

**Arkansas Department of Education**  
**Advisory Guidelines for the Use of Student Restraints**  
**in Public School or Educational Settings**

**December 2013**

**Introduction and Purpose**

The Arkansas Department of Education (ADE) believes that it is the responsibility of every school district in the state to ensure the safety of all of its students and school personnel. This includes the responsibility of ensuring that every student is safe and protected from being unnecessarily or inappropriately restrained. (Duncan, U.S. Department of Education, July 31, 2009)

In 2009, the Congressional Research Service published a report documenting a number of serious injuries and even deaths resulting from the use of different types of restraints in selected schools nationwide. In the summer of 2009, U.S. Secretary of Education, Arne Duncan, asked all state departments of education to address this issue by reviewing their respective statutes, regulations, rules, or advisory documents in this area to determine whether they needed to be developed (if not yet in existence) or updated (Duncan, U.S. Department of Education, July 31, 2009). This review was extended to include both acts of student restraints and seclusion, and in 2012, the U.S. Department of Education published *Restraint and Seclusion: Resource Document* (U.S. Department of Education, Washington D.C., 2012) to assist states in this process.

The *Restraint and Seclusion: Resource Document* clearly states that every effort should be made (a) to anticipate the potential need for student restraints and seclusions in schools, and (b) to prevent and reduce their use. The document also emphasizes that:

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- Restraint should only be used in an emergency situation and as a last resort by a trained individual authorized by school district administration; and
- Physical restraint should not be used except in situations where the student's behavior poses imminent danger of serious physical harm to self or others, and it should be discontinued as soon as the imminent danger of serious physical harm to self or others has dissipated. Chemical and mechanical restraint should never be used in a school setting.

The Arkansas Department of Education (ADE) has developed this advisory document to provide guidelines and recommendations to Arkansas school districts on essential principles, policies, and practices to implement in order to meet the above goals. This document includes (a) definitions of important terms, (b) approaches that prevent the need for student restraint, (c) the responsibilities of Arkansas school districts, (d) guidance on how and when to use a restraint if needed, (e) details on how to communicate, report, and debrief following the use of restraint, and (f) recommended training and program components.

These guidelines are applicable to any school-aged and enrolled student, regardless of whether the student has an identified disability, but they do not supersede federal or state law. Districts must still follow all relevant federal and state laws, including the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act of 1990 (as amended), and Section 504 of the Rehabilitation Act of 1973 (as amended), whenever a student with a disability is restrained or secluded, or whenever such action is contemplated. Because these laws and legal requirements exist in separate statutes, they are not addressed in this document.

It is recommended that all Arkansas school districts review this document and adopt any needed policies and procedures consistent with the guidance herein. Additionally, school districts should review the ADE Special Education and Related Services, Procedural Requirements, Section 20.00, governing the use of a Time-Out Seclusion Room. The regulatory

requirements for the use of Time-Out Seclusion are not addressed in this advisory document. It is further recommended that all Arkansas school districts provide their staff with the training, tools, and supports needed to ensure the safety of all students and personnel.

### **Section 1. Definitions.**

**(1) Arkansas Department of Education (ADE)** – the State educational agency

(SEA) designated in State law as responsible for the State supervision of public elementary and secondary schools. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(2) Aversive behavioral interventions** – a physical or sensory intervention program intended to modify behavior through the use of substances or stimuli that the implementer knows would cause physical trauma, emotional trauma, or both, to a student, even when the substance or stimulus appears to be pleasant or neutral to others, and may include hitting, pinching, slapping, water spray, noxious fumes, extreme physical exercise, loud auditory stimuli, withholding of meals, or denial of reasonable access to toileting facilities. (Kentucky Administrative Regulations, 704 KAR 7:160)

**(3) Behavior intervention** – the implementation of services, supports, or strategies to teach and increase appropriate behavior and/or substantially decrease or eliminate behavior that is dangerous, inappropriate, or otherwise impedes the learning of the student and/or other students.

