

## **Guidelines for the Use of Seclusion Rooms and Restraint on Children with Disabilities**

Guideline 1. Definitions. As used in these guidelines, the following terms shall have the meanings specified herein: (a) "Children with disabilities" has the meaning specified in K.S.A. 72-962 and amendments thereto.

(b) "Imminent risk of harm" means an immediate and impending threat of a person causing substantial physical injury to self or others. Violent action that is destructive of property may involve a substantial risk of injury to a person.

(c) "Individualized education plan" and "IEP" have the meaning specified in K.S.A. 72-962 and amendments thereto.

(d) "Mechanical restraint" means any device or object used to limit a person's movement, except that a protective or stabilizing device either ordered by a person appropriately licensed to issue the order for the device or required by law shall not be considered to be a mechanical restraint. This term does not include any device used by a law enforcement officer, campus police officer, or school security officer in carrying out law enforcement duties.

(e) "Physical restraint" means bodily force used to substantially limit a person's movement, except that consensual, solicited, or unintentional contact and contact to provide comfort, assistance, or instruction shall not be deemed to be physical restraint.

(f) "School employees" means teachers, paraprofessionals, providers of related services, administrators, and support staff.

(g) "Seclusion room" means a room or other confined area in which a child with a disability is placed in isolation from other persons for a limited time as a behavior intervention strategy and from which the student is prevented from having egress.

Guideline 2. Seclusion rooms; use and restrictions. (a) No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of seclusion rooms. Therefore, a child should be placed in a seclusion room only as a behavior intervention strategy and not for purposes of discipline or punishment, or for the convenience of staff.

(b) Any child with a disability should be placed in a seclusion room only if this action is specified in the student's IEP or behavior intervention plan (BIP) or if the behavior of the student presents an imminent risk of harm.

(c) Unless the behavior of a child with a disability presents an imminent risk of harm, the child should not be placed in a seclusion room unless other less-restrictive, positive behavior intervention strategies specified in the child's IEP or BIP, as appropriate to the behavior exhibited by the child, have been implemented but were ineffective.

(d)(1) If the IEP team of a child with a disability determines, based upon the results of a functional assessment of behavior and other relevant information, that an appropriate behavior intervention plan for the child should include the use of a seclusion room, the IEP team should include this information in the child's IEP or BIP and specify the location of each seclusion room to be used, the maximum length of any period of seclusion, the number of times during a single school day that the child is to be placed in a seclusion room, and any other relevant matter agreed to by the IEP team.

(2) The IEP team also should specify the data to be collected to determine whether placement of the child in a seclusion room is effective with the

child, including the number of times that the use of a seclusion room within a fixed period of time could signify the need for an IEP team meeting, and a date by which a review of the effectiveness of this intervention should shall be made and the name of each reviewer. A parent must be given the opportunity to participate in this review. The initial review date should be scheduled for a date not exceeding 45 school days after the IEP team meeting. Of course, an IEP team meeting may be requested at any time to review and consider making changes in the use of this behavior intervention strategy.

(e) A child with a disability should not be placed in a seclusion room if the child is known to have any medical condition that a licensed health care provider has indicated, in a written statement that is provided to the school and that is on file with the school, precludes this action.

(f) A child with a disability should not be placed in a seclusion room except by a school employee who has had training in the appropriate use of seclusion rooms, including getting a child to a seclusion room, placing a child in a seclusion room, and supervising a child while the child is in the room. The training shall be consistent with nationally-recognized training programs, such as Mandt or Nonviolent Crisis Intervention, to ensure the safe use of this behavior intervention strategy.

(g) While a child with a disability is in a seclusion room, the school employee who is supervising the student should have the ability to see and hear the student at all times.

(h) Not more than one child with a disability should be placed in the same seclusion room at the same time.

Guideline 3. Seclusion rooms; size and characteristics. Each seclusion room to be used for any particular child should be of a size that is appropriate to the child's chronological and developmental age, size, and behavior.

(b) Each seclusion room should have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which it is located and should be equipped with heating, cooling, ventilation, and lighting systems that are comparable to the systems that are in use in the other rooms of the building in which it is located.

