

RHODE ISLAND
BOARD OF REGENTS FOR
ELEMENTARY AND SECONDARY
EDUCATION

PHYSICAL RESTRAINT
REGULATIONS



State of Rhode Island and Providence
Plantations
*Department of Elementary and Secondary
Education*

*255 Westminster Street
Providence, R.I. 02903-3400
www.RIDOE.net*

(Effective September 1, 2002)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATION
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1.0 Preamble

The Rhode Island Department of Education recognizes the right to effective structural strategies to be the basic educational right of each child. Furthermore, the Rhode Island Department of Education believes that positive behavioral support and educational strategies should be used, as they relate to behavioral intervention, to respect each child's dignity and personal privacy. Intervention techniques must focus not only on eliminating a certain undesirable behavior, but also upon a determination of the purpose of that behavior, and the provision/instruction of a more appropriate behavior. Behavior intervention plans must be individually designed to meet the needs of the student, including students served in general education, special education, and students protected by Section 504 of the Rehabilitation Act of 1973. These behavioral interventions must not be confused with a physical restraint/crisis intervention. Physical restraint/crisis intervention are not part of a behavioral intervention plan designed to alter a child's behavior but rather are utilized as one method of preventing harm or injury. Once the use of physical restraint/crisis intervention has been employed on a student, school personnel shall determine if the student requires a behavioral intervention plan as part of the student's education program, and if one already exists, whether that plan needs to be modified or adjusted.

2.0 Authority, Scope, Purpose and Construction

2.1 Authority. These regulations are promulgated by the Rhode Island Board of Regents for Elementary and Secondary Education pursuant to R.I.G.L. 16-60-4.

2.2 Scope. These regulations govern the use of physical restraint and crisis intervention on all students in publicly funded elementary and secondary education programs, including all Rhode Island public school districts and regional public school districts, all Rhode Island State Operated Schools, all Public Charter Schools, educational programs operated by the Department for Children Youth and Families, Educational Collaborative Programs, and Local Educational Agencies operating a public education program; all of which shall hereafter be referred to as public education programs.

2.3 Purpose. The purpose of these regulations is to ensure that every student participating in a Rhode Island public education program be free from the unreasonable use of physical restraint and crisis intervention. Physical intervention, the use of manual or mechanical restraint or escort involving physical contact should only be used as a crisis intervention for the purpose of preventing harm or injury. The crisis intervention must not include procedures that intentionally cause pain, injury, trauma or humiliation. A physical restraint crisis intervention should not be used for the purpose of changing behavior in situations where no protection from harm or injury is needed. Only the least intrusive physical interaction needed to adequately protect the child or others shall be used and shall be terminated as soon as the need for protection has abated.

2.4 Construction. Nothing in these regulations shall be construed to limit the protection offered publicly funded students under other state or federal laws nor do these regulations preclude any teacher, employee or agent of a public education program from using reasonable force to protect students, other persons or themselves from imminent, serious, physical harm.

3.0 Definitions.

3.1 Antecedent- A preceding circumstance, event, object or phenomenon which may trigger a particular behavior or chain of behaviors.

3.2 Aversive Interventions/Strategies- The specific strategies include but are not limited to the following:

- (a) Noxious, painful, intrusive stimuli or activities that result in pain;
- (b) Any form of noxious, painful or intrusive spray or inhalant;
- (c) Electric shock;
- (d) Water spray to the face;
- (e) Pinches and deep muscle squeezes;
- (f) Shouting, screaming or using a loud, sharp, harsh voice to frighten or threaten or the use of obscene language;
- (g) Withholding adequate sleep;
- (h) Withholding adequate shelter or bedding;
- (i) Withholding bathroom facilities;
- (j) Withholding meals, essential nutrition or hydration;
- (k) Removal of an individual's personal property as punishment;
- (l) Unobserved time-out or room/area solely used for time out;
- (m) Facial or auditory screening devices; and
- (n) Use of chemical restraints instead of positive programs or medical treatments. (RI 40.1-26-4.1)

3.3 Behavioral Analysis- A functional analysis with the addition of operationally defining a target behaviors and the grouping of behaviors for an intervention plan.