**(4) Behavior Intervention Plan (BIP)** [also referred to as a Behavior Support Plan (BSP)] – a written 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

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and specific strategies to increase or reduce defined behaviors or one or more patterns of behavior exhibited by a student. A Behavior Intervention Plan includes the following:

- a) A definition or description of the desired target behavior(s) or outcome(s) in specific, measurable terms.
- b) A plan for preventing and eliminating inappropriate student behavior (where it exists) by changing some of the conditions that are triggering, motivating, underlying, or supporting that behavior as determined through a Functional Behavior Assessment (FBA).
- c) A plan for teaching the student to demonstrate appropriate social, emotional, or behavioral self-management, or new ways to address or meet his or her own needs.
- d) A description of how specific incentives and/or consequences will be used to, as needed, decrease or eliminate inappropriate student behavior, and to increase appropriate behavior.
- e) A plan for how to manage crisis situations if they occur.
- f) A data collection, analysis, and evaluation system.
- g) The people, other resources, and training needed before implementing the plan.
- h) The timelines for implementing different facets of the intervention, including when the intervention will be formally reviewed.

**(5) Chemical restraint** – the use of a drug or medication to control a student’s behavior or restrict his freedom of movement. This does not include medications 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 administered as prescribed by the licensed physician or other qualified health

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professional acting under the scope of the professional's authority under state law. (*Keeping All Students Safe Act*, H.B. 1381 (2011))

**(6) Consequence** – an event that occurs immediately after a behavior or behavioral response, or a planned action in response to an inappropriate student behavior, whose purpose is to motivate the student to demonstrate an appropriate behavior the next time.

**(7) Crisis** – a situation where a student is engaging in behaviors that threaten the health and safety of him or herself or others. Often these are situations in school where a student becomes aggressive or violent and is unable to regain self-control without posing a danger of injury to self or others.

**(8) Crisis Intervention** – the implementation of services, supports, and strategies to immediately stabilize a crisis situation, and after the crisis is over, to prevent the crisis from reoccurring.

**(9) Crisis Intervention Training Program** – a program that provides training, using effective evidence-based practices, in: (a) the prevention of the use of physical restraint; (b) keeping both school personnel and students safe in imposing physical restraint in a manner consistent with these guidelines; (c) the use of data-based decision making and evidence-based positive behavioral interventions and supports, safe physical escort, conflict prevention, behavioral antecedents, functional behavior assessments, de-escalation of challenging behaviors, and conflict management; and (d) first aid, including the signs of medical distress, and cardiopulmonary resuscitation; and requires certification, including periodic renewal, in the practices and skills necessary for school personnel to properly implement the program. (*Keeping All Students Safe Act*, S.B. 2020 (2011))

**(10) Dangerous behavior** – behavior that presents an imminent danger of serious physical harm to self or others. This does not include inappropriate behaviors such as disrespect,

noncompliance, or insubordination, nor destruction of property that does not create imminent danger.

**(11) Day; School day** – day means calendar day unless otherwise indicated as a school day.

School day means any day, including a partial day, that students are in attendance at school for instructional purposes. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(12) De-escalation** – the use of behavior management techniques that help a student to become more emotionally and behaviorally in control, thus reducing a present or potential level of danger that, in turn, reduces the imminent danger of serious physical harm to self or others.

**(13) Emergency** – a serious, unexpected, and often dangerous situation requiring immediate action.

**(14) Functional Behavior Assessment (FBA)** – the problem analysis step that occurs within the context of data-based problem-solving, and that involves (a) the review of existing records and other sources of information, (b) diagnostic and historical interviews, (c) structured academic or behavioral observations, and (d) authentic, criterion-referenced, or norm-referenced tests. The goal of a functional behavior assessment is to determine why a specific problem or situation is occurring so that a strategic intervention can be directly linked to the assessment and solve or resolve the problem. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(15) Imminent danger** – when a danger exists that could reasonably be expected to cause death or serious physical harm immediately.

**(16) Incident** – an event or occurrence.

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**(17) Individuals with Disabilities Education Act (IDEA)** – the Federal statute that requires states to provide all eligible students with disabilities with a free appropriate public education, from infancy through age 21 years, consistent with State law age provisions for making education available. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(18) Individualized Education Program (IEP)** – a written plan for a student with a disability that is developed, reviewed, and revised in accordance with federal and state regulations. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(19) Mechanical restraint** – the use of any device or equipment to restrict a student’s freedom of movement. 42 USC 290jj(d)(1). This does not include 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, nor does it include vehicle safety restraints when used as intended during the transport of a student in a moving vehicle. (*Keeping All Students Safe Act*, S.B. 2020 (2011)) (The use of a weighted vest, bean bag chair, muffling earphones, or deep pressure/sensory stimulation, are examples of devices that should be included in the IEP if necessary and prescribed by a licensed physician or other qualified health professional acting under the scope of the professional’s authority under state law.)