(c) Each seclusion room should be free of any object that poses a danger to the child with a disability who is being placed in the room.

(d) Any seclusion room should be equipped with a door that locks only if the lock is equipped with a device that automatically disengages the lock in case of an emergency, such as a fire or tornadic weather.

Guideline 4. Physical restraint and mechanical restraint; use and restrictions. (a) No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of physical restraint as provided in this guideline. A child with a disability should not be subjected to any form of mechanical restraint.

(b) Except as provided in paragraph (c), no school employee should use physical restraint on any child with a disability. Physical restraint should not be used for discipline, punishment, or the convenience of staff.

(c)(1) A school employee should use physical restraint on a child with a disability only if the child's behavior presents an imminent risk of harm or the child is involved in an altercation. Except to intercede in an altercation, each school employee applying physical restraint should use a method of physical restraint in which the employee has received training and should apply the physical restraint in a manner that is proportionate to the circumstances and to the child's size and age and the severity of the child's behavior.

(2) School employees should be provided training in using an appropriate method of physical restraint and in determining the circumstances in which the use of physical restraint is appropriate. The training should be consistent with nationally-recognized training programs, such as Mandt or Nonviolent Crisis Intervention, to ensure that school employees are trained in the proper use of physical restraint to prevent harm to students or others.

Guideline 5. Seclusion rooms and physical restraint; reports and notification.

(a)(1) When any child with a disability is placed in a seclusion room or is subjected to physical restraint, the procedures specified in this guideline, or others providing for parental notification, should be implemented.

(2) As soon as possible after use of the seclusion room or physical restraint, the school employee who used the seclusion room or physical restraint, or an employee who witnessed its use, should document the use of the seclusion room or the physical restraint. This documentation should be completed not later than the school day following the day on which the seclusion room or physical restraint is used, and a copy of the documentation provided to the parent of the child when the documentation is completed.

(b)(1) Each school that uses a seclusion room as defined in guideline 1 must submit annually to the state director of special education the following information:

(A) The name of the school and the grades offered at the school; and

(B) The length, width and height of each of the seclusion rooms located in the school.

(2) Each school that uses a seclusion room must submit a quarterly report to the state director of special education that includes the following information:

(A) The number of students placed in seclusion during the reporting period;



(B) the maximum amount of time any child was in seclusion on a single occasion; and

(C) the maximum number of times during a single day that a student was placed in a seclusion room.

(c) The state director of special education will compile the reports from the schools and provide the results to the State Special Education Advisory Council, which is to consider the information and make any recommendations it believes appropriate to the State Board of Education.

## Seclusionary Time Out and/or Physical Restraint Guidelines IEP Team Discussion Checklist

The components of this checklist reflect the recommendations put forth in KSDE's guidelines on the use of seclusionary time out and physical restraint in schools. The use of this checklist is NOT mandatory for any IEP team but it may be used to guide discussions.

No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of seclusion rooms or physical restraint. Therefore, a child should be placed in a seclusion room only as a *behavior intervention strategy* and not for the purposes of discipline, punishment (punitive consequences), or for the convenience of staff. Physical restraint should not be used for discipline, punishment (punitive consequence), or the convenience of staff.  
- Guidelines 2(a) and 4(b)

### Seclusionary Time Out

The use of a seclusionary time out room as a behavior intervention strategy should be included in the student's individual education plan (IEP) and/or behavior intervention plan (BIP).

If there is a written statement by a licensed health care provider on file with the school indicating that the student has a medical condition that should preclude the use of seclusionary time out, seclusion should not be used as a behavioral intervention.

A functional behavior assessment (FBA) of the student's behavior should be completed OR the IEP team should be in consensus that the current FBA and other relevant information are pertinent to the behavior(s) of concern.

Other, less restrictive, positive behavior intervention strategies have been included in the student's IEP and/or BIP and have been implemented, but were ineffective.

The team should specify in the IEP the location of seclusion room(s) that may be used for seclusionary time out.

It should be the consensus of the team that the room(s) to be used for seclusionary time out is of appropriate size, the ceiling height is comparable to that of other rooms in the building and the heating, cooling, ventilation and lighting systems are comparable to other systems in the building.

