International School of Louisiana
Seclusion/Restraint Policies and Procedures

Under
Louisiana Revised Statutes 17:416.21
(Act 328 of 2011)

&
Louisiana Bulletin 1706, Revised 2012

rev. November 2018
INTRODUCTION

This document provides procedures/guidance for the use, reporting, documentation and oversight of seclusion and restraint for the International School of Louisiana (ISL) following issuance of regulations by the Board of Elementary and Secondary Education (BESE), Louisiana Department of Education (LDE).

These procedures specifically address the statutory requirements of La.R.S. 17:416.21 (Louisiana Act 328 of 2011) and revised Louisiana Bulletin 1706 regarding the use of seclusion and restraint as emergency safety measures to control the actions of students with exceptionalities in Louisiana’s public schools. It is understood that this procedural/guidance document is a work in progress and in no way constitutes the totality of interventions and strategies that may be used by the International School of Louisiana and its personnel in addressing the educational needs of students with exceptionalities.

For the purposes of this document, International School of Louisiana may encompass policies adopted by the International School of Louisiana; administrative procedures implemented by school administrators and school employees (as defined herein) and guided forms developed to assist school employees in carrying out their responsibilities under La.R.S. 17:416.21 (Act 328 of 2011) and applicable sections of Louisiana Bulletin 1706.
DEFINITIONS

EMERGENCY - A sudden, generally unexpected set of circumstances that requires immediate action.

IMMINENT RISK OF HARM – An immediate and impending threat of a person causing substantial physical injury to self or others. The risk is “imminent” if it is likely to occur within a matter of moments.

MECHANICAL RESTRAINT - The application of any device or object used to limit a person’s movement. The term does NOT include the following:

- A protective or stabilizing device used in strict accordance with the manufacturer’s instructions for proper use and which is used in compliance with orders issued by an appropriately licensed health care provider.

- Any device used by a duly licensed law enforcement officer in the execution of his official duties.

PHYSICAL ESCORT - Touching or holding a student with or without the use of force for the purpose of directing the student to a new location. Physical escort does not include the unforced holding of a student’s hand or other physical prompts for the purpose of safely guiding the student from one task to another or directing the student in an educational activity.

PHYSICAL RESTRAINT - Bodily force used to limit a person’s movement. The term does NOT include the following:

- Consensual, solicited, or unintentional contact.

- Holding of a student by a school employee, for less than 5 minutes in any given hour or class period for the protection of the student or others.

- Holding of a student by a school employee, for the purpose of calming or comforting the student—provided the student’s freedom of movement or normal access to his/her body is not restricted.

- Minimal physical contact for the purpose of safely escorting a student from one area to another.

- Minimal physical contact for the purpose of assisting the student in completing a task of response.
POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT - A systematic approach to embed evidence-based practices and data-driven decision making when addressing student behavior in order to improve school climate and culture.

SECLUSION - A procedure that isolates and confines a student in a separate room or area until he/she is no longer an immediate danger to self or others.

SECLUSION ROOM - A room or other confined area, used on an individual basis, in which a student is removed from the regular classroom setting for a limited time to allow the student the opportunity to regain control in a private setting and from which the student is prevented from leaving.

SCHOOL EMPLOYEE - A teacher, paraprofessional, administrator, support staff member, or a provider of related services.

SUBSTANTIAL RISK OF INJURY – Behavior expressed through verbal and/or physical means to cause serious physical harm to self or others, whether or not considered directly and substantially to be a manifestation of the student’s disability.

TIME OUT – A behavior reduction procedure that involves the absence of positive reinforcement for a limited period of time. Time out may include: (1) Inclusionary time-out where the student remains in sight and sound of others in the classroom; (2) Exclusionary time-out where the student leaves the learning environment and goes to another location but is not isolated and prevented from leaving. These forms of time-out are NOT considered by the International School of Louisiana to constitute seclusion but must be monitored and documented at the school level to ensure that repetitive incidents of time-out do not occur and, if occurring, do not result in substantial isolation of the student from instructional activities.

