



Policy #2

BEHAVIORAL INTERVENTIONS, ISOLATED TIME OUT, TIME OUT, AND PHYSICAL RESTRAINT POLICY AND PROCEDURE

AUGUST 2020

SECTION 1: PURPOSE

The purpose of these policies and procedures is to establish the process for HSCSED to comply with applicable laws regarding the use of behavioral interventions for students with disabilities who are receiving special education services.

Behavioral interventions for a student with disabilities will incorporate procedures and methods consistent with generally accepted practices in the field of behavioral intervention. Nonrestrictive interventions are preferred because of the low risk of negative side effects and the high priority placed on behavioral modification.

SECTION 2: DEVELOPMENT

The HSCSED administration developed these policies and procedures in compliance with federal and state law and regulations, as well as with Illinois State Board of Education guidance.

SECTION 3: DISTRICT ADVISORY COMMITTEE

HSCSED will review these policies and procedures annually and provide any recommendations to the HSCSED Board as needed or, minimally, on an annual basis.

SECTION 4: DISTRIBUTION

As required, these policies and procedures will be provided to parents or guardians of students receiving special education services annually, within 15 days after they have been adopted by the school board, or at the time a student's IEP is first developed.

In addition, at each student's annual review IEP meeting, HSCSED staff will make available the policies and procedures to the parents/guardians upon request.

SECTION 5: DESIGNATION OF BEHAVIORAL INTERVENTIONS BY LEVEL OF RESTRICTIVENESS

Behavioral interventions are categorized into five levels of restrictiveness: (1) nonrestrictive, (2) restrictive, (3) highly restrictive, (4) prohibited, and (5) emergency.

Nonrestrictive Interventions

Nonrestrictive interventions are preferred because of the low risk of negative impact and the emphasis on positive behavioral modification. These interventions may be used with students without the development of a written behavior intervention plan (BIP) as part of the student's IEP. Examples of nonrestrictive intervention include, but is not limited to:

- Student breaks
- Temporary instructional setting
- Parent contact
- Contingency contracting
- Detention
- Differential reinforcement
- Direct instruction
- Environmental or activity modification
- Extinction
- Instructional assignment
- Proximity control
- Verbal redirection
- Response cost
- Restitution
- Self-management
- Shaping
- Alternative behavior instruction
- Modeling
- Peer modeling

- Peer review
- Positive practice
- Positive reinforcement
- Token economy
- Verbal feedback
- Verbal reprimand

RESTRICTIVE INTERVENTIONS

Restrictive interventions may be used in cases of gross misconduct or disobedience or when less restrictive interventions have been attempted and failed.

- In-school suspension
- Out-of-school suspension
- Expulsion (with special education and related services)

HIGHLY RESTRICTIVE INTERVENTIONS

The following highly restrictive interventions are deemed inappropriate for use and will not be used under any circumstances:

- Aversive mist, aroma, or taste
- Denial or restriction of access to regularly used equipment/technology that facilitates the student's educational functioning (except when device is causing imminent danger or harm to self or others)

PROHIBITED INTERVENTIONS

The following interventions are prohibited and cannot be used under any circumstances:

- Corporal punishment
- Faradic skin shock
- Physical manipulation or procedures that cause pain and or tissue damage when used as an aversive procedure
- Chemical restraint
- Mechanical restraint (excludes those used to treat a student's medical needs, protect a student known to be at risk or injury from lack of

coordination or frequent loss of consciousness, position a student with physical disabilities in a manner specified in the student's IEP, Section 504 plan, or other plan of care, provide a supplementary aid or service or accommodation, or promote student safety in vehicles used to transport students)

- Expulsion with cessation of services

EMERGENCY INTERVENTIONS

The following interventions are deemed inappropriate for use in most circumstances, but may be necessary in extreme, limited circumstances:

- Isolated time out (without staff member presence in the time out area)
- Time out (with staff member presence in the time out area)
- Physical restraint

SECTION 6: ISOLATED TIME OUT, TIME OUT, AND PHYSICAL RESTRAINT

Isolated time out, time out, and physical restraint shall be used only when the student's behavior presents an imminent danger of serious physical harm to the student or others, and other less restrictive and intrusive measures have been tried and proven ineffective in stopping the imminent danger of serious physical harm. HSCSED staff may not use isolated time out, time out, or restraint as discipline or punishment, convenience for staff, retaliation, a substitute for appropriate educational or behavioral support, or a routine safety matter or to prevent damage to property in the absence of imminent danger of serious physical harm to the student or others. Any use of isolated time out, time out, or physical restraint by any staff member shall comply with the Illinois State Board of Education rules, Section 1.285.