3.4 Behavior Intervention Plan: A plan, developed by a team, that delineates emotional, social and/or behavioral goals for a student and the steps that the school, student, parent and/or others will take to positively support the student's progress toward those goals. A Behavior Intervention Plan is comprised of practical and specific strategies to increase or reduce defined behaviors or a pattern of behavior exhibited by a student. A Behavior Intervention Plan includes the following:

1. Definition of the behavior in specific, measurable terms.
2. A plan for prevention of the behavior by changing some of the who, what, when, and where information from the Functional Behavioral Assessment (FBA).
3. A plan to teach the student new ways to meet his or her needs.

4. A description of how to react to the student's behavior in a way that will reinforce appropriate behavior.
5. A plan for how to manage a crisis situation.
6. A data collection, analysis and evaluation system.
7. Timelines for review.

3.5 Behavioral Momentum- The speed or force of behavior in a behavior chain, often beginning with an antecedent.

3.6 Corporal Punishment- is defined as the infliction of bodily pain as a penalty for disapproved behavior.

Corporal punishment as defined shall not be used in public education programs.

3.7 De-Escalation- The withdrawal or presentation of stimulus to a situation which causes it to become more controlled, calm and less dangerous.

3.8 Environmental Engineering- The arrangement or manipulation of the physical environment and stimuli in order to facilitate more appropriate behavioral responses.

3.9 Escalation- The withdrawal or presentation of new stimulus to a situation which causes it to become more out of control and potentially dangerous.

3.10 Forceful Physical Guidance- An inappropriate response to a child's perceived misbehavior that consists of an adult/supervisory person physically forcing to engage in the desired behavior or to comply with a directive.

3.11 Functional Behavioral Analysis- The evaluation of behavioral assessment information that occurs at specific points in time. The analysis provides the information necessary to develop a behavior intervention plan.

3.12 Functional Behavioral Assessment- is an ongoing process for gathering information that can be used to hypothesize about the function of student behavior. The components of the process are as follows:

1. Define/describe behavior
2. Gather information
3. Identify when, where and under what circumstances does the behavior occur
4. Identify the consequences that maintain the behavior
5. Develop a theory as to the functional intent of the behavior

3.13 IDEA- Individuals with Disabilities Education Act 20, USCA 1400, 34 CFR Part 300

3.14 IEP- Individual Education Program - A written statement for a child with a disability that is developed, reviewed, and revised in a meeting in accordance with §300.341-§300.350 of 34 CFR 300.341-350 and RI Regulations Governing The Education Of Children With Disabilities 300.341-300.350.

3.15 Instructional Physical Guidance- a teaching technique that involves physical contact between the adult/supervisory person and the child. This enables the child to learn or model the physical movement necessary for the development of the desired competency. Example: Hand over hand guidance in instructing a child in writing technique.

3.16 Mechanical Restraint- means the use of devices such as mittens, straps, or restraint chairs to limit a person's movement or hold a person immobile as an intervention precipitated by the person's behavior. Mechanical restraint applies to uses intended to prevent injury with persons who engage in behaviors such as head-banging, gouging, or other self-injurious actions that result in tissue damage and medical problems. Mechanical restraint does not apply to restraint used to treat a person's medical needs or to position a person with physical disabilities.

3.17 Misting- The release of noxious, toxic or otherwise unpleasant sprays, mists or substances in proximity to the child's face.

3.18 Negative Practice Overcorrection- Having a child repeat an activity/task with an arbitrarily selected frequency. Example: Writing a classroom rule on the chalkboard 100 times.

3.19 Parental Consent- Parental consent means that (a) the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language or other mode of communication; (b) the parent understands and agrees in writing to the carrying out of the activity for which his/her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and (c) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

3.20 Physical Restraint/Crisis Intervention.

(a) Manual Restraint- The use of physical intervention intended to hold a person immobile or limit a person's movement by using body contact as the only source of physical restraint.