It should be the consensus of the team that the room(s) to be used for seclusionary time out is safe and pose no obvious dangers for the student.

The room(s) should have no lock or the room should have a locking device that automatically disengages the lock in case of emergency.

Any school employee who will participate in taking the student to a seclusion room, placing the student in the seclusion room and/or supervising the student while in the seclusion room should have had training, consistent with nationally-recognized training

programs such as Mandt or Nonviolent Crisis Intervention, in the appropriate use of seclusion rooms.

While in the seclusion room, supervising staff should be able to see and hear the student at all times.

The IEP team should discuss and specify in the IEP an estimate of the maximum length of any period of time the student would stay in seclusionary time out.

The IEP team should discuss and specify in the IEP the number of times during a single school day that the student may be placed in a seclusion room. In the event that this number is exceeded, a team meeting may be called to review data and the effectiveness of this intervention.

The IEP team should discuss that if the number of seclusionary time outs for a particular student exceeds \_\_\_\_\_ (number) from \_\_\_\_\_ (date) to \_\_\_\_\_ (date), a team meeting should meet to review data and the effectiveness of this intervention.

An initial data and effectiveness review date should be scheduled to occur in 45 days or less.

Members of the review team should be determined. The parents should always be given the opportunity to participate in these reviews.

The team should come to consensus on, and document what data is to be collected to determine whether the use of a seclusionary time out room is effective.

Documentation of any seclusionary time out incident should be completed by the following school day. A copy of the documentation should be provided to the parent once it is completed.

### **Physical Restraint**

The use of a physical restraint should be used only if the student's behavior presents an imminent risk of harm or the student is involved in an altercation.

If physical restraint is used for any incident other than an altercation, only school employees trained in physical restraint should be involved in restraining the student.

School employees should be trained through a nationally recognized training program to apply physical restraint in a manner that is proportionate to the circumstances and to the student's size and age and the severity of the student's behavior.

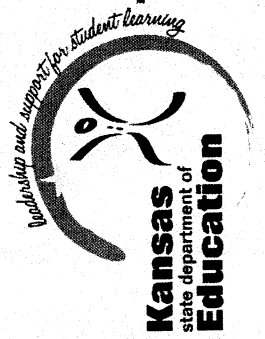
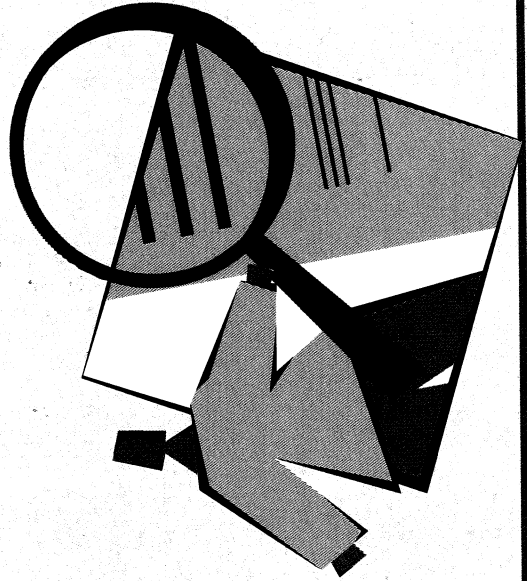
Other relevant matter(s):



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# Seclusionary Time Out and Physical Restraint Guidelines

Adopted by the State Board of Education  
February 14, 2007



# History

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2005:

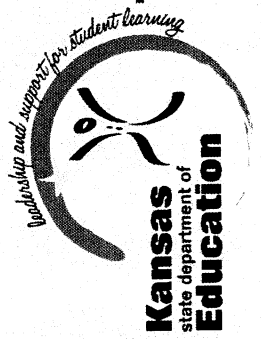
- House Bill No 2339/Senate Bill 241 introduced
- Senate Education Committee met to hear testimony from parents, interested citizens and KSDE on the use of seclusionary time out and physical restraint in public schools

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# History

"[KSDE was directed] to develop policies, rules and/or regulation about the usage of restraint and seclusion rooms, the appropriate use of restraint seclusion rooms, the physical characteristics of such rooms, and appropriate training of teachers and then report to LEPC during the summer of 2005 and to the Education Committee during the 2006 legislative session..."