WRITTEN GUIDELINES AND PROCEDURES - The written guidelines and procedures adopted by a school’s governing authority regarding appropriate responses to school behavior that may require immediate intervention.
Seclusion/Restraint Guidelines and Procedures

The International School of Louisiana has approved the following guidelines and procedures relative to the use of seclusion and restraint by its employees:

Reporting requirements

- **Notification requirements for school officials and parents/legal guardians**

  When a student is restrained or placed in seclusion, parents must receive a phone call from a school administrator within 24 hours of the incident. All employees who witnessed/assisted with the incident must complete the Physical Restraint Incident Report (PRI) within 24 hours and submit the form to their school administrator. The Physical Restraint Incident Report must be mailed to the parent(s) no later than 2 school days after the incident. If an administrator is not available, the administrator’s designee must notify the parent(s). The Education Services Coordinator must receive a copy of the form within 2 school days.

  The Seclusion Incident Log (SIL) must be completed by the person(s) designated to observe/monitor the student every 15 minutes. This form must be submitted to the school administrator by the end of the day of the incident.

- **Explanation of methods of physical restraint**

  Employees with Handle with Care Behavioral Management System Training (HWC) are trained to focus on prevention and use proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. Employees are trained to follow the principles of non-harmful physical intervention, thereby reducing the risk of injury.

- **Training requirements relative to the use of restraint**

  ISL teachers, teaching assistants, and campus administrators will be trained to use the procedures taught by Handle With Care. The training will be conducted by a certified trainer with refreshers/updates provided annually. The Education Services Coordinator will maintain documentation of training.
Dissemination of guidelines and procedures to all school employees

All school employees will be provided a copy of the ISL Seclusion and Restraint Policy and Procedures. All employees will be afforded the opportunity to receive additional information upon their request.

Dissemination of guidelines and procedures to every parent of a child with an exceptionality

The ISL Seclusion and Restraint Policy and Procedures will be posted on the ISL website and at the school. Parents of all students with an IEP will receive a copy during the initial IEP meeting and at each subsequent annual IEP review meeting.

Notification to the Louisiana Department of Education

The Education Services Coordinator will be responsible for notifying the LDOE concerning all restraint and seclusion instances.
SECLUSION

Seclusion is a procedure that isolates and confines a student in a separate room or area until he/she is no longer an immediate danger to self or others. Seclusion does not include *time-out, in-school suspension, or student requested breaks.

Seclusion is permitted only:

For behaviors that involve an imminent risk of harm.

- As a LAST resort when de-escalation attempts have failed and the student continues to pose an imminent threat to self or others.

- As long as necessary to minimize the imminent risk of harm while summoning the assistance of personnel trained in HWC, emergency medical services personnel, and/or law enforcement officers when a crime has been committed.

Seclusion is prohibited:

- For addressing behaviors such as general noncompliance, self-stimulation, and academic refusal. Such behaviors must be responded to with less stringent and less restrictive techniques.

- As a form of discipline or punishment.

- As a threat to control, bully, or obtain behavioral compliance.

- For the convenience of school personnel.

- When unreasonable, unsafe, or unwarranted.

- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care provider in a written statement provided to the ISL campus in which the student is enrolled).

*TIME OUT: School personnel may separate a student from other students for a limited duration as a behavior management technique, as long as the student is monitored at all times and is not substantially isolated from instructional activities. TIME OUT is not considered seclusion; however, TIME OUT periods must be documented to ensure that repetitive incidents of TIME OUT do not occur and to ensure that repetitive behaviors are addressed appropriately.
SECLUSION ROOM

Use of a Seclusion Room is permitted only under the following conditions:

• **As a LAST resort** if and when less restrictive measures such a positive behavioral supports, constructive and non-physical de-escalation, and restructuring of a student’s environment, have failed to stop a student’s actions that pose an imminent risk of harm.