**(20) Parent** – a biological or adoptive parent of a student; a foster parent; a guardian generally authorized to act as the student’s parent, or authorized to make educational decisions for the student (but not the State if the student is a ward of the State); an individual acting in the place of a biological or adoptive parent (including a grandparent or stepparent, or other relative) with whom the student lives, or an individual who is legally responsible for the student’s welfare; or a

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surrogate parent who has been appointed in accordance with 34 CFR § 300.519. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(21) Physical escort** – a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of redirecting or inducing a student to move to a safe location. 42 USC 290jj(d)(2)

**(22) Physical restraint** – a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. This does not include a physical escort. 42 USC 290jj(d)(3)

**(23) Positive Behavioral Supports (PBS)** – the application of behavior analysis to achieve socially important behavior change. PBS occurs (a) at the prevention level for all students in a school; (b) at the strategic intervention level for students who are not responding, from a social-emotional and behavioral perspective, to the prevention level; and (c) at the intensive service or crisis-management level for students who need multi-faceted and/or comprehensive behavioral or mental health services. PBS involves a planned and collaborative school-wide approach with a goal of establishing positive and supportive school environments that teaches and reinforces students' prosocial behavior, holding students positively accountable for meeting established behavioral expectations, and maintaining a level of consistency throughout the implementation process. This goal is accomplished by using positive behavioral programs, strategies, and approaches. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(24) Prone restraint** – occurs when a student is restrained in a face down position on the floor or other surface, and physical pressure is applied to the student's body to keep the student in the prone position. (Ky. Admin. Reg., 704 KAR 7:160)

**(25) Punishment** – an action, usually following an inappropriate student behavior, whose goal is to decrease, stop, or eliminate that inappropriate behavior’s reoccurrence in the future.

Punishments generally are not focused on replacing inappropriate behaviors with future appropriate behavior(s).

**(26) School personnel** – any person who works with students in an elementary or secondary public school, a public charter school, a school district, or an education service cooperative, including without limitation, a:

- a. School or school district administrator;
- b. Teacher;
- c. Coach for a school athletics program;
- d. School counselor;
- e. School social worker;
- f. School psychologist;
- g. School nurse; and
- h. Paraprofessional

This does not include volunteers or other persons not employed by the district. 20 USC 7161(10)

**(27) Serious physical harm** – bodily injury which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty. 18 USC Sec. 1365(h)

**(28) Student** – any person legally enrolled in a public school district in Arkansas and any student receiving services in Arkansas under section 619 or Part C of the IDEA. (*Keeping All Students Safe Act*, S.B. 2020 (2011))

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**(29) Student with a disability** – a student evaluated in accordance with 34 CFR 300.304 - 300.311 and § 6.00 of ADE Special Education and Related Services, Procedural Requirements, as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), serious emotional disturbance (referred to as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

**(30) Supine restraint** – occurs when a student is restrained in a face up position on the student’s back on the floor or other surface, and physical pressure is applied to the student’s body to keep the student in the supine position. (Ky. Admin. Reg., 704 KAR 7:160).

### **Section 2. Prevention**

Safe, effective, evidence-based strategies are available to support children who display challenging behaviors in school settings. Staff training focused on evidence-based positive behavior supports, de-escalation techniques, and physical restraint prevention, can reduce the incidence of injury, trauma, and death. The effective implementation of school-wide positive behavior supports is linked to greater academic achievement, significantly fewer disciplinary problems, increased instruction time, and staff perception of a safer teaching environment.

