

Students

Use of Physical Force

Physical Restraint(s)/Seclusion

The following sets forth the procedures for compliance with the relevant Connecticut General Statutes and Regulations concerning the physical restraint and seclusion of persons at risk in the Marlborough Public Schools. The Board of Education mandates compliance with this regulation at all times. Violations of this regulation 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.

Nothing within these regulations shall be construed to interfere with the Board's responsibility to maintain a safe school setting, in accordance with Connecticut General Statutes § 10-220, or to supersede the justifiable use of reasonable physical force permitted under Connecticut General Statutes § 53a-18(6).

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 to a provider.
- Person at Risk: A child who meets the eligibility criteria for special education services under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 *et seq.* ("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 a determination.
- Life Threatening Physical Restraint: Any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.
- Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. **The term does not include:** (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall;

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- or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program (“IEP”).
- Seclusion: The confinement of a person in a room, whether alone or with supervision by a provider or assistant, in a manner that prevents the person from leaving that room. Seclusion **does not include** any confinement of a person at risk in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.
- Behavior Intervention: Supports and other strategies developed by the planning and placement team (“PPT”) to address the behavior of a person at risk that impedes the learning of the person at risk or the learning of others.
- Licensed Health Care Provider: (1) A legally qualified practitioner of medicine; (2) an advanced practice registered nurse; (3) a registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes; or (4) a physician assistant licensed pursuant to Chapter 370 of the Connecticut General Statutes.

II. Procedures for Physical Restraint of Persons at Risk

- A. Life-Threatening Physical Restraint: No provider or assistant shall under any circumstance use a life-threatening physical restraint on a person at risk.
- B. No provider or assistant shall use involuntary 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

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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.
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 educational record of the person being restrained.

III. Procedures for Seclusion of Persons at Risk

- A. No provider or assistant shall use involuntary 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; OR
 2. as specifically provided for in the IEP of the person at risk, if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective.
- B. Seclusion as a Behavior Intervention in an IEP
 1. Prior to including seclusion in the IEP of a person at risk, the PPT must review the results of a functional behavioral assessment and other information determined to be relevant by the PPT. If, based on this information, the PPT determines that the use of seclusion is an appropriate behavior intervention for the person at risk, the PPT shall include the assessment data and other relevant information in the IEP of the person at risk as the basis upon which a decision was made to include the use of seclusion as a behavior intervention. The use of seclusion in the IEP must be reviewed at least annually by the PPT. The PPT must include the following information in the IEP of the person at risk:
 - a. the location of seclusion for the person at risk, which may be multiple locations within a school building;

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- b. the maximum length of any period of seclusion, in accordance with Section III(D) of this regulation;
 - c. the number of times during a single day that the person at risk may be placed in seclusion;
 - d. the frequency of monitoring required for the person at risk while in seclusion;
 - e. the timeframe and manner of notification of each incident of seclusion, as determined by the PPT and the parents of the person at risk; and
 - f. any other relevant information agreed-to by the PPT taking into consideration the age, disability and behaviors of the person at risk that might subject the person at risk to the use of seclusion.
2. When seclusion is included in the IEP of a person at risk and is used as a behavior intervention strategy more than three times per semester, the PPT must convene to review the use of seclusion as a behavior intervention. At this PPT meeting, the team may consider whether additional evaluations or assessments are necessary to address the behavior of the person at risk and may revise the IEP as appropriate.
3. Prior to including seclusion in an IEP of a person at risk, the PPT must 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 may 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. 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. Any written statement from a licensed health care professional in this regard shall be included in the special education file of the person at risk.

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- C. Seclusion of a person at risk shall never be used as a disciplinary measure or as a convenience.
- D. Any period of seclusion (1) shall be limited to that time necessary to allow the person at risk 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 from the building principal or designee to prevent immediate or imminent injury to the person at risk or to others. Where transportation of the person at risk is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the person at risk or to others is a concern.
- E. Providers and assistants must explore all less restrictive alternatives prior to using seclusion for a person at risk, unless seclusion is being used pursuant to the IEP of the person at risk.
- F. Any room used for seclusion must:
 - 1. be of a size that is appropriate to the chronological and developmental age, size and behavior of the person at risk;
 - 2. have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which the seclusion room is located;
 - 3. be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are used in the other rooms of the building in which the seclusion room is located;
 - 4. be free of any object that poses a danger to the person at risk who is being placed in the seclusion room;
 - 5. have a door with a lock only if that lock is equipped with a device that automatically disengages the lock in case of an emergency.¹ Any latching or securing of the door, whether by mechanical means or by a provider or assistant holding the door in place to prevent the person at risk from leaving the room, shall be able to be removed in the case of any emergency. An “emergency,” for purposes of this subsection, includes but is not limited to the following:

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¹ Not later than January 1, 2014, the locking mechanism of any room in a public school specifically designated for use as a seclusion room shall be a pressure sensitive plate.

