



- Life Threatening Physical Restraint: Any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.
- Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term does not include: (A) briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an individualized education program ("IEP").
- Seclusion: The confinement of a person in a room, whether alone or with supervision by a provider or assistant, in a manner that prevents the person from leaving that room. Seclusion does not include any confinement of person at risk in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.
- Behavior intervention: supports and other strategies developed by the planning and placement team ("PPT") to address the behavior of a person at risk that impedes the learning of the person at risk or the learning of others.
- Licensed health care provider: (1) a legally qualified practitioner of medicine; (2) an advanced practice registered nurse (3) a registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes ; or (4) a physician assistant licensed pursuant to Chapter 370 of the Connecticut General Statutes.

## II. Procedures for Physical Restraint Of Persons At Risk

- A. Life-Threatening Physical Restraint: No provider or assistant shall under any circumstance use a life-threatening physical restraint on a person at risk.
- B. No provider or assistant shall use involuntary physical restraint on a person at risk EXCEPT as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others.
- C. Physical restraint of a person at risk shall never be used as a disciplinary measure or as a convenience.
- D. Providers and assistants must explore all less restrictive alternatives prior to using physical restraint for a person at risk.

E. Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint with a person at risk.

F. Monitoring

1. A provider or an assistant must continually monitor any person at risk who is physically restrained. The monitoring must be conducted by direct observation of the person at risk.

2. A provider or an assistant must regularly evaluate the person being restrained for signs of physical distress. The provider or assistant must record each evaluation in the educational record of the person being restrained.

### III. Procedures for Seclusion of Persons at Risk

A. No provider or assistant shall use involuntary seclusion on a person at risk EXCEPT as follows:

1. As an emergency intervention to prevent immediate or imminent injury to the person at risk or to others; OR

2. as specifically provided for in the IEP of the person at risk, if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective.

B. SECLUSION AS A BEHAVIOR INTERVENTION IN AN IEP

1. Prior to including seclusion in the IEP of person at risk, the PPT must review the results of a functional behavioral assessment and other information determined to be relevant by the ppt. If, based on this information, the PPT determines that the use of seclusion is an appropriate behavior intervention for the person at risk, the PPT shall include the assessment data and other relevant information in the IEP of the person at risk as the basis upon which a decision was made to include the use of seclusion as a behavior intervention. The use of seclusion in the IEP must be reviewed at least annually by the PPT. The PPT must include the following information in the IEP of the person at risk:

A. The location of seclusion for the person at risk, which may be multiple locations within a school building;

- B. The maximum length of any period of seclusion, in accordance with Section III(d) of this regulation;
  - C. The number of times during a single day that the person at risk may be placed in seclusion;
  - D. The frequency of monitoring required for the person at risk while in seclusion;
  - E. The timeframe and manner of notification of each incident of seclusion, as determined by the PPT and the parents of the person at risk; and
  - F. Any other relevant information agreed-to by the PPT taking into consideration the age, disability and behaviors of the person at risk that might subject the person at risk to the use of seclusion.
2. When seclusion is included in the IEP of a person at risk and is used as a behavior intervention strategy more than two times in any school quarter, the PPT must convene to review the use of seclusion as a behavior intervention. At this PPT meeting, the team may consider whether additional evaluations or assessments are necessary to address the behavior of the person at risk and may revise the IEP as appropriate.
3. Prior to including seclusion in an IEP of a person at risk, the PPT must inquire as to whether there are any known medical or psychological conditions that would be directly and adversely impacted by the use of seclusion as a behavior intervention. A person at risk may not be placed in seclusion if such person is known to have any medical or psychological condition that a licensed health care provider has indicated will be directly and adversely impacted by the use of seclusion. The PPT may request a medical or psychological evaluation of the child for purposes of determining whether there is a medical or psychological condition that will be directly and adversely impacted by the use of seclusion as a behavior intervention. Any written statement from a licensed health care professional in this regard shall be included in the special education file of the person at risk.
- C. Seclusion of a person at risk shall never be used as a disciplinary measure or as a convenience.
- D. Any period of seclusion (1) shall be limited to that time necessary to allow the person at risk to compose him or herself and return to the educational environment and (2) shall not exceed one hour. The

use of seclusion may be continued with written authorization from the building principal or designee to prevent immediate or imminent injury to the person at risk or to others. Where transportation of the person at risk is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the person at risk or to others is a concern.