(b) Seclusion Restraint: Physically confining a student alone in a room or limited space without access to school staff. The use of "time out" procedures during which a staff member remains accessible to the student shall not be considered "seclusion restraint." The use of seclusion restraint is prohibited in public education programs.

(c) Chemical Restraint: The administration of medication for the purpose of restraint. The use of medication restraint is prohibited in public education programs.

3.21 Positive Behavioral Supports- a set of practices used to organize teaching and learning environments and experiences for students which facilitate the student's successful self-awareness, self-management, engagement with others and with the learning process.

3.22 Redirection encompasses a number of techniques which serve to: (1) Divert the student from an unwanted task or a problematic behavior. (2) Return the student to a more desirable task or more appropriate behavior. Redirection occurs without the coercion of negative consequences. Among these techniques are: Proximity, Cueing, Regrouping, Restructuring, Diversions, Hurdle Help.

3.23 Satiation- The repetition of a task/activity/behavior to the point that a person is unable to perform the task even one more time.

3.24 Seclusion- placing a child alone in a locked room without supervision. Such action is strictly prohibited in Rhode Island.

3.25 Section 504 of The Rehabilitation Act of 1973. A Civil Rights law prohibiting discrimination against individuals with disabilities from federally assisted programs or activities.

3.26 Self Management- The monitoring, regulation, care, guidance and treatment of one's own behavior.

3.27 Timeout- A Punishment (Type II) procedure in which access to reinforcement is withdrawn for a certain period of time.

(a) Isolation "from the group" – Reinforcement is withdrawn and the student remains in a separate room or booth for a certain period of time. The small room or booth may or may not have a door.

3.28 Zero Tolerance- (as defined by state policy) the purpose is to provide a school environment that is conducive to learning. The underlying belief of this policy is that all children have the right to be educated in a safe and nurturing environment. Therefore, each school system shall adopt a policy of zero tolerance for weapons, violence and illegal drugs in schools. Any student found to be in possession of a weapon, or involved in an aggravated assault as defined herein, will immediately be suspended in accordance with applicable due process provisions. During this suspension, the school district will take the necessary steps in determining any additional action to be taken, which may include long-term suspension. Zero tolerance policies cannot supercede other Federal and State Regulations, such as the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and R.I. Special Education Regulations.

4.0 Procedures and Training.

4.1 Procedures. Public education programs shall develop written procedures regarding appropriate responses to student behavior that may require the use of physical restraint/crisis intervention. Such procedures shall be annually reviewed and provided to school staff and made available to parents of enrolled students. Such procedures shall include, but not be limited to:

(a) Methods for preventing student violence, self-injurious behavior, and suicide, including de-escalation of potentially dangerous behavior occurring among groups of students or with an individual student;

(b) A school policy regarding intervention that provides a description and explanation of the school's or program's method of physical restraint/crisis intervention, a description of the school's or program's training requirements, reporting requirements and follow-up procedures, and a procedure for receiving and investigating complaints regarding restraint practices.

4.2 Required Training For All Staff. Each public education program shall designate personnel to determine a time and methods to provide all staff with training regarding the school's physical restraint/crisis intervention policies. Such training shall occur at least annually not later than within the first month of each school year. For employees hired after the school year begins, this training shall take place within the first month of their employment. Training shall include information on the following:

(a) The program's restraint policy;

(b) Interventions that may preclude the need for restraint, including de-escalation of problematic behaviors;

(c) Types of restraints and related safety considerations, including information regarding the increased risk of injury to a student when an extended restraint is used;

(d) Administering physical restraint in accordance with known medical or psychological limitations and/or behavioral intervention plans applicable to an individual student; and

(e) Identification of program staff who have received advanced training pursuant to Regulation 4.3 in the use of physical restraint/crisis intervention.

4.3 Advanced Staff Training on the Use of Physical Restraint/Crisis Intervention.

At the start of each school year, every public education program shall identify staff that are authorized to serve as a school-wide based resource to assist other staff in ensuring proper administration of physical restraint and crisis interventions. These staff members shall participate in advanced training in the use of physical restraint/crisis intervention beyond the basic training offered to all staff and the public education program shall document the extent of such training.