Isolated time out, time out, and physical restraint are defined as follows:

ISOLATED TIME OUT: The involuntary confinement of a student alone in a time out room or other enclosure outside the classroom without a supervising adult in the time out room or enclosure. Isolated time out does not include a student-initiated or student-requested break, a student-initiated or teacher-initiated

sensory break, including a sensory room containing sensory tools to assist a student to calm and de-escalate, an in-school suspension or detention, or any other appropriate disciplinary measure including a student's brief temporary removal to the hallway or similar environment.

For an isolated time out, an adult who is responsible for supervising the student must remain within two feet of the enclosure. The supervising staff member must always be able to see, hear, and communicate with the student. The door in the time out room or enclosure must not be locked or held to block egress. A student in isolated time out must not be supervised using cameras, audio recording, or any other electronic monitoring device.

A student placed in isolated time out must have reasonable access to food, water, medication, and toileting facilities. Except in circumstances in which there is a risk of self-injury or injury to staff or others, a student in isolated time out shall not have his or her clothing removed, including, but not limited to, shoes, shoelaces, boots, or belts.

A student shall be released from isolated time out immediately upon determination by the staff member that the student is no longer an imminent danger of serious physical harm to himself, herself, or others. No less than once every 15 minutes, a trained adult must assess whether the student has ceased presenting the specific behavior for which the time out was imposed.

TIME OUT: A behavior management technique for the purposes of calming or de-escalation that involves the involuntary monitored separation of a student from classmates with a trained adult for part of the school day, only for a brief time, in a non-locked setting. Time out does not include a student-initiated or student-requested break, a student-initiated or teacher-initiated sensory break, including a sensory room containing sensory tools to assist a student to calm and de-escalate, an in-school suspension or detention, or any other appropriate disciplinary measure including a student's brief temporary removal to the hallway or similar environment.

For a time out, a trained adult who is responsible for supervising the student must remain in the same room as the student at all times during the time out. A student placed in time out must have reasonable access to food, water, medication, and toileting facilities. Except in circumstances in which there is a risk

of self-injury or injury to staff or others, a student in isolated time out shall not have his or her clothing removed, including, but not limited to, shoes, shoelaces, boots, or belts.

A student shall be released from time out immediately upon determination by the staff member that the student is no longer an imminent danger of serious physical harm to himself, herself, or others. No less than once every 15 minutes, a trained adult must assess whether the student has ceased presenting the specific behavior for which the time out was imposed.

PHYSICAL RESTRAINT: Holding a student or otherwise restricting a student's movements using a specific planned technique. Physical restraint does not include momentary periods of physical restriction by direct person-to-person contact, without the aid of material or devices, accomplished with limited force and designed to: (1) prevent a student from completing an act that would result in potential physical harm to him/herself or another or damage to property; or (2) remove a disruptive student who is unwilling to leave the area voluntarily.

HSCSED prohibits the use of physical restraint except when:

- The student poses an imminent physical danger to her/himself or others
- There is no medical contradiction to its use; and
- The staff applying the restraint have been trained in its safe application.

A physical restraint shall not impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with a student's ability to speak. If physical restraint is imposed upon a student whose primary mode of communication is sign language or an augmentative mode, the student shall be permitted to have his or her hands free of restraint for brief periods, unless the supervising adult determines that such freedom appears likely to result in harm to the student or others.

Students shall not be subjected to physical restraint for using profanity or other verbal displays of disrespect for themselves or others. A verbal threat shall not be considered as constituting a physical danger unless a student also demonstrates a means of or intent to carry out the threat.

Physical restraint must end immediately when the threat of imminent danger of serious physical harms ends or the student indicated that he or she cannot

breathe or staff supervising the student recognizes that the student may be in respiratory distress. Staff involved in physically restraining a student must periodically halt the restraint to evaluate if the imminent danger of serious physical harm continues to exist. If the imminent danger of serious physical harm continues to exist, staff may continue to use the physical restraint and the continued use may not be considered a separate instance of physical restraint.

Any application of physical restraint shall take into consideration the safety and security of the student. Physical restraint shall not rely upon pain as an intentional method of control. In determining whether a student who is being physically restrained should be removed from the area where such restraint was initiated, the supervising adult shall consider the potential for injury to the student, the student's need for privacy, and the educational and emotional well-being of other students in the vicinity.