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- a. the need to provide direct and immediate medical attention to the person at risk;
 - b. fire;
 - c. the need to remove the person at risk to a safe location during a building lockdown; or
 - d. other critical situations that may require immediate removal of the person at risk from seclusion to a safe location; and
6. have an unbreakable observation window located in a wall or door to permit frequent visual monitoring of the person at risk and any provider or assistant in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room for a person at risk.
- G. 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.
- H. Monitoring
1. If seclusion is included in the IEP of the person at risk, the IEP must describe the frequency of monitoring of the person at risk while in seclusion. The monitoring must be conducted by direct observation of the person at risk.
 2. If a person at risk has been secluded as an emergency intervention to prevent immediate or imminent injury to the person at risk or others, a provider or an assistant must frequently monitor the person at risk. The monitoring must be conducted by direct observation of the person at risk.
 3. A provider or an assistant must regularly evaluate the person at risk in seclusion for signs of physical distress. The provider or assistant must record each evaluation in the educational record of the person who is in seclusion.

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IV. Training of Providers and Assistant Providers

- A. The Board of Education shall provide physical management training for all Board of Education employees who engage in the physical restraint and seclusion of persons at risk pursuant to this regulation. Prior to engaging in physical restraint and/or seclusion practices pursuant to this regulation, Board of Education employees must successfully complete the Board of Education's physical management training program.
- B. The Board shall provide training in physical management, 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.
- C. The Board shall also provide training in verbal defusing or deescalation; 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 and pain compliance techniques; monitoring to prevent harm to a person physically restrained or in seclusion and recording and reporting procedures on the use of restraints and seclusion.

V. Documentation and Communication

- A. A provider must notify the parent or guardian of a person at risk of each incident that the person at risk is physically restrained or placed in seclusion.
 - 1. An attempt shall be made to notify the parent or guardian of the person at risk on the day of, or within twenty-four (24) hours after, physical restraint or seclusion is used with the person at risk as an emergency intervention to prevent immediate or imminent injury to the person or others.
 - 2. Notification may be made by telephone, e-mail, or other method which may include, but is not limited to, sending a note home with the person at risk.
 - 3. The parent or guardian of a person at risk who has been physically restrained or placed in seclusion shall be sent a copy of the incident

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report of such action no later than two (2) business days after the emergency use of physical restraint or seclusion, regardless of whether the parent received the notification described in subsections 1 and 2 above.

4. Where seclusion has been included in the IEP of a person at risk, notification shall be made in accordance with Section III(B)(1)(e) above.
- B. After each incident of physical restraint or seclusion, and no later than the school day following the incident, the following information must be documented in the educational file of the person at risk who was physically restrained or secluded:
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 duration of the restraint or seclusion; AND
 4. the effect of the restraint or seclusion on the person's established behavioral support or educational plan.
- C. After each incident of physical restraint or seclusion, and no later than the school day following the incident, the provider or assistant must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion.
- D. The Director of Special Education, or his or 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 through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.

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1. On and after October 1, 2009, the Director of Special Education or his or her designee shall provide to 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, at the first PPT meeting following the child's referral to special education the plain language notice of rights regarding physical restraint and seclusion developed by the Connecticut State Department of Education.
 2. If the child was eligible for special education prior to October 1, 2009, the plain language notice developed by the Connecticut State Department of Education shall be provided to 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 at the first PPT meeting convened after October 1, 2009.
 3. The plain language notice developed by the Connecticut State Department of Education shall also be provided to 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 at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the child's IEP.
- E. The Director of Special Education or designee must be notified of the following:
1. each use of physical restraint on a person at risk;
 2. the nature of the emergency that necessitated its use; AND
 3. if the physical restraint resulted in physical injury to the person at risk.
- VI. Responsibilities of the Director of Special Education
- A. The Director of Special Education, or his or her designee, must compile annually the instances of physical restraint and seclusion within the District and the nature of each instance of physical restraint and seclusion.
 - B. The Director of Special Education, or his or her designee, may report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the person at risk.