4.4 Content of Advanced Training. The advanced training required by Regulation 4.3 in the proper administration of physical restraint/crisis intervention shall include, but not be limited to:

- (a) Appropriate procedures for preventing the need for physical restraint/crisis intervention, including the de-escalation of problematic behavior, relationship building and the use of alternatives to such restraints;
- (b) A description and identification of dangerous behaviors on the part of students that may indicate the need for physical restraint/crisis intervention and methods for evaluating the risk of harm in individual situations in order to determine whether the use of physical restraint and crisis interventions are warranted;
- (c) The simulated experience of administering and receiving physical restraint/crisis intervention, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;
- (d) Instruction regarding documentation and reporting requirements and investigation of injuries and complaints; and
- (e) Demonstration by participants of proficiency in administering physical restraint/crisis intervention.

5.0 Determining When Physical Restraint/Crisis Intervention May Be Used.

5.1 Use of Restraint/Intervention. Physical restraint/crisis intervention may be used only in the following circumstances:

- (a) Non-physical interventions would not be effective; and
- (b) The student's behavior poses a threat of imminent, serious, physical harm to self and/or others; and
- (c) If a behavioral intervention plan has been developed for the student, those various positive reinforcement techniques have been implemented appropriately and the child has failed to respond to those reinforcement techniques.

6.0 Limitations and Prohibitions.

6.1 Limitations on the Use of Restraints. Physical restraint/crisis intervention in a public education program shall be limited to the use of such reasonable force as necessary to protect a student or another member of the school community from assault or imminent, serious, physical harm.

6.2 Prohibitions. Physical restraint/crisis intervention are prohibited in the following circumstances:

- (a) As a means of punishment;
- (b) As an intervention designed to, or likely to cause physical pain;
- (c) As in any intervention which denies adequate sleep, food, water, shelter, bedding or access to bathroom facilities;
- (d) As in any intervention which is designed to subject, used to subject, or likely to subject the individual to verbal abuse, ridicule or humiliation, physical pain, or which can be expected to cause excessive emotional trauma;
- (e) As in a restrictive intervention which employs a device or material or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment may be used by trained personnel as a limited emergency intervention when a documented part of a previously agreed upon written behavioral intervention plan;
- (f) As in seclusion, unless under constant surveillance and observation when documented as part of a previously agreed upon written behavioral intervention plan;
- (g) As in any intervention that precludes adequate supervision of the child;
- (h) Any intervention which deprives the individual of one or more of his or her senses

7.0 Proper Administration of Physical Restraint/Crisis Intervention.

7.1 Trained Personnel. Only personnel who have had training pursuant to Regulation 4.1 may administer physical restraint/crisis intervention with students. Whenever possible, the administration of a physical restraint/crisis intervention shall be witnessed by at least one adult who does not participate in the restraint. The training requirement contained in Regulation 4.1 shall not preclude a teacher, employee or agent of a public education program from using reasonable force to protect students, other persons, or themselves from imminent, serious physical harm.

7.2 Use of Force. A person administering a physical restraint/crisis intervention shall use only the amount of force necessary to protect the student or others from physical injury or harm and shall discontinue the physical restraint/crisis intervention as soon as possible.

7.3 Safety Requirements. Additional requirements for the use of physical restraint/crisis intervention are:

(a) No restraint shall be administered in such a way that the student is prevented from breathing or speaking. During the administration of a restraint, a staff member shall continuously monitor the physical status of the student, including skin color and respiration. A restraint shall be released immediately upon a determination by the staff member administering the restraint that the student is no longer at risk of causing imminent physical harm to him or herself or others.

(b) Restraint shall be administered in such a way so as to prevent or minimize physical harm. If, at any time during a physical restraint/crisis intervention, the student demonstrates significant physical distress, the student shall be released from the restraint immediately, and school staff shall take steps to seek medical assistance.