*(Keeping All Students Safe Act, H.B. 1381 (2011))*

Positive Behavioral Supports (PBS) involve school-wide approaches that result in positive classroom and school climates, prosocial student and staff interactions, and the teaching and reinforcement of students’ academic and social, emotional, behavioral engagement and

achievement.<sup>1</sup> When effective positive behavioral supports are established in a school, emergency situations that require the need for restraints can be prevented.<sup>2</sup>

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<sup>1</sup> PBS approaches occur at the (a) prevention level for all students in a school; (b) strategic intervention level for students who are not responding, from a social, emotional, and/or behavioral perspective, to the prevention level; and (c) intensive service or crisis-management level for students who need multi-faceted and/or comprehensive behavioral or mental health services. A PBS system includes teaching and reinforcing interpersonal, social problem solving, conflict resolution, and coping skills to students, holding them positively accountable for meeting established behavioral expectations, and maintaining a high level of consistency throughout the implementation process.

Building effective positive behavioral supports in schools involve several, interrelated activities, including (a) proving a school-wide approach to students discipline and safety rather than just students with behavior problems (b) focusing on preventing the development and occurrence of problem behavior (c) reviewing behavior data regularly to adapt school procedures to the needs of all students; and (d) providing a multi-tiered approach to academic and behavior services and supports to meet the academic and behavioral achievement of all students. (U.S. Department of Education, *Restraint and Seclusion: Resource Document*, Washington, D.C., 2012)

The following principles represent the foundation to a school's positive behavioral support system and to its approaches when conflict resolution or de-escalation is needed (Council for Children with Behavioral Disorders, 2009):

- Schools should promote the right of all students to be treated with dignity.
- Students should receive necessary academic, and social, emotional, and behavioral supports provided in safe and the least-restrictive environments possible.
- Positive and appropriate academic and social, emotional, and/or behavioral interventions, as well as mental health supports, should be provided routinely to all students who need them, and school staff should be trained to employ these techniques.
- Behavioral interventions should emphasize prevention and are delivered within a school's positive behavioral support system.
- Schools should have the staff to effectively provide positive supports to students, and they should be appropriately trained and able to address the needs of all students.
- All school staff should receive mandatory training in the use of positive behavior supports for student behavior and in preventive techniques for teaching and motivating prosocial student behavior.
- All school staff should have mandatory conflict de-escalation and resolution training, and these techniques should be employed by all school staff to prevent, defuse, and debrief crisis and conflict situations.
- All students who exhibit ongoing behaviors that interfere with their learning or the learning of others, and that have been non-responsive to effectively implemented classroom or administrative interventions, should receive more intensive behavioral interventions that are based on functional assessments and data-based problem solving.

<sup>2</sup> For students who are exhibiting social, emotional, or behavioral difficulties that may escalate, if not addressed, to potentially dangerous behavior, schools should involve (or establish) a problem-solving and intervention team. At the ADE, this school-level team is called the SPRINT team (the School Prevention, Review, and Intervention Team), and its permanent members include the best academic and behavioral assessment and intervention professionals

**Section 3. Physical Restraint**

The ADE recommends that all Arkansas school districts adhere to the following guidelines:

(1) School personnel should not impose the following on any student at any time:

- (a) Mechanical restraint;
- (b) Chemical restraint;
- (c) Aversive behavioral interventions that compromise health and safety;
- (d) Physical restraint that is life-threatening; and
- (e) Physical restraint that is medically contraindicated<sup>3</sup>.

(2) Physical restraint should never be used:

- (a) As punishment or discipline;
- (b) As a means of coercion to force compliance or retaliation;
- (c) As a substitute for appropriate educational or behavioral support;
- (d) As a routine school safety measure;
- (e) As a convenience for staff; or
- (f) To prevent property damage unless the act of damaging property causes imminent danger of serious physical harm to self or others

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in or available to the school. The SPRINT team should work with the classroom teachers to complete a functional behavior assessment of the student and any problematic situations, and consider the need for a Behavior Intervention Plan (BIP). The goal of the BIP is to prevent or resolve the student's social, emotional, or behavioral difficulties, and to develop responses that will de-escalate and stabilize potential emergency situations that are approaching a level of danger. If the student is suspected of having a disability that relates to the behavioral concerns, the school should follow district, state, and federal special education procedures. All of these preventative approaches focus on decreasing the probability that student restraints or seclusions will become necessary with the student in question.

<sup>3</sup> When utilizing crisis intervention procedures and techniques, the individual's health and safety must be considered and monitored. Possible existing medical conditions may make the use of physical restraint inadvisable.

