PROCEDURE FOR USE OF PHYSICAL RESTRAINT OR SECLUSION

Staff are responsible for creating an environment which is humane, therapeutic, and respectful of students rights and dignity. Students served are given the most freedom possible and provided treatment in the least restrictive manner.

Physical restraint and seclusion may be used as necessary to defuse a potentially harmful situation and de-escalate the student to manage assaultive or injurious behaviors. Staff may use physical restraint and or seclusion in the manner in which they are trained and as necessary to provide increased management of maladaptive behavior, if necessary, by restricting the student's physical behavior.

While the student is physically restrained or in the seclusion room, constant staff observation and assessment for release are required. Safety, support and comfort of the student are a priority for staff efforts. All medications, observations, medical and nursing care administered, and rights denied must be documented in the student record. *Document #60(Seclusion Room Confinement Checklist)* This policy shall be in the ED manuals available to staff at the school and the residences.

I. CRITERIA FOR EMERGENCY SAFETY INTERVENTIONS

A. Allowable emergency safety interventions include physical restraint and/or the seclusion room which shall only be used by trained staff and when alternative methods are not sufficient to protect the student or others from a serious threat of violence or injury if no intervention occurs. Physical/manual restraint of a child is to be confined to a seclusion room or restrained with the following precautions observed at all times:

1. Only during periods of crisis or emergency for the child;

2. When the child is a danger to him or herself and/or others;

3. When all other reasonable means to calm the child have failed, and the child's welfare or the welfare of others is in danger.

4. The organization shall ensure that a child is released from a restraint as soon as the child gains control.

5. An organization shall not permit the application of a restraint if a child has a documented physical or mental condition that would contraindicate its use, unless a licensed physician or licensed mental health professional has previously and specifically authorized its use in writing Such documentation shall be maintained in the child's file.

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B. Seclusion refers to the involuntary temporary confinement of a child alone in a room where the child is physically prevented from leaving when all other reasonable means to calm the child have failed. Use of the seclusion room is to follow the time out procedure guidelines. Use the sequence as instructed through time out procedures (self-time out, sitting time-out, standing time-out). Use of the seclusion room is only for a child in crisis periods, in danger to self or others beyond other approved program training procedures *Appendix K(Timeout Procedure),* and all reasonable means to calm the child have failed.

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When a student has escalated to the point that the use of the seclusion room with a locked door and/or restraint is necessary, the following steps must be followed:

1. Parents/Guardians permission forms have been signed and are on file. *Permission Forms #40a(Special Treatment Intervention) and #40b(Admission Application Consent and Authorization)*

2. Parent/guardian and student orientation to the seclusion room, time out procedures, and restraint procedures has taken place and a signed statement on file. *Document #43 (Student* Orientation/Rights) to include:

a) The purpose of restraint or seclusion.
b) The restraint model.
c) The type of behavior that might result in a child being restrained or secluded.

3. Approved program physical restraint techniques are implemented only by trained staff members. No mechanical restraints are allowed. *Appendix M (MANDT Brief Description)*

4. Staff shall attempt to remove articles used in a harmful way including sharp objects, belts, shoes, socks, etc.

5. Only designated staff (See #13) may make the decision for a child to enter the seclusion room. A therapist is notified immediately to continue use of the seclusion room and to do follow-up monitoring. Notify nurse on duty to assess child's physical status.

6. Continuous observation and data keeping by staff with the ABC recording form. *Document #59a(ABC Recording)*

7. The following time limits are to be followed:

A. One (1) hour for children (9) nine years of age;
and
B. Two (2) hours for children and adolescent ten (10) years of age and above; or continuation of seclusion room use past 45 minutes a Treatment Team Member must be contacted or be present to visually observe.

8. The student needs to remain calm for five minutes.

9. An appropriate Teaching Interaction is completed. *Appendix H(Teaching Interaction)*

10. Use of the Seclusion Room or restraint is expressively prohibited as a means of dealing with non-violent or non-assaultive behaviors.