• **By a school employee** who uses accepted methods of escorting a student to a seclusion room, placing a student in a seclusion room, and supervising a student while he/she is in the seclusion room.

• If one student is placed in a seclusion room at any given time and the school employee supervising the student is able to see and hear the student during the entire time the student is placed in the seclusion room.

• The room is **free of any object** that poses a danger to the student placed in the room.

• The room has an **observation window** and is of a size appropriate for a student’s size, behavior, and chronological and developmental age.

• The room has a ceiling height and heating, cooling, ventilation, and lighting systems **comparable** to typical classrooms in the school.

Seclusion Room is prohibited:

• As a form of discipline or punishment. As a threat to control, bully, or obtain behavioral compliance.

• For the convenience of school personnel and when unreasonable, unsafe, or unwarranted.

• If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care provider in a written statement provided to the campus in which the student is enrolled).
MECHANICAL RESTRAINT

NO ISL STUDENT SHALL BE SUBJECT TO ANY FORM OF MECHANICAL RESTRAINT BY SCHOOL EMPLOYEES.

PHYSICAL RESTRAINT

Physical Restraint is permitted only under the following conditions:

- If the student’s behavior presents a threat of imminent risk of harm to self or others.
- As a last resort to protect the safety of self and others.
- To the degree necessary to stop dangerous behavior.
- In a manner that causes NO PHYSICAL INJURY to the student.
- Results in the least possible discomfort to the student.
- Does not interfere in any way with a student’s breathing or ability to communicate with others.
- Does not involve the use of any form of mechanical restraint.
- The student is not physically restrained in a manner that places excessive pressure on the student’s chest or back or that causes asphyxia.
- Applied only in a manner that is directly proportionate to the circumstances and to the student’s size, age, and severity of behavior.
Physical Restraint is prohibited:

- As a form of discipline or punishment.
- As a threat to control, bully, or obtain behavioral compliance.
- For the convenience of school personnel.
- When unreasonable, unsafe, or unwarranted.
- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care provider in a written statement provided to the school in which the student is enrolled).

**MONITORING & DOCUMENTATION**

Seclusion and Restraint require monitoring, documentation, and analysis of data collected:

- Staff will ensure continuous monitoring of the student.
- A written status update will be documented every 15 minutes (with adjustments made accordingly).
- The student will be released/removed as soon as the reasons for the action have subsided.
- Campus staff will notify the student’s parent or guardian as soon as possible. ISL employees will document all efforts, including conversations, phone calls, electronic communications, and home visits, to notify the parent of a student who has been placed in seclusion or physically restrained.
- Parent or guardian will be notified in writing within 24 hours of EACH incident of seclusion/restraint; this notification will include:
  - Reason for seclusion/restraint
  - Description of procedures used
  - Length of time of seclusion/restraint
  - Names and titles of school employees involved
• Any school employee who uses physical restraint will complete the Physical Restraint Incident Report for each incident of restraint. All school employees who use seclusion will complete the Seclusion Incident Log for each incident of seclusion.

• All school employees will submit the required forms to their campus Principal not later than the school day immediately following the day of the seclusion/restraint. The school Principal will ensure that a copy of the completed form is submitted to the Education Services Coordinator at that time.

• The school employee will provide a copy of the applicable form to the student’s parent or guardian. It is the responsibility of the campus Principal to ensure that this form is provided to parents/guardians.

• If a student with a disability is involved in 5 incidents of restraint/seclusion in a single school year*, campus staff will convene the IEP Team to review and revise the student’s behavior intervention plan to include any appropriate and necessary behavioral supports.
  
  ➢ Data and documentation will be reviewed at least once every 3 weeks for a student whose challenging behavior continues or escalates.