- E. Providers and assistants must explore all less restrictive alternatives prior to using seclusion for a person at risk, unless seclusion is being used pursuant to the IEP of the person at risk.
- F. Any room used for seclusion must:
  - 1. Be of a size that is appropriate to the chronological and developmental age, size and behavior of the person at risk;
  - 2. Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which the seclusion room is located;
  - 3. Be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are used in the other rooms of the building in which the seclusion room is located;
  - 4. Be free of any object that poses a danger to the person at risk who is being placed in the seclusion room;
  - 5. Have a door with a lock only if that lock is equipped with a device that automatically disengages the lock in case of an emergency.<sup>1</sup> any latching or securing of the door, whether by mechanical means or by a provider or assistant holding the door in place to prevent the person at risk from leaving the room, shall be able to be removed in the case of any emergency. An “emergency”, for purposes of this subsection, includes but is not limited to the following:
    - A. The need to provide direct and immediate medical attention to the person at risk;
    - B. Fire;
    - C. The need to remove the person at risk to a safe location during a building lockdown; or

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<sup>1</sup> NOT LATER THAN JANUARY 1, 2014, THE LOCKING MECHANISM OF ANY ROOM IN A PUBLIC SCHOOL SPECIFICALLY DESIGNATED FOR USE AS A SECLUSION ROOM SHALL BE A PRESSURE SENSITIVE PLATE.

- D. Other critical situations that may require immediate removal of the person at risk from seclusion to a safe location; and
- 6. Have an unbreakable observation window located in a wall or door to permit frequent visual monitoring of the person at risk and any provider or assistant in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room for a person at risk.
- G. Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion for a person at risk.
- H. Monitoring
  - 1. If seclusion is included in the IEP of the person at risk, the IEP must describe the frequency of monitoring of the person at risk while in seclusion. The monitoring must be conducted by direct observation of the person at risk.
  - 2. If a person at risk has been secluded as an emergency intervention to prevent immediate or imminent injury to the person at risk or others, a provider or an assistant must frequently monitor the person at risk. The monitoring must be conducted by direct observation of the person at risk.
  - 3. A provider or an assistant must regularly evaluate the person at risk in seclusion for signs of physical distress. The provider or assistant must record each evaluation in the educational record of the person who is in seclusion.

#### IV. TRAINING OF PROVIDERS AND ASSISTANT PROVIDERS

- A. The Board of Education shall provide physical management training for all Board of Education employees who engage in the physical restraint and seclusion of persons at risk pursuant to this regulation. Prior to engaging in physical restraint and/or seclusion practices pursuant to this regulation, board of education employees must successfully complete the board of education's physical management training program.
- B. The Board shall provide training in physical management, physical restraint and seclusion procedures including, but not limited to, training to recognize health and safety issues for children placed in seclusion to ensure the safe use of seclusion as a behavior intervention.

- C. The Board shall also provide training in verbal defusing or de-escalation; prevention strategies; types of physical restraint; the differences between life-threatening physical restraint and other varying levels of physical restraint; the differences between permissible physical restraint and pain compliance techniques; monitoring to prevent harm to a person physically restrained or in seclusion and recording and reporting procedures on the use of restraints and seclusion.

V. Documentation and Communication

- A. A provider must notify the parent or guardian of a person at risk of each incident that the person at risk is physically restrained or placed in seclusion.
  - 1. An attempt shall be made to notify the parent or guardian of the person at risk on the day of, or within twenty-four (24) hours after, physical restraint or seclusion is used with the person at risk as an emergency intervention to prevent immediate or imminent injury to the person or others.
  - 2. Notification may be made by telephone, e-mail, or other method which may include, but is not limited to, sending a note home with the person at risk.
  - 3. The parent or guardian of a person at risk who has been physically restrained or placed in seclusion shall be sent a copy of the incident report of such action no later than two (2) business days after the emergency use of physical restraint or seclusion, regardless of whether the parent received the notification described in subsections 1 and 2 above.
  - 4. Where seclusion has been included in the IEP of a person at risk, notification shall be made in accordance with section III(b)(1)(e) above.
- B. After each incident of physical restraint or seclusion, and no later than the school day following the incident, the following information must be documented in the educational file of the person at risk who was physically restrained or secluded:
  - 1. in the case of an emergency use, the Nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;

2. a detailed description of the nature of the restraint or seclusion;
  3. The duration of the restraint or seclusion; and
  4. The effect of the restraint or seclusion on the person's established behavioral support or educational plan.
- C. After each incident of physical restraint or seclusion, and no later than the school day following the incident, the provider or assistant must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion.
- D. The director of special education, or his or her designee, must, at each initial PPT meeting for a child, inform the child's parent, guardian, or surrogate parent, or the pupil if such pupil is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.
1. On and after October 1, 2009, the director of special education or his or her designee shall provide to the child's parent, guardian, or surrogate parent, or the pupil if such pupil is an emancipated minor or eighteen years of age or older, at the first PPT meeting following the child's referral to special education the plain language notice of rights regarding physical restraint and seclusion developed by the Connecticut State Department of Education.
  2. If the child was eligible for special education prior to October 1, 2009, the plain language notice developed by the Connecticut State Department of Education shall be provided to the child's parent, guardian, or surrogate parent, or the pupil if such pupil is an emancipated minor or eighteen years of age or older at the first PPT meeting convened after October 1, 2009.
  3. The plain language notice developed by the Connecticut State Department of Education shall also be provided to the child's parent, guardian, or surrogate parent, or the pupil if such pupil is an emancipated minor or eighteen years of age or older at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the child's IEP.