Senate Education Committee Minutes - March 15, 2005



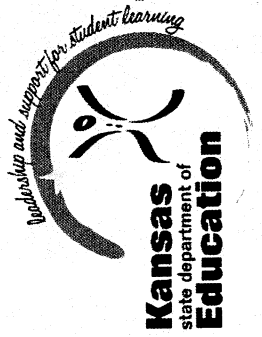
# History

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May, 2005:

KSDE, Disability Rights Center and Families Together, Inc. collaborated to distribute a survey to school personnel and parents of students with disabilities to determine the use of seclusionary time out and physical restraint in public schools

Response rate low. Results not statistically significant but trends noted.

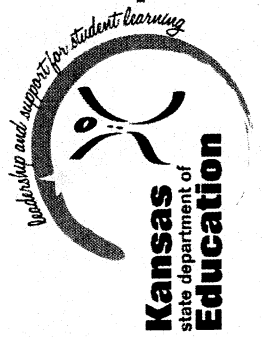




# Large Focus Group Meeting

## June 13, 2005

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- KSDE
  - Families Together
  - Keys for Networking
  - Council on Developmental Disabilities
  - KDHE - EC Representative
  - KS Commission on Disability Concerns
  - Topeka Independent Resource Center
  - Directors of Special Education
  - Special Education Advisory Council Representative
  - KSTARS Project Representatives
  - NAMI and SKIL
  - Kansas Association of School Boards
  - Beach Center on Disability
  - Office of Attorney General
  - Kansas ADAPT
  - Disability Rights Center
  - And others...



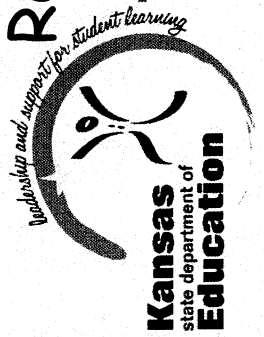
# Seclusion/Restraint Workgroup Formed

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- KSDE
- Families Together
- Disability Rights Center
- Directors of Special Education
- KSTARS Project Representatives
- Kansas Association of School Boards
- Keys for Networking

First Meeting: July 18, 2006

Recommendations submitted July 25, 2006



# Kansas State Board of Education

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February 13, 2007: Public comment

February 14, 2007: Discussions held, decisions made:

- KSDE will develop guidelines on the use of seclusion and restraint
- Reporting requirements
  - KS State Board of Education - annually
  - Special Education Advisory Council - quarterly



# Seclusion/Restraint Guidelines

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1. Definitions
2. Seclusion rooms: Use and restrictions
3. Seclusion rooms: Size and characteristics
4. Physical restraint and mechanical restraint: Use and restrictions
5. Seclusion rooms and physical restraint: Reports and notification

# Guideline 1: Definitions

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- "Imminent risk of harm" - focus on physical injury to self or others. Destruction of property may involve an imminent risk of harm.
- "Mechanical restraint" - any device or object used to limit a person's movement.
  - Does NOT include devices protective or stabilizing devices ordered by licensed professional
  - Does NOT include devices used by law enforcement, campus police officers or school security officers

# Guideline 1: Definitions, cont.

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- "Physical restraint" - Bodily force used to substantially limit a person's movement.
- Does NOT include body contact that is
  - Consensual
  - Solicited
  - Unintentional
  - Meant to provide comfort, assistance or instruction

# Guideline 1: Definitions, cont.

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- "School employees" - includes:
  - Teachers
  - Paraprofessionals
  - Providers of related services
  - Administrators
  - Support staff

Inform ALL school staff!

# Guideline 1: Definitions

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- "Seclusion room" - Confined area in which a child with a disability is placed in isolation from other persons for a *limited time as a behavior intervention strategy* and from which the student is prevented from leaving the area.

