

## Students

### Use of Physical Force

#### Physical Restraint/Seclusion

The Board of Education (Board) believes that maintaining an orderly, safe environment is conducive to learning and is an appropriate expectation of all staff members within the district. To the extent that staff actions comply with all applicable statutes and Board policy governing the use of physical force, including physical restraint of students and seclusion of students, staff members will have the full support of the Board of Education in their efforts to maintain a safe environment.

The Board recognizes that there are times when it becomes necessary for staff to use reasonable restraint or place a student in seclusion as an emergency intervention to protect a student from harming himself/herself or to protect others from harm.

#### Definitions

**Life-threatening physical restraint** means any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position.

**Psychopharmacologic agent** means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

**Physical restraint** means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. Excluded from this definition is briefly holding a person in order to calm or comfort the person; restraint involving the minimum contact necessary to safely escort a person from one area to another; medical devices including but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; helmets or other protective gear used to protect a person from injuries due to a fall; or helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to Connecticut's special education laws or prescribed or recommended by a medical professional and is the least restrictive means to prevent such self-injury.

**School employee** means a teacher, substitute teacher, school administrator, Superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by the Board of Education or working in a public elementary, middle or high school; or any other individual who, in the performance of his/her duties has regular contact with students and who provides services to or on behalf of students enrolled in the district's schools, pursuant to a contract with the Board of Education.

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**Physical Restraint/Seclusion**

**Definitions** (continued)

**Seclusion** means the involuntary confinement of a student in a room, with or without staff supervision, in a manner that prevents the student from leaving.

**Student** means a child (A) enrolled in grades kindergarten to twelve, inclusive, in a public school under the jurisdiction of a local or regional Board of Education, (B) receiving special education and related services in an institution or facility operating under contract with a local or regional Board of Education, (C) enrolled in a program or school administered by a regional education service center, or (D) receiving special education and related services from an approved private special education program, but shall not include any child receiving educational services from Unified School District #2 or the Department of Mental Health and Addiction Services.

**Conditions Pertaining to the Use of Physical Restraint and/or Seclusion**

- A. School employees shall not use a life-threatening physical restraint on a student.
- B. If any instance of physical restraint or seclusion of a student exceeds fifteen minutes an administrator or his/her designee, or a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.
- C. No student shall be placed in seclusion unless:
  - a. The use of seclusion is as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative.
  - b. Such student is continually monitored by a school employee during the period of such student's seclusion. Any student voluntarily or involuntarily placed in seclusion or restrained shall be regularly evaluated by a school employee for indications of physical distress. The school employee conducting the evaluation shall enter each evaluation in the student's educational record. Monitor shall mean by direct observation or by observation using video monitoring within physical proximity sufficient to provide aid as may be required.

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#### Conditions Pertaining to the Use of Physical Restraint and/or Seclusion (continued)

- c. The area in which such student is secluded is equipped with a window or other fixture allowing the student a clear line of sight beyond the area of seclusion.
- D. School employees may not use a psychopharmacologic agent on a student without that student's consent except (1) as an emergency intervention to prevent immediate or imminent injury to the student or to others, or (2) as an integral part of the student's established medical or behavioral support or educational plan, as developed consistent with section 17a-543 of the Connecticut General Statutes or, if no such plan has been developed, as part of a licensed practitioner's initial orders. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.
- E. In the event that physical restraint or seclusion is used on a student four or more times within twenty school days:
  - a. An administrator, one or more of such student's teachers, the parent/guardian of such student and, if any, a mental health professional shall convene for the purpose of:
    - i. Conducting or revising a behavioral assessment of the student;
    - ii. Creating or revising any applicable behavioral intervention plan; and
    - iii. Determining whether such student may require special education.
  - b. If such student is a child requiring special education or is a child being evaluated for eligibility for special education and awaiting a determination, such student's planning and placement team shall convene for the purpose of (1) conducting or revising a behavioral assessment of the student, and (2) creating or revising any applicable behavioral intervention plan, including, but not limited to, such student's individualized education plan.
- F. The parent/guardian of a student who is placed in physical restraint or seclusion shall be notified not later than twenty-four hours after the student is placed in physical restraint or seclusion. A reasonable effort shall be made to provide such notification immediately after such physical restraint or seclusion is initiated.
- G. School employees shall not use a physical restraint on a student or place a student in seclusion unless he/she has received training on the proper means for performing such physical restraint or seclusion.

**Students****Use of Physical Force****Physical Restraint/Seclusion****Conditions Pertaining to the Use of Physical Restraint and/or Seclusion** (continued)

- H. Beginning July 1, 2016, the Board of Education, and each institution or facility operating under contract with the Board to provide special education for children, including any approved private special education program, shall:
- a. Record each instance of the use of physical restraint or seclusion on a student;
  - b. Specify whether the use of seclusion was in accordance with an individualized education program;
  - c. Specify the nature of the emergency that necessitated the use of such physical restraint or seclusion; and
  - d. Include such information in an annual compilation on its use of such restraint and seclusion on students.
- I. The Board and institutions or facilities operating under contract with the Board to provide special education for children, including any approved private special education program shall provide such annual compilation to the Department of Education in order to examine incidents of physical restraint and seclusion in schools.
- J. Any use of physical restraint or seclusion on a student shall be documented in the student's educational record. The documentation shall include:
- a. The nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise; and
  - b. A detailed description of the nature of the restraint or seclusion, the duration of such restraint or seclusion and the effect of such restraint or seclusion on the student's established educational plan.
- K. Any incident of the use of restraint or seclusion that results in physical injury to a student shall be reported to the State Board of Education.