"Prone physical restraint" is a restraint in which a student is held face down on the floor or other surface and physical pressure is applied to the student's body to keep the student in the prone position. "Supine physical restraint" is a restraint in which a student is held face up on the floor or other surface and physical pressure is applied to the student's body to keep the student in the supine position. Until July 1, 2021, prone and supine physical restraint is prohibited, unless all of the following criteria are met. Currently, physical restraint techniques used by HSCSED do **not** include the use of prone supine physical restraints.

- a) Before using a prone or supine physical restraint, HSCSED shall review and determine if there are any known medical or psychological limitations that contraindicate the use of a prone or supine physical restraint.
- b) HSCSED deems the situation an emergency (defined as a situation in which immediate intervention is needed to protect a student or other individual from imminent danger of serious physical harm to himself, herself, or others and less restrictive and intrusive interventions have been tried and proven ineffective in stopping the imminent danger).
- c) Prone or supine physical restraint is used in a manner that does not restrict or impair a student's ability to breathe or communicate

normally, obstruct a student's airway, or interfere with a student's primary mode of communication.

- d) Prone or supine physical restraint is used only by personnel who have completed required training.
- e) Prone or supine physical restraint is used only if those interventions are the least restrictive and intrusive interventions to address the emergency and stop the imminent danger of serious physical harm to the student or others. During each incident, one HSCSED staff person trained in identifying the signs of distress must be assigned to observe and monitor the student during the entire incident. That staff person may not be involved in the physical holding of the student. The number of staff involved in physically restraining the student may not exceed the number necessary to safely hold the student. Staff involved in the restraint must use the least amount of force and the fewest points of contact necessary and must afford the student maximum freedom of movement while maintaining safety.
- f) The prone or supine physical restraint ends immediately when the threat of imminent danger of serious physical harm ends, but in no event shall prone or supine physical restraint last longer than 30 minutes. If after 30 minutes the emergency has not resolved, or if an additional emergency arises the same school day, a school administrator, in consultation with a psychologist, social worker, nurse, or behavior specialist, may authorize the continuation of the restraint or an additional prone or supine physical restraint. No restraint may be continued, nor may additional restraints be applied, unless continuation is authorized by an administrator.
- g) If the student is restrained in a prone or supine physical restraint in at least two separate instances within a 30-school day period, the HSCSED personnel who initiated, monitored, and supervised the incidents shall initiate a Restraint Review, which is a review of the effectiveness of the procedures used. If the personnel involved in the restraints do not include a psychologist, social worker, nurse,

or behavior specialist, at least one of those staff members shall be included in the Restraint Review. The Restraint Review must include, but is not limited to:

- 1) Conducting or reviewing a functional behavioral analysis, reviewing data, considering the development of additional or revised positive behavioral interventions and supports, considering actions to reduce the use of restrictive procedures, or, if applicable, modifying the student's individualized educational program, federal Section 504 plan, behavior intervention plan, or other plan of care, as appropriate; and
- 2) Reviewing any known medical or psychological limitations that contraindicate the use of a restrictive procedure, considering whether to prohibit that restrictive procedure, and, if applicable, documenting any prohibitions in the student's IEP, 504 plan, BIP, or other plan of care.

Documentation and Evaluation of Isolated Time-Out, Time Out, and Physical

Restraint: A written record of each episode of isolated time out, time out, or physical restraint shall be maintained in the student's temporary record. HSCSED staff will:

- a) Notify Special Education Coordinator of the episode as soon as possible on the day of the incident.
- b) Complete the ISBE "Physical Restraint and Time Out" form for each episode. This record must be completed immediately following the episode and given to the Special Education Coordinator and Director of Special Education.
- c) Whenever an episode of isolated time out or time out exceeds 30 minutes, an episode of physical restraint exceeds 15 minutes, or repeated episodes have occurred during any three-hour period, the following must occur:

- 1) A licensed educator or licensed clinical practitioner knowledgeable about the use of isolated time out or time out or trained in the use of physical restraint must evaluate the situation (e.g., a teacher, SW, or psychologist).
 - 2) The evaluation shall consider the appropriateness of continuing the procedure in use, including the student's potential need for medication, nourishment, or use of a restroom, and the need for alternate strategies (e.g., assessment by a mental health crisis team, assistance from police, or transportation by ambulance).
 - 3) The result of the evaluation shall be committed to writing and copies of the documentation shall be placed into the student's temporary student record and provided to the Building Administrator.
- d) When a student experiences instances of isolated time out, time out, or physical restraint on three (3) days within a 30-day period, the school personnel who initiated, monitored, and supervised the incidents shall initiate a review of the effectiveness of the procedures used and prepare an individual behavior plan for the student that provides either for continued use of these interventions or for the use of other, specified interventions. The plan shall be placed into the student's temporary school record. The review shall also consider the student's potential need for an alternative program, for special education eligibility, or, for a student already eligible for special education, for a change in program.
- 1) The district or HSCSED serving the student shall invite the student's parents or guardians to participate in this review and shall provide ten (10) days' notice of its date, time, and location.
 - 2) The notification shall inform the parents or guardians that the student's potential need for special education, an alternative program, or, for students already eligible for special education, the student's potential need for a change in program, will be considered

and that the results of the review will be entered into the temporary student record.

Notification to Parents/Guardians and State Superintendent: All parents and guardians must be provided a copy of HSCSED's behavioral intervention policies and procedures upon enrollment, initial eligibility for special education services, and annually thereafter.

If a student is subject to isolated time out, time out, or physical restraint, the school must make a reasonable attempt to notify the student's parent or guardian on the same day the isolated time out, time out, or physical restraint is imposed.

Within one (1) business day after any use of isolated time out, time out, or physical restraint, HSCSED shall send the ISBE "Physical Restraint and Time Out" form to the student's parents or guardians. No later than two (2) school days after any use of isolated time out, time out, or physical restraint, HSCSED shall enter specific data components from the form into the Student Information System (SIS).

SECTION 7: BEHAVIOR INTERVENTION PLAN

A written behavior management plan may be developed by an IEP team for students who have significant behavior/emotional needs which are:

- Identified through functional analysis of the behavior, e.g., Functional Behavior Assessment (FBA)
- Related to the student's disability
- Having an adverse effect on the student's ability to learn
- Severe and significant over a period of time
- Not responsive to the use of positive, nonrestrictive interventions

The selection of intervention strategies for use with an individual student shall be based upon information derived from the functional analysis of the behavior.

Before an intervention is selected, a continuum of possible interventions designed

to produce the desired behavioral changes should be considered. The least restrictive intervention that is reasonably calculated to produce the desired outcome should be selected for implementation.

The IEP case manager with the advice of the IEP team will be responsible for implementing the behavior management plan or BIP in accordance with the IEP.

The effectiveness of intervention strategies will be determined by evaluation data. Evaluation data should include:

- An analysis of baseline data from the functional analysis concerning frequency, duration, and intensity of the target behavior prior to initiation of the intervention.
- Data concerning the frequency, duration, and intensity of the behavior of concern after the initiation of the intervention.
- Observational data from the teacher, parents, and other individuals involved with the interventions at planned intervals.

If changes or new interventions are required, the behavior management plan or BIP should be modified by reconvening the IEP team.

PROVISIONS FOR PARENT INVOLVMENT:

Parents and guardians of students with disabilities should be actively involved in the development of a behavior intervention plan. Such involvement includes, but is not limited to, participation in the design, implementation, and evaluation of interventions as part of the IEP team. HSCSED will follow all state and federal laws, regulations, and guidance to include parents in the process. Parents may request an IEP meeting at any time to discuss not only behavior intervention plans, but any issues pertaining to the IEP.

SECTION 8: EMERGENCY USE OF RESTRICTIVE INTERVENTIONS

Emergency refers to a situation in which immediate restrictive intervention may be necessary to protect students, others, staff from:

- Physical injury
- Other acts involving harm
- Emotional injury

- Weapons/threats
- Drugs on campus

When confronted with this type of behavior, personnel may use interventions that are the least restrictive to reasonably respond to the situation. In some instances, a Manifestation Determination Hearing may be required to determine if the behavior is a manifestation of a student's disability, which may result in an amended behavior intervention plan or a change in placement to an interim alternate placement. Parents/Guardians will and should be included as part of any manifestation determination review meeting as with any IEP procedure.

SECTION 9: PROVISIONS FOR TRAINING AND PROFESSIONAL DEVELOPMENT

HSCSED will develop and implement a training and professional development program for staff members, and all state and federal guidelines will be followed in the development of and implementation of any professional development.

Adopted: 09/10/2020