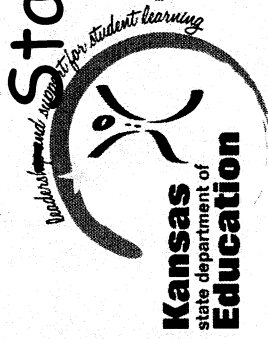


## Guideline 2: Seclusion Rooms - Use and Restrictions

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- No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of seclusion
- To be used *only* as a behavior intervention strategy. *Never* to be used for the purposes of:
  - Discipline
  - Punishment (punitive consequence)

Staff convenience



## Guideline 2: Seclusion Rooms - Use and Restrictions

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- For a child with a disability, use of a seclusion room intervention is appropriate *only when*:
  - The action is specified in the student's IEP or BIP
  - The behavior of the student presents an imminent risk of harm to self or others

# Guideline 2: Seclusion Rooms - Use and Restrictions

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- Unless the behavior of a student presents an imminent risk of harm, the student should NOT be placed in a seclusion room unless:
  - Other less-restrictive, positive behavior intervention strategies specified in the child's IEP/BIP (as appropriate to the behavior exhibited by the student) have been implemented but found to be ineffective.

## Guideline 2: Seclusion Rooms - Use and Restrictions

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- The IEP team determines, based on the results of a functional behavior assessment and other relevant information that the use of a seclusion room as a behavioral intervention strategy is appropriate.

## Guideline 2: Seclusion Rooms - Use and Restrictions

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- The student's IEP or BIP should include specifics about the use of a seclusion room:

- Location of each seclusion room to be used
- Maximum length of any period of seclusion
- The number of times during a single school day that the student is to be placed in a seclusion room

- Any other relevant matter agreed to by the IEP team

# Guideline 2: Seclusion Rooms - Use and Restrictions

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- The IEP team should also specify in the IEP or BIP:
  - The data to be collected to determine whether the use of seclusion as a behavioral intervention is effective in changing the behavior
  - The number of times a student might be secluded during a fixed period of time that would signal the need for an IEP team meeting
  - A specific date for a review of the effectiveness of the intervention of seclusion along with the names of those who will review the data. The parent must be given the opportunity to participate in the review.

## Guideline 2: Seclusion Rooms - Use and Restrictions

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- A specific date for a review of the effectiveness of the intervention of seclusion along with the names of those who will review the data. The parent must be given the opportunity to participate in the review.
- The initial review date should be scheduled for a date not exceeding 45 school days after the IEP meeting.

# Guideline 2: Seclusion Rooms - Use and Restrictions

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## CAUTION!

- A student should not be placed in seclusion if the child is known to have any medical condition that precludes this action.
  - Must be provided to the school as a written statement by a licensed health care provider
- Only school employees with training in the appropriate use of seclusion rooms should place a student in seclusion and/or supervise the student while in seclusion. That training should be consistent with Mandt or Nonviolent Crisis Intervention (CPI) trainings.



## Guideline 2: Seclusion Rooms - Use and Restrictions

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- The person supervising the student during seclusion should be able to see and hear the student at all times.
- Not more than one child with a disability should be placed in the same seclusion room at the same time.

# Guideline 3: Seclusion rooms - Size and Characteristics

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- Should be of a size that is appropriate to the child's chronological and developmental age, size and behavior
- Ceiling height comparable to that of other rooms in the building in which it is located
- Equipped with heating, cooling, ventilation and lighting systems comparable to systems in use in other rooms of the same building
- Free of any object(s) that can pose a danger to the student
- Equipped with a door that locks only if the lock is equipped with a device that automatically disengages the lock in case of an emergency.
- Room is consistent with all requirements of the State Fire Marshall's Office (not stated in guidelines but - it's the law!)

# Guideline 4: Physical and Mechanical Restraint - Use and Restrictions

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- No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of physical restraint
- Mechanical restraints should NEVER be used except for those devices prescribed by a licensed health care provider (examples: wheel chair straps, equipment needed to protect a student from harm during seizures, etc.)
- Physical restraint should not be used for discipline, punishment (punitive consequence) or the convenience of staff.
- Physical restraint should only be used if the child's behavior presents an imminent risk of harm or the child is involved in an altercation.