(3) Physical restraint should only be implemented if:

- (a) The student's behavior poses an imminent danger of serious physical harm to self or others;
- (b) The physical restraint does not restrict the student's breathing; and
- (c) Assigned personnel are appropriately trained to administer physical restraint.

(4) When implementing a physical restraint, personnel should use only the amount of force reasonably believed to be necessary to protect the student or others from imminent danger of serious physical harm to self or others.

(5) The use of physical restraint should never be accompanied by any verbal abuse, ridicule, humiliation, taunting, or the equivalent which could result in the emotional distress or trauma of the student involved.

(6) The use of physical restraint should end as soon as:

- (a) The student's behavior no longer poses an imminent danger of serious physical harm to self or others; or
- (b) A medical condition occurs putting the student at risk of harm.

(7) School personnel administering physical restraint in accordance with these guidelines should:

- (a) Be trained by an individual or individuals who are certified by a training program that meets the established criteria in Section 7 of these Guidelines, except in the case of clearly unavoidable emergency circumstances when trained school personnel are not immediately available due to the unforeseeable nature of the emergency circumstance; and
- (b) Be trained in state guidelines and school district policies and procedures regarding restraint.

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(8) School personnel administering physical restraint in accordance with these guidelines should use the safest method available and appropriate to the situation. Prone or supine restraint should only be used if the school personnel administering the restraint has received training by an individual or individuals who are certified by a training program that meets the established criteria in Section 7 of these Guidelines, and in the judgment of the trained staff member, such method is required to provide safety for the student or others present.

(9) If an incident occurs where trained school personnel are not immediately available due to the unforeseeable nature of the emergency circumstance, the district should:

- (a) Reevaluate the district's staff training needs and restraint policy or practices, and
- (b) Develop a plan to prevent future incidents.

(10) The use of physical restraint as a behavioral intervention should not be written into a student's Individualized Education Program (IEP), Section 504 Plan, BIP, individual student safety plan, or any other planning document for an individual student. Physical restraint may be considered as a crisis intervention, if appropriate for the student.

(11) A functional behavior assessment should be conducted following the first incident of restraint, unless one has been previously conducted for the behavior of issue.

### **Section 4. District Responsibilities**

As it relates to the use or potential use of physical restraints, it is recommended that school districts develop policies and procedures to:

- (1) Ensure that school personnel are aware of and parents are notified how to access state and local policies and procedures regarding restraint;

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- (2) Ensure the safety of all students, including students with the most complex and intensive behavioral needs, school personnel, and visitors;
- (3) Require appropriate school personnel to be trained in accordance with these ADE advisory guidelines;
- (4) Establish appropriate procedures during and after any incident involving the imposition of physical restraint upon a student, including notice to parents, documentation of the event, and debriefing, as outlined in Section 5 of these ADE advisory guidelines;
- (5) Establish a procedure for accepting complaints from parent(s) regarding specific incidents of the use of physical restraint. Such complaints should be referred to appropriate personnel for review or the student's IEP or 504 team, if applicable. If the student has an IEP or 504 plan, the team should consider whether a Behavior Intervention Plan should be created or revised, or if additional behavioral goals and interventions should be included in the existing plan; and
- (6) Establish a procedure to regularly review data on restraint incidence and adjust procedures as needed.

### **Section 5. Documentation/Notification/Debriefing**

After a restraint incident occurs, it is recommended that school personnel complete the following documentation and notification activities:

- (1) All incidents involving the use of physical restraint should be documented by a written record and be maintained in the student's education record. Each incident record should include all information contained on the ADE recommended Physical Restraint Incident Record, attached, and any additional documentation the district deems necessary.

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(2) The Incident Record outlined above should be completed within (24) hours following the incident involving the use of physical restraint. A copy of the Incident Record should be sent to the parent(s) within one (1) school day of the report being completed.

(3) The parent(s) of the student should be notified of the restraint verbally or through electronic communication as soon as possible but no later than (24) hours after the incident. If the parent cannot be reached by either means within (24) hours, a written communication should be sent to the parent within (48) hours of the incident.

(4) The principal of the school, or other designated administrator, should be notified of the use of physical restraint as soon as possible, but no later than the end of the school day on which it occurred.

(5) A debriefing meeting should be held within (2) school days of the incident involving the use of restraint.