*Five (5) incidents in a school year includes the cumulative number of incidents of restraint AND seclusion. (e.g., 2 restraints + 3 seclusions = 5 incidents).
A. Identifying Information
Student Name: ________________________________________     ISL Campus: _____________________
Date of Restraint Incident: ____________________ Student Birthdate: _________________  Age: ________
Grade: ______   Gender:  Male  Female     Specific Location of Restraint: ____________________________
Does the student receive Special Education services?  Yes  No     Date of this Report: ________________

B. Personnel Administering Restraint
Name: ______________________________________   Position: ____________________________________
Was Personnel Administering Restraint Previously: Yes  No     Name of Training: __________________________
Name of Person Providing Training: ____________________________________   Date of Training: ________

C. Other Staff Involved in Restraint Incident
Name: ______________________________________   Position: ____________________________________
Was Personnel Administering Restraint Previously: Yes  No     Name of Training: __________________________
Name of Person Providing Training: ____________________________________   Date of Training: ________

D. Other Personnel Witnessing Restraint Incident
Name: _________________________________________    Position: _________________________________
Name: _________________________________________    Position: _________________________________

E. Administrator or Designee Who was Verbally Informed Following the Restraint Incident
Name: ___________________________________________  Position: ________________________________
Name of Person Reporting: ________________________________________    Position: _________________
Reporting Record:  Date _________   Time: _________
G. Record of Attempted Parent Notification of Restraint

How was Parent Notified?  *(Check All That Apply)*

- Phone Call (Requires 2 or More Attempts) Date and Time of Attempts: __________________________
- In Person Notification  Date and Time of In Person Meeting: ____________________________
- Fax or Scanned Email Notification  Time and Date of Electronic Notification: __________________________
  Fax Number and/or Email Address Used for Electronic Notification: ________________________
- Other Notification Method: __________________________________________________________

H. Method of Successful Parent Notification

Parent / Guardian Name Who Was Successfully Notified: _______________________________________
Date and Time of Successful Parent Notification: _______________________________
Method of Successful Notification: __________________________________________
Person Who Notified Parent: _____________________________________ Position: __________________

I. Precipitating Activity

Description of the Activity in Which the Student was Engaged Preceding the Use of Physical Restraint:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Specific Behavior that Required and Justified the Restraint:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Possible Causes for the Behavior *(including environmental and emotional factors)*
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Description of Efforts Attempted to De-Escalate the Incident and Alternatives to Restraint that were Attempted:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
J. Explanation and Justification Initiation of Physical Restraint  *(Check all that Apply)*

- Non-physical Interventions were Not Successful
- To Protect the Student from Imminent Serious Physical Harm *(student safety)*
- To protect other students and/or ISL personnel from imminent serious physical harm *(others’ safety)*
- To implement appropriate restraint in compliance with the student’s IEP, BIP, or other written plan

Identify Pertinent Provisions of IEP, BIP, or Other Written Plan

___________________________________________________________________________________
___________________________________________________________________________________


K. Describe Restraint Holds Used and Why Such Holds Were Necessary

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

L. Describe the Student’s Behavior and Overall Reaction During the Restraint Incident

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________


M. Description of any Injury to the Student and/or Staff that Occurred and any Medical Care Provided

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

N. Further Actions to be Taken  *(Check all that apply)*

- Review incident with the student to address behaviors that precipitated the restraint
- Review incident with staff to discuss whether proper ISL restraint procedures were followed
- Consider whether a follow-up discussion is needed with students who witnessed the restraint incident
- Additional Contact with Parent / Guardian, ISL District Administrators, or other Appropriate Personnel
- Meeting to Discuss Changes to the Student’s Program (IEP, BIP, 504, etc.) to Prevent Future Incidents
- Contact with Other Professionals or Agencies *(name and describe reasons)*
O. Notification Assurance

The parent / guardian was offered an opportunity to discuss the administration of physical restraint with the student’s teacher, administrator, and/or the person who administered the restraint. Results of this discussion are listed below.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

P. This Physical Restraint Incident Report was Filed with the Following Personnel

1. Education Services Coordinator      Date: _________
2. School Designee for Discipline       Date: _________
3. Teacher of Record for Student        Date: _________