# Guideline 4: Physical and Mechanical Restraint - Use and Restrictions

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- Only those trained in physical restraint should attempt to physically restrain a student (exception: altercations).
- School employees should apply the physical restraint in the way trained.
- School employees should apply physical restraint in a manner proportionate to the circumstances and to the student's size, the student's age and the severity of the student's behavior.
- Training should be consistent with nationally-recognized training programs (i.e., Mandt, Non Violent

## Guideline 5: Seclusion Rooms and Physical Restraint - Reports and Notification

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- As soon as possible after the use of seclusion or physical restraint (no later than the following school day), the employee who used the intervention or one that witnessed the intervention should complete documentation on the incident.
- Documentation should be provided to the parent or legal guardian of the student.

## Guideline 4: Physical and Mechanical Restraint - Reports and Notification

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- Data to be submitted to the State Director of Special Education (annually):
  - Name of school and grades offered at the school
  - Length, width and height of each of the seclusion rooms located in the school

## Guideline 4: Physical and Mechanical Restraint - Reports and Notification

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- Each school that uses a seclusion room must submit a quarterly report to the State Director of Special Education:
  - Number of students placed in seclusion during the reporting period
  - Maximum amount of time any child was in seclusion on a single occasion
  - Maximum number of times during a single day that a student was placed in a seclusion

Leadership and Learning



## Guideline 4: Physical and Mechanical Restraint - Reports and Notification

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- The State Director of Special Education will compile the reports from the schools and provide the results to the State Special Education Advisory Council (SEAC).
- SEAC will consider the information and report appropriately to the State Board of Education.



# The Significance of Seclusion/Restraint Guidelines

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- Data on seclusion/restraint will be reported to SEAC and the State Board of Education.
- Legal implications
  - The State Board can, at any time, decide that regulations are needed on this issue.

# The Significance of Seclusion/Restraint Guidelines

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- Professional and ethical considerations
  - Individuals have suffered needlessly and died tragically in inappropriate and/or extended restraint holds.
  - No child with a disability should be subjected to unreasonable, unsafe, or unwarranted use of seclusion rooms or physical restraint. What if this was YOUR loved one?

# To Consider

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- Every IEP team should be provided with the Seclusion/Restraint guidelines and technical assistance information.
- Districts should consider providing professional development on the guidelines and technical assistance available to ALL school employees.
- IEP teams should be alert to focusing on data collection and progress monitoring when using seclusion as a behavioral intervention.

# Under Construction...

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- Technical assistance for schools and districts to help reduce the need for seclusion/restraint
  - Kansas SW-PBS Action Plan
  - CoPs website
  - Statewide trainings
  - KAN-DIS



# We Need YOUR Input!

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To suggest training and resource need areas particular to your district, school or classroom, please contact:

Linda Geier: [lgeier@ksde.org](mailto:lgeier@ksde.org)

or

Colleen Riley: [criley@ksde.org](mailto:criley@ksde.org)



## **Positive Behavior Supports Resources**

Center for Positive Behavior Interventions and Support: <http://www.pbis.org>

Association for Positive Behavior Support: <http://www.apbs.org>

Beach Center on Families and Disability: <http://www.beachcenter.org>

Kansas Institute for Positive Behavior Support: <http://www.kipbs.org>

Kansas Institute for Positive Behavior Support: Traumatic Brain Injury and Positive Behavior Support Home Page: <http://www.kipbs.org/Library/Comm/TBI.aspx>

University of Kansas Special Connections: <http://www.specialconnections.ku.edu>

Florida's Positive Behavior Support Project: <http://flpbs.fmhi.usf.edu>

Online Academy Positive Behavior Support: <http://www.pbis.org/resourceLinks.htm>

Institute on Violence and Destructive Behavior: <http://darkwing.uoregon.edu/%7Eivdb/>

Positive Approaches to Challenging for Young Children with Disabilities:  
<http://education.umn.edu/ceed/projects/preschoolbehavior/default.html>

Center on the Social and Emotional Foundations for Early Learning:  
<http://csefel.uiuc.edu/>

Midwest Symposium for Leadership in Behavior Disorders: <http://www.mslbd.org>

Center for Evidence-Based Practice: Young Children with Challenging Behavior:  
<http://www.challengingbehavior.org>

Project STAY: <http://www.projectstay.com/>