(6) The debriefing meeting should include all district personnel present during the restraint incident, district personnel who were in the proximity of the student immediately before and during the time of the incident, a district administrator, and other staff determined appropriate by the district.

(7) The purpose of the debriefing meeting is to:

- (a) Determine that the procedures used during the incident were necessary;
- (b) Evaluate the staff's use of behavioral supports and de-escalation techniques prior to and during each incident; and
- (c) Evaluate the school district's positive behavioral support system and prevention techniques in order to minimize the future use of restraint.

(8) At the debriefing meeting, district personnel should:

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- (a) Consider relevant information in the student's records and information from teachers, parents, other school district professionals, and the student, including the student's social/medical history, functional behavior assessment(s), behavior intervention plan, and parent concerns;
  - (b) Discuss and identify the events and conditions that preceded the physical restraint including intervention and de-escalation techniques used;
  - (c) Discuss whether positive behavior supports were implemented with fidelity;
  - (d) Discuss the duration and frequency of the use of physical restraint with the student;
  - (e) Discuss appropriate actions to be taken to prevent and reduce the need for restraint and consider whether additional interventions and supports are necessary for the student or staff; and
  - (f) Consider how and when to debrief individuals not present at the debriefing meeting, including the parent(s), student, and other staff and students that witnessed the incident.
- (9) The ADE recommended Debriefing Report, or an alternate report including all of the information contained on the ADE recommended Debriefing Report, should be completed during the debriefing meeting and filed with the school district's designated administrator. A copy should be sent to the student's parent(s) within (2) school days after the meeting. All documentation utilized in the debriefing meeting should become part of the student's education record.

### **Section 6. Personnel Training**

School districts should conduct the following personnel training activities:

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(1) Appropriate school personnel should be trained to use an array of positive behavior interventions, strategies, and supports to increase appropriate student behaviors and decrease inappropriate or dangerous student behaviors.

(2) Appropriate school personnel should be trained annually on how to respond to students in a behavioral crisis and how to prevent a behavioral crisis. The training may be delivered utilizing web-based applications and should include:

- (a) Appropriate procedures to prevent the need for physical restraint and crisis intervention, including positive behavior management and support strategies;
- (b) The proper use of positive reinforcement;
- (c) The continuum of alternative behavioral interventions;
- (d) Crisis prevention; and
- (e) De-escalation strategies for problematic behavior, including verbal de-escalation, and relationship building.

(3) A core team of selected school personnel should be designated to respond to crisis and emergency situations, which may require the physical restraint of students. The core team should receive annual training in the following areas:

- (a) Appropriate procedures for preventing the need for physical restraint or crisis intervention that shall include the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraints;
- (b) A description and identification of dangerous behaviors on the part of students that may indicate the need for physical restraint or crisis intervention and methods for evaluating the risk of harm in individual situations, in order to determine whether the use of physical restraint or crisis intervention is safe and warranted;

(c) Simulated experience of administering and receiving physical restraint and crisis intervention, and 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 reporting requirements and investigation of injuries; and

(e) Demonstration by participants of proficiency in administering physical restraint and crisis intervention.

(4) All school personnel should be notified by the district of those school personnel who have been trained to engage in physical restraint procedures.

**Section 7: Crisis Intervention Training Program Criteria**

Any program used by a district to train its personnel should have the following characteristics or components:

(1) Teach evidence-based techniques that are shown to be effective in the prevention and safe use of physical restraint;

(2) Provide evidence-based skills training related to positive support, conflict prevention, de-escalation, and crisis response techniques including:

(a) Guidelines on when to intervene (understanding imminent danger to self and others);

(b) Emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);

(c) Refresher information on alternatives to the use of restrictive interventions;

(d) Strategies for the safe implementation of restrictive interventions;

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- (e) The use of emergency safety interventions which include continuous assessment and monitoring of the physical well-being of the student and the safe use of restraining throughout the duration of the restrictive intervention;
  - (f) Prohibited procedures;
  - (g) Debriefing strategies, including their importance and purpose; and
  - (h) Documentation methods/procedures;
- (3) Be competency-based, and include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives, and measurable methods to determine passing or failing the course;
- (4) Require re-certification a minimum of biennially; and
  - (5) Be consistent with the philosophies, practices and techniques for physical restraint that are established by these Guidelines.