

276. Positive Behavioral Interventions and Supports, Seclusion, and Restraint

This policy governs the use of positive behavioral methods and emergency safety interventions including seclusion and restraint. Any use of emergency safety interventions that does not meet the requirements set forth below is prohibited.

I. 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 interventions such as: application of noxious, painful and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalants 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 State 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 State law.

De-escalation techniques: are strategically employed verbal and non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

Functional Behavior Assessment (FBA): is a collaborative problem-solving process that is used to describe the function or purpose that is served by a student's behavior. Understanding the function that an impeding behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

Mechanical Restraint: (A) any method of restricting a student's freedom of movement, physical activity, or normal use of the student's body, using an appliance or device manufactured for this purpose; and (B) does not mean devices used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes for which such devices were 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); and (E) any person identified in a judicial decree or order as the parent of the child or the person with authority to make educational decisions on behalf of the 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 that immobilizes or reduces the ability of a student to move his/her arms, legs, body, or head freely. This does not include a physical escort, mechanical restraint, or chemical restraint, or brief, but necessary, physical contact for the following purposes: (A) to break up a fight; (B) to knock a weapon away from student's possession; (C) to calm or comfort; (D) to assist a student in completing a task if the student does not resist the contact; or (E) to prevent an impulsive behavior that threatens the student's immediate safety.

Positive Behavior Interventions and Supports Framework: (A) a multi-tiered, school-wide behavioral framework developed and implemented to embed evidence-based practices and data driven decision making for the purpose of improving school climate and culture in order to achieve improved academic and social outcomes and increase learning for all students, and (B) that encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminishes reoccurrences of challenging behaviors, and teaches appropriate behavior to students.

Positive Behavior Support Plan: design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Prone Restraint: physical or mechanical restraint while the student is in a face down position.

Seclusion: 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.

Student: a child or adult aged three to twenty-one enrolled in the school.

Student personnel: teachers, principals, counselors, social workers, school resource officers, teachers' aides, psychologists, bus driver or other School staff who interact directly with students.

Timeout: a behavioral 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 behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

II. Creation of Positive Behavioral Intervention and Supports (PBIS) Framework

The School shall establish an evidence-based school wide system of positive behavior intervention and supports framework that will apply in all settings to all students and staff. The system shall include family involvement.

The School shall train staff to: (A) identify conditions such as where, under what conditions, with whom, and why specific inappropriate behavior may occur; and (B) conduct preventive assessments which include: (1) a review of existing data; (2) interviews with parents, family members, and students; and (3) examination of previous and existing behavioral intervention plans.

Based on the assessment data, the School shall develop and implement preventative behavioral interventions that (A) modify the environmental factors that escalate the inappropriate behavior; (B) support the attainment of appropriate behavior; and (C) use verbal de-escalation to defuse potentially violent dangerous behavior.

III. Prohibited Practices

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

- A. Prone restraint;
- B. Corporal punishment;
- C. Child endangerment as defined in R.C. 2919.22;
- D. Seclusion or restraint of preschool students (if any);
- E. 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:
 - i. Any method that is capable of causing loss of consciousness or harm to the neck or restricting respiration in any way;
 - ii. Pinning down with knees to torso, head and/or neck;
 - iii. Using pressure points, pain compliance and joint manipulation techniques;
 - iv. Dragging or lifting of a student's hair or ear or by any type of mechanical restraint;
 - v. Using students or untrained staff to assist with the hold or restraint;
 - vi. Securing a student to another student or to a fixed object; or
 - vii. Using any other technique used to unnecessarily cause pain.
- G. Any physical restraint that impacts the student's primary mode of communication;
- H. Mechanical or chemical
- I. Aversive behavioral interventions; or
- J. Seclusion of students in a locked room or area.

IV. Restraint

Restraint may be used only in a manner that is age and developmentally appropriate, when there is an immediate risk of physical harm to the student or to others and no other safe and effective intervention is possible, and, when performed by trained staff, except in the case of an unavoidable emergency situation. The physical restraint must not obstruct the student's ability to breathe or communicate in the student's primary language or mode of communication.

Staff must:

- A. Be appropriately trained to protect the care, welfare, dignity, and safety of the student;
- B. Continually observe the student in restraint 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;
- D. The least amount of force necessary should be used;
- E. Remove the student from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;
- F. 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
- G. Complete all required reports and document staff observations of the students.

V. Seclusion

Seclusion shall only be used if: it is a last resort for the student to regain control of his or her actions; it is age and developmentally appropriate; there is an immediate risk of physical harm to the student or others; and there is no other safe and effective intervention.

The room or area used for seclusion cannot be locked, may not prevent the student from exiting the area should staff become incapacitated or leave the area, and must provide for adequate space, lighting, ventilation, the ability to observe the student, and the safety of students.

Seclusion shall not be used as: a substitute for an education program, less restrictive alternatives, inadequate staffing, staff training in positive behavior supports and crisis prevention and intervention; a form of discipline or punishment; a means to coerce, retaliate; or in a manner that endangers the students.

Staff 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 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 the observation of the student.

VI. Functional Behavioral Assessment

If the student repeatedly engages in dangerous behavior that leads to instances of restraint and/or seclusion, the School shall conduct a functional behavioral assessment (FBA) to identify the student's needs and more effective ways of addressing those needs. If necessary, this FBA should be followed by a behavioral intervention plan (BIP) that incorporates appropriate positive behavioral interventions. The use of an FBA or a BIP does not necessarily mean the student is a special education student in itself, but may be used for non-disabled as well as differently-abled or special education students.

VII. Training and Professional Development

The School shall train all staff working with students annually on the requirements of this policy and shall keep written or electronic documentation of the type of training and the participants. The School shall have a plan on training staff working with students, as necessary, to implement PBIS on a system-wide basis. The School shall ensure that an adequate number of personnel in each building are trained in crisis management and de-escalation techniques and that their training is kept current.

VIII. Required Data and Reporting

Staff must document each use of seclusion or restraint and report it to the building administration and the parent immediately. A written report of the incident must be created, given to the parent within twenty-four (24) hours of the incident, and placed in the student's file. This report is subject to the Family Educational Rights and Privacy Act.

The School shall report information concerning its use of seclusion and restraint annually to, and as requested by, the Ohio Department of Education.

The School shall make this policy available to parents annually, and shall post this policy on its website.

IX. Monitoring and Complaint Procedures

The School shall establish a procedure for parents to submit written complaints regarding an incident of seclusion or restraint. The Executive Director or his/her designee must investigate every complaint and respond to the parent in writing within thirty (30) days of filing the complaint.

Parent(s) may choose to file a complaint with the Ohio Department of Education, Office of Exceptional Children, in accordance with the complaint procedures available concerning students with disabilities.

O.A.C. 3301-35-15; R.C. 3319.46.