11a. A written Crisis Report form *Document ~~N~~ #58(Crisis Report & Treatment Team Summary)* is completed and submitted to the seclusion room supervisor immediately following the incident. The seclusion room supervisor will review the record of seclusion room use daily and report any seclusion room records to the parent/guardian of the child. *Document #60(Seclusion Room Confinement Checklist)*

11b. A DFS Incident Report form will be completed and submitted to DFS and the child's parent/guardian in a timely manner for any physical restraint. *Document #60(Seclusion Room Confinement Checklist)*

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12. The NWBOCES review team, selected from administration, school counselor/school social worker, Behavior Specialist, teachers, psychiatrist, houseparent, school nurse, psychologist, or childcare staff involved in the incident will review the incident. At least one person on the review team must be a neutral observer (not the seclusion room supervisor or someone involved in placing the child in the seclusion room).*Document #58(Crisis Report & Treatment Team Summary)*

12. If a child is placed in the seclusion room more than three times in seventy-two hours or a maximum of six hours in seventy-two hours, the treatment plan for the child shall be reviewed, and revisions made if necessary.

13. The following designated staff may authorize placement of a student in the seclusion room:

A. Administrative Director
B. Social Worker/Counselor
C. Behavior Specialist
D. Psychologist
E. Psychiatrist
F. Nurse
G. Teacher (not substitute teachers)
H. Residential Supervisor
I. Houseparent (to contact Residential Supervisor or Administrative Director)

All staff shall have on going training regarding:

- prevention of physical restraint and seclusion
- skills training related to positive behavior supports
- safe physical escort
- conflict prevention
- de-escalation
- conflict management
- NWBOCES seclusion & restraint policy
- the purpose of the seclusion room
- legal ramifications of placing a child in the seclusion room
- the role of the neutral observer
- behavioral stages of development
- dynamics of behavior of children when in confinement
- safe and appropriate methods of getting the child to seclusion
- safe methods of searching a child when placing them in a seclusion room
- safety of the child and staff
- emergency procedures including First Aid and fire protection
- Training shall follow the approved program guidelines

C. Prohibited Emergency Safety Interventions include:

1. When the student's mental or physical condition presents a risk which outweighs the anticipated benefits;
2. Adverse conditioning, which means the application of startling, painful or noxious stimuli (e.g., pepper spray);
3. Use of pressure point techniques, which means the application of pain for the purpose of achieving compliance;
4. Chemical restraint, which means a drug used to control acute, episodic behavior that restricts the movement or function of a child; and
5. Use of mechanical restraints, except in Juvenile Detentions program.

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6. As a consequence of any maladaptive behavior which is not a serious threat to the person, to others or to the environment;

7. As a consequence for refusing medications, or other treatment;

8. To relieve staff anxiety;

9. As a substitute for adequate staffing, or for the convenience of staff, or

10. As a means of punishment or to change behaviors.

II. REGULAR CARE FOR PHYSICALLY RESTRAINED OR SECLUDED STUDENTS

Document #60(Seclusion Room Confinement Checklist)

Assigned staff shall offer:

1. Fluids at least every hour or as needed;

2. Availability of meals or snacks at appropriate times. Meals shall be held for student until he/she is calm enough to eat safely.

3. Hourly access to toileting or more often if indicated;

4. Opportunity for personal hygiene;

5. Comfort and support to the student; to engage the student in conversation if therapeutic;

6. Reading materials if safe to do so;

7. Safe, clean and sanitary conditions;

8. Range of motion (ROM) exercises hourly.

III. RIGHTS FOR PHYSICALLY RESTRAINED AND SECLUDED STUDENTS

Physically restrained and secluded students have the right:

1. To dignity, privacy and humane care.

2. To be free from harm, including unnecessary or excessive physical restraint or seclusion;

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3. To refuse medication;

4. To constant observation and monitoring by staff;

5. To timely and appropriate nursing care and attention to medical needs;

6. To timely and appropriate toileting, washing, fluids, meals, and range of motion and exercise;

7. To a clean, safe and comfortable environment while in physical restraint;

8. To ask questions and make requests of staff about their circumstances, including an explanation of the reasons for physical restraint or seclusion and the criteria for their release;

9. To have staff offer less restrictive interventions including the use of prescribed medications;

10. To use a grievance procedure. *Policy 8022 & Document #62(NWBOCES Student Grievance Form)*

NOTE: All references can be found in the NWBOCES ED manual entitled Building Our Children's Everyday Success.

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