**Required Training and Prevention Training Plan**

Training shall be provided by the Board to the members of the crisis intervention team for each school in the district. The Board may provide such training to any teacher, administrator, school professional or other school employee, designated by the school principal and who has direct contact with students regarding physical restraint and seclusion of students. Such training shall be provided during the school year commencing July 1, 2017 and each school year thereafter, and shall include, but not be limited to:

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#### Required Training and Prevention Training Plan (continued)

1. An overview of the relevant laws and regulations regarding the use of physical restraint and seclusion on students and the proper uses of physical restraint and seclusion. (*Such overview is to be provided by the Department of Education, commencing July 1, 2017 and annually thereafter, in a manner and form as prescribed by the Commissioner of Education.*)
2. The creation of a plan by which the Board will provide training regarding the prevention of incidents requiring physical restraint or seclusion of students.

Such plan is to be implemented not later than July 1, 2018
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3. The Board will create a plan, to be implemented not later than July 1, 2018 requiring training regarding the proper means of physical restraint or seclusion of a student, including, but not limited to:
  - a. Verbal defusing and de-escalation;
  - b. Prevention strategies;
  - c. Various types of physical restraint and seclusion;
  - d. The differences between life-threatening physical restraint and other varying levels of physical restraint;
  - e. The differences between permissible physical restraint and pain compliance techniques; and
  - f. Monitoring methods to prevent harm to a student who is physically restrained or in seclusion, including training in the proper means of physically restraining or secluding a student.
  - g. Recording and reporting procedures on the use of physical restraint and seclusion.

## **Students**

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### **Crisis Intervention Teams**

For the school year commencing July 1, 2017 and each school year thereafter, the Board requires each school in the District to identify a crisis intervention team. Such team shall consist of any teacher, administrator, school professional or other school employee designated by the school, principal and who has direct contact with students and trained in the use of physical restraint and seclusion.

Such teams shall respond to any incident in which the use of physical restraint or seclusion may be necessary as an emergency intervention to prevent immediate or imminent injury to a student or to others.

Each member of the crisis intervention team shall be recertified in the use of physical restraint and seclusion on an annual basis. The Board shall maintain as list of the members of the crisis intervention team for each school.

### **Dissemination of Policy**

This policy and its procedures shall be made available on the District's website and in the Board's procedural manual. The policy shall be updated not later than sixty (60) days after the adoption or revision of regulations promulgated by the State Board of Education.

(cf. 4148/4248 - Employee Protection)

(cf. 5141.23 - Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

10-76b State supervision of special education programs and services.

10-76d Duties and powers of boards of education to provide special education programs and services.

10-236b Physical restraint and seclusion of students by school employees.  
(as amended by PA 17-220)

46a-150 Definitions. (as amended by PA 07-147 and PA 15-141)

## Students

### Use of Physical Force

Legal Reference: Connecticut General Statutes (continued)

46a-152 Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required.

46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for Persons with

Disabilities and to Office of Child Advocate. (as amended by PA 12-88)

53a-18 Use of reasonable physical force or deadly physical force generally.

53a-19 Use of physical force in defense of person.

53a-20 Use of physical force in defense of premises.

53a-21 Use of physical force in defense of property.

PA 07-147 An Act Concerning Restraints and Seclusion in Public Schools.

PA 15-141 An Act Concerning Seclusion and Restraint in Schools.

State Board of Education Regulations Sections 10-76b-5 through 10-76b-11.

Policy adopted: October 28, 2015  
Revised: December 13, 2017

POMFRET PUBLIC SCHOOLS  
Pomfret, Connecticut

**Pomfret Public Schools  
Physical Restraint Report Form**

**Note:** This report is required to be submitted to the Principal/Director of Pupil Services as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident.

**Physical Restraint:** Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term **DOES NOT INCLUDE:** (A) briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to state special education statutes.

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: \_\_\_ No: \_\_\_ School: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Site of physical restraint: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

**Staff administering restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Staff monitoring restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Administrator who was verbally informed following the restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_



**PRECIPITATING ACTIVITY:**

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint: *(A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Restraint may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)*

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal de-escalation, to prevent the emergency necessitating use of restraint:

**DESCRIPTION OF PHYSICAL RESTRAINT:**

Justification for initiating physical restraint *(check all that apply)*:

- Non-physical interventions were not effective
- To protect student from immediate or imminent injury
- To protect other student/staff from immediate or imminent injury

Type of protective hold used:

- Side by side parallel hold
- Lifted and carried (full security hold)
- Held in chair (reverse cradle transport)
- Floor control
- Other *(describe)*

Regular evaluation of the student being restrained for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time restraint began: \_\_\_\_\_ Time restraint ended: \_\_\_\_\_

