to assist with the hold or restraint;
or
 6. Securing a student to another student or to a fixed object.

- G. Mechanical or chemical restraints (which does not include devices used by trained school personnel, or by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, or medication administered as prescribed by a licensed physician);
- H. Aversive behavioral interventions; or
- I. Seclusion of students in a locked room.

RESTRAINT

District employees are expressly prohibited from using the emergency safety intervention techniques of “prone restraint” (physical or mechanical restraint while the student is in the face down position), physical restraint that obstructs the airway of a student, or any physical restraint that impacts a student’s primary mode of communication.

Physical restraint may be used only when there is an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible, and only in a manner that is age and developmentally appropriate.

Employees authorized to use the technique of physical restraint must:

- A. Only use those techniques of restraint for which they have been trained and authorized to use.
- B. Be appropriately trained to protect the care, welfare, dignity and safety of the student;
- C. Continually observe the student in restraint for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
- D. Use the least amount of force necessary, for the least amount of time necessary;
- E. Use verbal strategies and de-escalation techniques in an effort to help the student regain control;
- F. Immediately remove the student from physical restraint when the risk of physical harm to himself/herself or others has dissipated;
- G. Conduct a debriefing with all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student’s behavioral needs; and
- H. Complete all required reports and document all staff observations of the student and submit such material to the District’s administrative office.

Following the use of physical restraint, the student should be assessed for injury or psychological distress and monitored as needed following the incident.

If, at any point, the staff assesses that the intervention is insufficient to maintain the safety of all involved, appropriate emergency contacts shall be made according to the District’s crisis policy.

If a student repeatedly engages in dangerous behavior that leads to instances of restraint, the District shall conduct a functional behavioral assessment to identify the student's needs and more effective ways to address those needs. If necessary, the functional behavioral assessment will be followed by a behavioral intervention plan that incorporates appropriate positive behavioral interventions.

SECLUSION

Seclusion is a last resort safety intervention that provides an opportunity for the student to regain self-control. Seclusion may be used only when there is an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible. Seclusion shall never be used as a punishment or to force compliance, and should only be used in a manner that is age and developmentally appropriate.

A room or area used for seclusion shall provide for adequate space, lighting, ventilation, clear visibility, and the safety of the student. The room or area used for seclusion shall never be locked. The technique of seclusion shall be used for the least amount of time necessary.

Seclusion shall not be used for:

- A. The convenience of staff;
- B. As a substitute for an educational program;
- C. As a form of discipline or punishment;
- D. As a substitute for less restrictive alternatives;
- E. As a substitute for inadequate staffing;
- F. As a substitute for staff training in PBIS and crisis prevention and intervention; or
- G. As a means to coerce, retaliate, or in a manner that endangers a student.

Staff using the technique of seclusion must:

- A. Be appropriately trained to protect the care, welfare, dignity, and safety of the student;
- B. Continually observe the student in seclusion for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
- C. Use verbal strategies and research-based de-escalation techniques in an effort to help the student regain control as quickly as possible;
- D. Remove the student when the immediate risk of physical harm to self or others has dissipated;
- E. Conduct a de-briefing, including all involved staff, to evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs; and
- F. Complete all required reports and document all staff observations of the student and submit such material to the District's administrative office.

If, at any point, the staff assesses that the intervention is insufficient to maintain the safety of all involved, appropriate emergency contacts shall be made according to the District’s crisis policy.

If a student repeatedly engages in dangerous behavior that leads to instances of seclusion, the District shall conduct a functional behavioral assessment to identify the student’s needs and more effective ways of addressing those needs. If necessary, a functional assessment will be followed by a behavioral intervention plan that incorporates appropriate positive behavioral interventions.

TRAINING AND PROFESSIONAL DEVELOPMENT

All student personnel shall be trained annually on the Ohio Department of Education’s policy regarding PBIS and restraint and seclusion, O.A.C. §3301-35-15, and this policy. Such training shall be kept current in accordance with the requirements of the provider of the training. The District shall maintain written or electronic documentation on such training, which shall include a list of all employees who have participated in the training. Further, an adequate number of employees in each building in the District shall be trained in crisis management and de-escalation techniques.

REQUIRED DATA AND REPORTING

Each use of seclusion or restraint shall be documented in writing and immediately reported to building administration and the parents of the student restrained or secluded. A copy of the report shall be made available to the parent or guardian within 24 hours, and the school shall maintain a copy of the report in the student’s file.

MONITORING AND COMPLIANCE

Parents of District students may submit written complaints to the Superintendent regarding an incident of restraint or seclusion. Upon receipt of such complaint, the Superintendent shall initiate an investigation of the incident, and shall respond to the parent’s complaint, in writing, within 30 days of receiving the parent’s complaint.

This policy shall be made available to the parents of District students on an annual basis and an electronic version of it shall be posted on the District’s website.

LEGAL REF.: O.A.C. §3301-35-15

Adopted: November 23, 2015