

Restrictive Procedures in Schools

What parents should know about the use of seclusion and restraint

In 2009 a law was passed in Minnesota regulating how schools use restrictive procedures, in particular seclusion and restraint, on students in special education. The law went into effect on August 1, 2011. If your child has an IEP (Individualized Education Program), you will want to learn more about this law.

What are restrictive procedures?

Restrictive procedures limit a child's movement and include seclusion and physical holding or restraints.

What is seclusion?

Seclusion means keeping a child alone in a room and not letting them leave. The word "seclusion" has also been called "locked time-out."

Rooms that are used for seclusion have to meet certain standards. The room must:

- Be at least six feet by five feet
- Be well lit and well ventilated
- Be adequately heated
- Be clean
- Have a window that allows staff to directly see the child
- Have lights and other fixtures that can't be taken apart, secure ceilings, and switches located outside the room
- Have doors that open out and keyless locks with immediate release mechanisms or locks connected to fire and emergency systems;
- Not contain objects that a child could use to injure themselves or others;
- Meet all building, fire and safety codes;
- Be registered with the Department of Education.

What is physical holding or restraints?

Physical holding involves limiting a student's movement by using body contact. This might include a teacher holding a student. It does not include helping a child complete a task. It also does not mean physically escorting a child when he or she isn't resisting. Physical holding can include prone restraints – holding a student face down - but not holding a child in a way so they can't breathe.

When can restrictive procedures be used?

Physical holding and seclusion can only be used in an emergency. An emergency is when immediate action is needed to protect a child or other individual from physical injury or to prevent serious property damage. They can't be used simply because a child doesn't respond to a command or tosses a pencil. Restrictive procedures are not to be used for discipline or punishment. They are only used for serious incidents where someone could be hurt or property could be damaged.

There are additional restrictions on the use of seclusion and restraints:

- The least intrusive intervention is used to respond to the emergency – school staff can't do more than they have to calm down the child.
- The procedure must end when the threat of harm ends and the child can be returned safely to the classroom or activity
- Staff are to directly observe the child when the procedures are being used
- Staff writes down each time they are used. They must include: what happened before the procedures were used, why a less intrusive measure failed or wasn't used, the time the procedure began and when it ended, and a brief record of the child's physical and mental status.
- The school must report to the state department of education each and every time prone restraint is used.

Who can use restrictive procedures?

These procedures can only be used by licensed personnel such as:

- Teachers
- Psychologists
- Social workers
- Behavior analysts
- Certain paraprofessionals
- Mental health professionals

They also must receive specialized training. The specialized training includes a long list of topics that will help the staff know how to de-escalate the situation, understand the impact of restrictive procedures on a child and use alternative strategies.

Will I be notified?

Schools are to notify parents on the same day a procedure is used. If the school isn't able to reach you, then they will send a note within two days.

You can agree to the use of restrictive procedures in your child's IEP. You can also put in the IEP how you want to be notified – every time, once a month, by e-mail, by phone, etc.

If there is nothing in the IEP about restrictive procedures and your child is secluded or restrained twice in 30 days (or there is a pattern) the IEP team holds a meeting. Anytime restrictive procedures are used, even if you have included it in the IEP, you can ask for an IEP team meeting to talk about the use of restrictive procedures. At these meetings, the team will:

- Review the IEP,

- Conduct or review the functional behavior analysis,
- Review data,
- Consider developing or revising positive behavioral interventions for your child, and
- Revise the IEP if necessary.

The IEP team must also review any known medical (such as asthma) or psychological limitations (sexual abuse or trauma) when these procedures shouldn't be used. This information should be written in the IEP.

How can I find out more about restrictive procedures?

Every school has a plan about restrictive procedures. It includes:

- The list of procedures that they plan to use,
- How they will be monitored and reviewed (including an oversight committee and debriefings), and
- Documentation of staff training.

Some schools may decide not to use them at all.

You should know that there is a list of procedures that can never be used. It includes things like withholding food, not allowing a child to use a bathroom, physical holding that restricts a child's ability to breathe, assuming a position that would be painful, etc.

What if I am concerned about how a procedure was used on my child?

All of the advocacy organizations are very interested in learning how schools are following this new law. In addition to calling the Department of Education, you can contact one of the following:

- PACER Center at 1-800-537-2237 or 952-838-9000
- Arc Greater Twin Cities at 952-920-0855
- Arc Minnesota 651-523-0823
- NAMI Minnesota at 645-2948 or 1-888-NAMI-HELPS (6264435)
- Disability Law Center 612-334-5970 or 1-800-292-4150
- MOFAS at 1-866-90-MOFAS (66327) 651-917-2370
- Office of the Ombudsman for Mental Health and Developmental Disabilities 651-757-1800 or 1-800-657-3506
- Minnesota Association for Children's Mental Health at 800-528-4511

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