Total time (in minutes): \_\_\_\_\_

**CESSATION OF RESTRAINT:**

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought in-house assistance
- Community emergency personnel arrived
- Other (*describe*):

**Description of any injury to student and/or staff and any medical or first aid care provided:**

Time medical staff checked injured person: \_\_\_\_\_

Medical staff actions: \_\_\_\_\_

Medical staff name: \_\_\_\_\_

Incident report was filed with the following school district official:

\_\_\_\_\_

Date: \_\_\_\_\_

**FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)**

The school will take the following actions (*check all that apply*)

- Review incident with student to address behavior that precipitated the restraint
- Debrief staff regarding incident
- Consider whether follow-up is necessary for students who witnessed the incident
- Further contact with parents (*describe*):

- Convene Crisis Intervention Team Meeting
- Convene PPT to review/revise behavior intervention plan and/or IEP
- Convene PPT to discuss functional behavior assessment

**PARENT/GUARDIAN NOTIFICATION** *(required for all restraints):*

Parent who was verbally informed of this restraint:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

Notice mailed to Parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Mailed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal/Program Administrator/ Team Leader)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Pupil Services)

**FOR PRINCIPAL/DIRECTOR OR DESIGNEE USE ONLY**

Reviewed physical restraint report

Reviewed behavior plan, if applicable

In considering the effect of the restraint on the student's educational plan, I find the following:

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**Pomfret Public Schools**

**Seclusion Report Form**

**Note:** This report is required to be submitted to the Director of Pupil Services as soon as practicable after an incident involving the seclusion of a student, but in no event later than 24 hours after the incident.

**Seclusion:** *The involuntary confinement of a student in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the student from leaving. (A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Seclusion may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)*

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Date of seclusion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: \_\_\_ No: \_\_\_ School: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Site of seclusion: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

**Staff placing student in seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Staff monitoring seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Administrator who was verbally informed following the seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

**PRECIPITATING ACTIVITY/DESCRIPTION OF SECLUSION:**

Does the student have an IEP which includes the use of seclusion? Yes \_\_\_\_ No \_\_\_\_

**If No:** Description of the risk of immediate or imminent injury to the student secluded or others that required use of seclusion.

**If Yes or No:** Description of other steps, including attempts at verbal de-escalation, to prevent the use of seclusion:

**MONITORING OF SECLUSION**

Regular evaluation of the student being secluded for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time seclusion began: \_\_\_\_\_ Time seclusion ended: \_\_\_\_\_

Total time (in minutes): \_\_\_\_\_

**CESSATION OF SECLUSION:**

How seclusion ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought in-house assistance
- Community emergency personnel arrived
- Termination per instruction in IEP/behavior plan
- Other (*describe*):

**Description of any injury to student and/or staff and any medical or first aid care provided:**

Time medical staff checked injured person: \_\_\_\_\_

Medical staff actions: \_\_\_\_\_

Medical staff name: \_\_\_\_\_

Incident report was filed with the following school district official:

\_\_\_\_\_

Date: \_\_\_\_\_

**FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)**

The school will take the following actions (*check all that apply*)

- Review incident with student to address behavior that precipitated the seclusion
- Debrief staff regarding incident
- Consider whether follow-up is necessary for students who witnessed the incident
- Further contact with parents (*describe*):

- Convene Crisis Team Meeting
- Convene PPT to review/revise behavior intervention plan and/or IEP
- Convene PPT to discuss functional behavior assessment

**PARENT/GUARDIAN NOTIFICATION** (*required for all seclusions*):

Parent who was verbally informed of this seclusion:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

Notice mailed to Parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Mailed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Program Administrator/ Team Leader)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Director of Pupil Services)

**FOR DIRECTOR OR DESIGNEE USE ONLY**

- Reviewed seclusion report
- Reviewed behavior plan, if applicable
- In considering the effect of the seclusion on the student's established behavioral support of educational plan, I find the following: \_\_\_\_\_

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(STATE INCIDENT REPORTING FORM)

**Report of Seclusion or Restraint  
Incident Report**

School District: Pomfret School: Pomfret Community School  
Address: 20 Pomfret Street, Pomfret, CT 06259 Address: 20 Pomfret Street, Pomfret, CT 06259  
Phone: 860-928-2718 Phone: 860-928-2718  
Name and Title of Person Preparing the report: \_\_\_\_\_  
Incident: Seclusion \_\_\_\_\_ Restraint \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Student Disability: \_\_\_\_\_  
Birth Date of Student: \_\_\_\_\_ Male/Female Race: \_\_\_\_\_

Describe the nature and use of seclusion: (Identify the emergency that necessitated the use of seclusion and how long the student was in seclusion.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature and use of restraint: (Identify the emergency that necessitated the use of restraint, time in restraint and type of restraint used.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the parent contacted within twenty-four hours of the use seclusion or restraint as an emergency intervention to prevent immediate or imminent injury to the person or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", did the parent receive a copy of the incident report no later than five days from the date of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student injured during the emergency use of restraint or seclusion?

Yes \_\_\_ No \_\_\_ If "Yes", complete and attach a Report of Injury.