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.

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, or other sensory stimuli such as climate control, lighting, and sound.

Behavior Intervention Plan: a comprehensive plan for managing problem behavior by changing or removing contextual factors that trigger or maintain the behavior, by strengthening replacement skills, teaching new skills, and providing positive behavior intervention and supports and services to address the behavior.

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, violent, and disruptive behavior before a crisis occurs.

Functional Behavior Assessment (FBA): is a collaborative problem-solving process 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 a threat to the immediate safety of the student or others.

Positive Behavior Interventions and Supports ("PBIS"): (A) a school-wide systematic approach to embed evidence-based practices and data driven decision making to improve 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 Interventions and Supports Leadership Team: the team at the School that plans, coaches and monitors implementation on PBIS. The team may include the a School administrator, teacher representatives across grade levels, and staff able to provide behavioral expertise, and other representatives identified by the district or school such as bus drivers, food service staff, custodial staff, and paraprofessionals.

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 personnel: teachers, principals, counselors, social workers, school resource officers, teachers' aides, psychologists, bus driver, related service providers, nursing staff, 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.

Creation of Positive Behavioral Intervention and Supports

The School shall establish an evidence-based school wide system of positive behavioral interventions and supports that will apply in all settings to all students and staff. The system shall include family involvement. The School's PBIS framework includes all of the following:

A. A decision-making framework that guides selection, integration, and implementation of evidence-based academic and behavior practices for improving academic and behavior outcomes for all students;
B. Data-based decision making to select, monitor, and evaluate outcomes, practices, and systems;
C. Evidence-based practices along a multi-tiered continuum of supports;
D. Systems that enable accurate and sustainable implementation of practices; and
E. Progress monitoring for fidelity and target outcomes.

The School's implementation of its PBIS framework includes:

A. Explicit instruction of school-wide behavior expectations;
B. A consistent systems of acknowledging and correcting behaviors;
C. Teaching environments designed to eliminate behavior triggers; and
D. Family and community involvement.

Prohibited Practices

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

A. Prone restraint;
B. Any form of physical restraint that involves the intentional, knowing, or reckless use of any technique that:
i. involves the use of pinning down a student by placing knees to the student's torso, head, or neck;
ii. uses pressure point, pain compliance, or joint manipulation techniques; or
iii. otherwise involves techniques that are used to unnecessarily cause pain.
C. Corporal punishment;
D. Child endangerment as defined in R.C. 2919.22;
E. Deprivation of basic needs;
F. Seclusion or restraint of preschool students (if any);
G. Mechanical or chemical restraints;
H. Aversive behavioral interventions;
I. Seclusion of students in a locked room or area; or
J. Any physical restraint that obstructs the student's airway or impacts the student's primary 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 and/or seclusions for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
C. Use verbal and on-verbal communication strategies and research based de-escalation techniques in an effort to help the student regain control;
D. Remove the student from physical restraint and/or seclusion immediately when the immediate risk of physical harm to self or others has dissipated;
E. 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
F. Complete all required reports and document staff observations of the students.

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. Physical restraint must be performed by trained staff, except in the case of an unavoidable emergency situation.

Physical restraint may not be used for punishment, discipline, or as a substitute for other less restrictive means of assisting a student in regaining control, and should be used only as a last resort.

Seclusion

Seclusion may be used as a last resort for the student to regain control; 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 available.

Seclusion shall not be: used for punishment or discipline; as a substitute for an education program; as a substitute for inadequate staffing, or for staff training in PBIS frameworks and crisis management; for the convenience of staff; as a means to coerce or retaliate; in a manner that endangers the student; or, as a substitute for other less restrictive means of assisting the student in regaining control reflective of the cognitive, social, and emotional levels of the student.

The room or area used for seclusion cannot be locked, and must allow for the student to exit the area should the staff become incapacitated or leave the area. The room or area must also provide for adequate space, lighting, ventilation, and the ability to observe the student. The student must be under constant supervision by staff trained to detect indications of physical or mental distress that require removal and/or immediate medical assistance and who document their observations of the student.

Multiple Incidents and Functional Behavioral Assessment

For students eligible for special education per the Individuals with Disabilities Education Act ("IDEA") or who have a Section 504 Plan, the School shall convene the IEP team or Section 504 team within ten (10) school days after the third incident of seclusion or physical restraining in a school year. The IEP team or Section 504 team will consider the need to conduct a functional behavioral assessment ("FBA"). If necessary, this FBA should be followed by a behavioral intervention plan ("BIP"), or an amendment to an existing BIP, that incorporates appropriate positive behavioral interventions.

Training and Professional Development

The School PBIS Leadership Team or other qualified training shall train all staff working with students at least every three (3) years on the requirements of this policy and shall keep written or electronic documentation of the type of training and the participants. Professional development will include:

A. An overview of PBIS;

B. The process for teaching behavioral expectations;
C. Data collection;
D. Implementation of PBIS with fidelity;
E. Consistent systems of feedback to students for appropriate behavior and corrections; and
F. Consistency in discipline and disciplinary referrals.

The School shall also ensure that an adequate number of personnel in each building are trained annually in crisis management and de-escalation techniques, as well as the safe use of physical restraint and seclusion, and that their training is kept current. The minimum training requirements include:

A. Proactive measures to prevent the use of seclusion or restraint;
B. Crisis management;
C. Documentation and communication about the restraint or seclusion with appropriate parties;
D. The safe use of restraint and seclusion;
E. Instruction and accommodation for age and body size diversity;
F. Directions for monitoring signs of distress during and following physical control; and
G. Debriefing practices and procedures.

Training must include face-to-face training and allow for a simulated experience of administering and receiving physical restraint. The School shall maintain documentation that includes the following:

A. The name and position of each person who completed training;
B. The name, position, and credentials of each person who provided the training;
C. When the training was completed; and
D. What protocols, techniques, and materials were included in training.

Student personnel will be trained to perform the following functions:

A. Identify conditions such as: where, under what conditions, with whom and why specific inappropriate behavior may occur; and
B. Use preventative assessments that include at least the following:
i. A review of existing data;
ii. Input from parents, family members, and students; and
iii. Examination of previous and existing behavior intervention plans.

The School shall ensure that there is a support plan in place for substitute teachers if the individual needs assistance with PBIS or crisis management and de-escalation.

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 give notice of this policy to parents annually, and shall post this policy on its website.

Monitoring and Complaint Procedures

The School shall review this policy on an annual basis.

A Parent may submit written complaints regarding an incident of seclusion or restraint to the School, and the Principal or his/her designee will investigate every complaint and make a reasonable effort to have an in-person follow-up meeting with the parent within 30 days of the complaint's filing.

Parents may choose to file a complaint with the Ohio Department of Education, Office of Integrated Student Supports, in accordance with the complaint procedures established by the Department.

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