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(cf. 4148/4248 – Employee Protection)
(cf. 5141.23 – Students With Special Health Care Needs)
(cf. 5144 – Use of Physical Force)

Legal Reference: Connecticut General Statutes

10-76b State supervision of special education programs and services.

10-76d Duties and powers of boards of education to provide special education programs and services.

46a-150 Definitions. (as amended by PA 07-147)

46a-152 Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required.

46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for persons with Disabilities and to Office of Child Advocate.

53a-18 Use of reasonable physical force or deadly physical force generally.

53a-19 Use of physical force in defense of person.

53a-20 Use of physical force in defense of premises.

53a-21 Use of physical force in defense of property.

PA07-147 An Act Concerning Restraints and Seclusion in Public Schools.

State Board of Education Regulations Sections 10-76b-5 through 10-76b-11.

Policy adopted: March 22, 2001
Policy revised: September 23, 2010

MARLBOROUGH PUBLIC SCHOOL
Marlborough, Connecticut

FORM 1

Marlborough Public Schools

Physical Restraint Report Form

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than the school day following the incident. In addition to completing this form, a provider or assistant must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion.

Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term DOES NOT INCLUDE: (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program ("IEP").

STUDENT INFORMATION:

Name of student: _____ Date of Restraint: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ___ No: ___ School: _____

Date of this report: _____ Site of physical restraint: _____

This report prepared by: _____ Position: _____

Staff administering restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Staff monitoring restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the restraint:

Name: _____ Title: _____

Reported by: _____ Title: _____

PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint:

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal de-escalation, to prevent the emergency necessitating use of restraint:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- Non-Physical interventions were not effective
- To protect student from immediate or imminent injury
- To protect other student/staff from immediate or imminent injury

Type of Protective Hold Used:

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

Date: _____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)

The school will take the following actions (*check all that apply*):

- Review incident with student to address behavior that precipitated the restraint.
- Debrief staff regarding incident.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Further contact with parents (*describe*):

- Convene Crisis Team Meeting
- Convene PPT to review/revise behavior intervention plan and/or IEP
- Convene PPT to discuss functional behavior assessment

PARENT/GUARDIAN NOTIFICATION *(required for all restraints):*

Parent who was verbally informed of this restraint:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent: Yes _____ No _____

Mailed by: _____ Title: _____

Reviewed by _____ Date: _____
(Program Administrator/ Team Leader)

Reviewed by _____ Date: _____
(Director of Special Education)

FOR DIRECTOR, OR DESIGNEE, USE ONLY

- Reviewed physical restraint report
- Reviewed behavior plan, if applicable
- In considering the effect of the restraint on the student's established behavioral support or educational plan I find the following: _____

Marlborough Public Schools

Seclusion Report Form

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving the seclusion of a student, but in no event later than 24 hours after the incident. In addition to completing this form, a provider or assistant must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion.

Seclusion: The confinement of a person in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the person from leaving the room.

STUDENT INFORMATION:

Name of student: _____ Date of seclusion: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ___ No: ___ School: _____

Date of this report: _____ Site of seclusion: _____

This report prepared by: _____ Position: _____

Staff placing student in seclusion:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Staff monitoring seclusion:

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the seclusion:

Name: _____ Title: _____

Reported by: _____ Title: _____

PRECIPITATING ACTIVITY/DESCRIPTION OF SECLUSION:

Does the student's IEP include the use of seclusion? Yes ___ No ___

If No: Description of the risk of immediate or imminent injury to the student secluded or others that required use of seclusion:

If Yes or No: Description of other steps, including attempts at verbal de-escalation, to prevent the use of seclusion:

MONITORING OF SECLUSION

Regular evaluation of the student being secluded for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time seclusion began: _____ Time seclusion ended: _____
Total time (in minutes): _____

CESSATION OF SECLUSION:

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)

The school will take the following actions (*check all that apply*):

PARENT/GUARDIAN NOTIFICATION *(required for all seclusions):*

Parent who was verbally informed of this seclusion:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent:

- Yes
- No

Mailed by: _____ Title: _____

Reviewed by _____ Date: _____

(Program Administrator/ Team Leader)
Reviewed by _____ Date: _____
(Director of Special Education)

FOR USE BY DIRECTOR OR DESIGNEE ONLY

- Reviewed seclusion report
- Reviewed behavior plan, if applicable
- In considering the effect of the seclusion on the student's established behavioral support or educational plan I find the following: _____