(c) Program staff shall review and consider any known medical or psychological limitations and/or behavioral intervention plans regarding the use of physical restraint/crisis intervention on an individual student.

(d) Following the release of a student from a restraint, the Public Education Program shall implement follow-up procedures. These procedures shall include reviewing the incident with the student, as appropriate, to address the behavior that precipitated the restraint, reviewing the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed, and consideration of whether any follow-up is appropriate for students who witnessed the incident.

8.0 Reporting Requirements.

8.1 Informing School Administration. The staff member who administered the physical restraint/crisis intervention shall inform the administration of any public education program of the use of a physical restraint/crisis intervention as soon as possible, and by a written report not later than the next working day. The administration shall maintain an ongoing written record of all reported instances of physical restraint/crisis intervention.

8.2 Informing Parents. The school administration shall have procedures to inform the student's parent(s) or guardian(s) of the use of a restraint as soon as possible, and

not later than two (2) school days after each incident. Written documentation of this notification shall be maintained by the public education program.

8.3 Contents of Report. The written report required by Regulation 8.1 shall include:

(a) The names and job titles of the staff who administered the restraint, and observers, if any, the date of the restraint, the time the restraint began and ended, and the name of the administrator who was verbally informed following the restraint;

(b) A description of the activity in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint/crisis intervention, the behavior that prompted the restraint, the efforts made to deescalate the situation, alternatives to restraint that were attempted, and the justification for initiating physical restraint/crisis intervention;

(c) A description of the administration of the restraint including the holds used and reasons such holds were necessary, the student's behavior and reactions during the restraint, how the restraint ended, and documentation of injury to the student and/or staff, if any, during the restraint and any medical care provided;

(d) Information regarding any further action(s) that the school has taken or may take, including any disciplinary sanctions that may be imposed on the student, and a behavioral intervention plan was developed or modified as a result of the restraint;

(e) Information regarding opportunities for the student' parents or guardians to discuss with school officials the administration of the restraint, any disciplinary sanctions that may be imposed on the student and/or any other related matter.

8.4 Report to the R.I. Department of Education. Each public educational program shall provide the R.I. Department of Education a record of every incident of the use of a physical restraint/crisis intervention on an annual basis.

9.0 Emergency Situations. These regulations shall not create a barrier to maintaining a safe school environment. While these regulations govern the use of physical restraint/crisis interventions, they do not limit the ability of school personnel or their agents from using reasonable force to protect students, other persons or themselves from imminent, serious physical harm.

10.0 Behavioral Intervention Plans. Once the use of physical restraint/crisis intervention has been employed on a student, school personnel shall determine if the student requires a behavioral intervention plan as part of the student's education program, and if one already exists, whether that plan needs to be modified or adjusted.

APPENDIX A

Continuum of Behavioral Interventions

(It is important to note that strategies and interventions may be positive or negative based on the response of the child.)

Proactive Planning Strategies:

- ❑ Room Arrangement
- ❑ Appropriate and Motivating Curriculum
- ❑ High Rates of Positive Responses from Teachers
- ❑ Structured Daily Schedules
- ❑ Staff Training – including but not limited to:

Factual information regarding numbers, frequency, duration, antecedents

Behavior Disorders – Understanding behavior

functional assessment

behavioral plans

behavioral contracting

Emotional Disorders – DSM IV

Legal Issues

Discipline Codes

Zero Tolerance

Conflict Management

Peer Mediation

Crisis Intervention

- comfort zone

- verbal & non-verbal communication

- fight/flight/fright

- Restraint Training

- Token Economy

- Avoid Power/Control Issues

- Medications, Logs, Side Effects, Communication

- Surface Management

- Reality Therapy

- ❑ Environmental Engineering
- ❑ Instructional Pacing
- ❑ Home Notes
- ❑ Precision Commands
- ❑ Data Collection
- ❑ Parent Conference
- ❑ Special Equipment
- ❑ Supervision
- ❑ Rule Out Physiological/Medical Factors