- E. The director of special education or designee must be notified of the following:
1. Each use of physical restraint on a person at risk;
  2. The nature of the emergency that necessitated its use; and
  3. If the physical restraint resulted in physical injury to the person at risk.

VI. Responsibilities of the Director of Special Education

- A. The Director of Special Education, or his or her designee, must compile annually the instances of physical restraint and seclusion within the district and the nature of each instance of physical restraint and seclusion.
- B. The Director of Special Education, or his or her designee, may report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the person at risk.

LEGAL REFERENCES:

Conn. Gen. Stat. [ §] §§ 46A-150 THROUGH 46A-[153] 154

CONN. GEN. STAT. § 10-76B

CONN. GEN. STAT. § 10-76D

[PUBLIC ACT NO. 07-147]

REGS. CONN. STATE AGENCIES §§ 10-76B-5 THROUGH 10-76B-11

# Incident Report of Physical Restraint

*Note: Any use of physical restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record.*

**Physical Restraint** means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head. It does not include: (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

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## District Information

School District \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
School: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Restraint: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Person preparing the report: \_\_\_\_\_  
Time restraint was initiated \_\_\_\_\_ Time restraint ended \_\_\_\_\_ Total time of restraint \_\_\_\_\_

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## Student Information

Student's Name \_\_\_\_\_ SASID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: M/F Grade \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
\_\_\_\_\_  
The student currently receives special education services.  
\_\_\_\_\_  
The student is being evaluated or considered for eligibility for special education services.

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## Staff Information

Name of staff administering restraint \_\_\_\_\_ Title \_\_\_\_\_  
Name of staff monitoring/witnessing restraint \_\_\_\_\_ Title \_\_\_\_\_

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## Student activity/behavior precipitating restraint

Describe the location and activity in which the student was engaged just prior to the restraint: \_\_\_\_\_  
\_\_\_\_\_

Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint: \_\_\_\_\_  
\_\_\_\_\_

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## Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency which necessitated the use of restraint: \_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the physical restraint: (include the type of hold/restraint and the number of persons required): \_\_\_\_\_  
\_\_\_\_\_

Indicate times student was monitored for signs of physical distress and if any signs of physical distress were noted. \_\_\_\_\_  
\_\_\_\_\_

Describe the disposition of the student following the restraint: \_\_\_\_\_  
\_\_\_\_\_

Was the student injured during the emergency use of restraint? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If "Yes", complete and attach a Report of Injury.*

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## Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident? \_\_\_\_\_ Yes (indicate manner) \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_  
Was a copy of the Incident Report sent to parent/guardian within 2 business days? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Is a PPT recommended to modify the IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No *If "yes", date of notice* \_\_\_\_\_

# Incident Report of Seclusion

Note: Any use of seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record.

**Seclusion:** The confinement of a person in a room, whether it be alone or with supervision in a manner that prevents the person from leaving the room. In a public school seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out.

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## District Information

School District \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
School: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Seclusion: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Person preparing the report: \_\_\_\_\_  
Time seclusion was initiated \_\_\_\_\_ Time seclusion ended \_\_\_\_\_ Total time of seclusion \_\_\_\_\_

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## Student Information

Student's Name \_\_\_\_\_ SASID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: M/F Grade \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
\_\_\_\_\_ The student currently receives special education services.  
\_\_\_\_\_ The student is being evaluated or considered for eligibility for special education services.

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## Staff Information

Name of staff administering seclusion \_\_\_\_\_ Title \_\_\_\_\_  
Name of staff monitoring/witnessing seclusion \_\_\_\_\_ Title \_\_\_\_\_

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## Student activity/behavior precipitating use of seclusion

Describe the location and activity in which the student was engaged just prior to the seclusion: \_\_\_\_\_  
\_\_\_\_\_

Describe the risk of immediate or imminent injury to the student secluded or to others, that required the use of seclusion: \_\_\_\_\_  
\_\_\_\_\_

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## Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency which necessitated the use of seclusion: \_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the seclusion: (Was it used in as an emergency procedure to prevent immediate or imminent injury to the student or others? Was it used as a behavior intervention as indicated in the IEP? If in the IEP, did the situation/emergency meet the criteria as outlined? \_\_\_\_\_  
\_\_\_\_\_

Did the student demonstrate physical distress while in seclusion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate time student was monitored for physical distress: \_\_\_\_\_  
\_\_\_\_\_

Describe the disposition of the student following the use of seclusion: \_\_\_\_\_  
\_\_\_\_\_

Was the student injured during the emergency use of seclusion? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", complete and attach a Report of Injury.

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## Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident? \_\_\_\_\_ Yes (indicate manner) \_\_\_\_\_  
\_\_\_\_\_ No

Was a copy of the Incident Report sent to parent/guardian within 2 business days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is a PPT recommended to modify the IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No