

5561 USE OF PHYSICAL RESTRAINT AND SECLUSION TECHNIQUES FOR STUDENTS WITH DISABILITIES

The Board of Education strives to provide a safe, caring atmosphere that supports all students in the least restrictive environment. It is our belief that all children should be educated in a safe, respectful, and non-restrictive environment where they can receive the instruction and other support they need to achieve at high levels. The environments should be structured to greatly reduce and, in many cases, eliminate the need to use restraint or seclusion. The Board of Education believes that the implementation of a positive behavioral intervention system will assist school personnel in adopting and organizing evidence based behavioral interventions into an integrated continuum that enhances academic and social behavioral outcomes for all students. When integrated with effective academic instruction, such systems can provide the support children need to become actively engaged in their own learning and academic success. This effort should serve to create school-wide environments that reinforce appropriate behaviors while reducing incidents of dangerous behaviors that may lead to the use of restraint or seclusion.

On occasion, however, during an emergency, a situation may arise making it necessary to temporarily restrain or seclude a student in accordance with N.J.S.A.18A:46-13.4 through 13. The Board of Education contends that while all efforts should be made to prevent the need for Restraint and Seclusion any behavioral intervention must be consistent with the child's rights to be treated with dignity and to be free of abuse. These principles make it clear that the child's Restraint and/or Seclusion should never be used except in situations where the child poses an imminent danger of serious harm to self or others. At no time should Restraint or Seclusion be used as punishment or discipline; as a means of coercion or retaliation; or as a convenience.

Definitions:

Physical Restraint: "Physical restraint" means the use of a personal restriction that immobilizes or reduces the ability of a student to move all or a portion of his or her body (18A:46-13.4).

Seclusion: "Seclusion technique" means the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving, but does not include a timeout (18A:46-13.4).

The school district, in utilizing physical restraint or seclusion techniques when dealing with a student with disabilities behavior, shall ensure that:

Parents should be informed of the policies on Restraint and Seclusion at their child's school, as well as, acceptable Federal, State or local laws by the School Principal or designee, yearly so they can be informed partners in this process. The Superintendent of Schools or designee shall ensure a review process is in place to ensure compliance.

Physical Restraint and/or Seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and other interventions have proven to

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be ineffective, and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated. To define imminent danger, staff are trained in Crisis Prevention Institute's Decision-Making Matrix tool used to assess high-risk behaviors on the factors of likelihood and severity of outcome. At no time should protocols for Physical Restraint and Seclusion be implemented when dealing with any other issues that may require disciplinary actions outlined by Policy and Regulation 5600 (Student Discipline/Code of Conduct).

Policies and Regulations regarding the use of Restraint and Seclusion should be reviewed regularly and updated as appropriate.

Staff members who are involved in the restraint or seclusion of a student receive training in safe procedural techniques from an entity determined by the Clinical Director to be qualified to provide such training, and that the training is updated at least annually.

Physical Restraint that requires the use in a prone position, should not be used at any time without the written consent of the student's physician.

A trained professional staff member must be physically present in the room and attentive to the student at all times during the protocol. They must vigilantly ensure that established procedures are used that will safely deescalate and guide the student in a manner that will support de-escalation and positive behavioral outcomes, as well as the physical and emotional well-being of the student.

The parent of a Restrained or Secluded student is immediately notified when physical restraint is used on their child. This notification may be by telephone or electronic communication. A post-incident written notification report which addresses the behavior that precipitated the Restraint or Seclusion, identifying the: protocol used, staff member who administered the protocol, the duration, and ultimate outcome shall be provided to the parent within forty-eight hours of the occurrence of the incident. Additional notification should be sent to the Director of Clinical Services, the building principal, and Superintendent of schools for the purpose of monitoring each incident to ensure appropriate protocols were implemented and monitor student profiles for the purpose of safeguarding disproportional targeting based on race, ethnicity, and gender.

Every instance in which physical restraint is used must be carefully and continuously monitored to ensure the protocol(s) are used in accordance with established procedures set forth in the Regulation 5561 and is in accordance with the entity that trains staff in safe techniques for physical restraint so the safety of the child and others is ensured, at all times.

Each incident in which physical Restraint or Seclusion is used must be carefully and continuously documented in writing in sufficient detail to enable staff to use this information to develop or improve the behavior intervention plan at the next Individualized Education Plan (IEP) meeting, or sooner if needed. However, in cases where a student has a history of dangerous behavior for which Restraint and/or Seclusion is considered or used, a school must have a documented plan for (1) teaching and supporting

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more appropriate behavior, and (2) determining positive methods to prevent behavioral escalations that have previously resulted in the use of these practices.

The Board also requires the Superintendent or designee to examine the use of physical Restraint and Seclusion techniques utilized throughout the school year. The Superintendent will establish individual building-based teams of trained professionals and administrators to assist in supporting staff, students and families when incidents occur, as well as, monitoring the frequency and outcome of incidents within the school. As a receiving district, the Clinical Director will send each Director of Special Services a monthly report of any student in their district that was restrained. In addition, the Board of Education will require the Clinical Director to present quarterly incident reports to the Superintendent of Schools that outline all pertinent information points to assist the Superintendent and Clinical Director in evaluating the efficacy of the Restraint and Seclusion use in the South Bergen Jointure Commission. Said data will be reported to the Board of Education on a bi-yearly basis that demonstrates compliance with district policy and New Jersey State law and Department of Education guidelines. This will ensure that a review process is in place to examine the frequency of use of physical restraints or seclusion techniques in emergency situations; and, to track the repeated use of these methods for an individual child, within the same classroom, or by a single individual.

N.J.S.A. 18A:46:13.4; 18A:46-13.5; 18A:46-13.6; 18A:46-13.7 outlines all procedures and safeguards that must be followed. The Board of Education expects that the South Bergen Jointure Commission will follow said procedures established as related to Restraint and Seclusion Guidance for Students with Disabilities at all times.

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