

Restraint/Seclusion Policy (External)

Limitations on the Use of Emergency Interventions

Emergency interventions may not be used in lieu of an appropriate Behavior Intervention Plan (BIP) that is designed to change, replace, modify, or eliminate a targeted behavior. Emergency interventions may only be "used to control unpredictable, spontaneous behavior that poses a clear and present danger of serious physical harm" to the student with a disability or others and that "cannot be immediately prevented" by a lesser restrictive response. Emergency interventions should be used as a last resort when the student is a danger to self or others and after all other preventative and reactive strategies in the student's BIP have been exhausted. If an Emergency Intervention is utilized, no emergency intervention shall be employed for longer than is necessary to contain the behavior. A situation that requires prolonged use of an emergency intervention shall require the staff to seek the assistance of the school site administrator or law enforcement agency, as applicable to the situation (EDC §56521.1).

Approved Behavioral Emergency Interventions

The law continues to prohibit the use of both restraint and seclusion, except by agencies licensed and authorized to use such interventions. In addition, it prohibits the use of interventions that are designed or are likely to cause pain (such as electroshock) or that subject students to verbal abuse, humiliation, or ridicule; that deprive students of any of their senses or sleep, food, water or shelter or proper supervision; or that involve the use of noxious sprays or substances. For more information about the risks of physical restraint, please visit the Nonviolent Crisis Intervention (NCI) training document titled "Risk of Restraints" (https://www.crisisprevention.com/CPI/media/Media/elearning/flex/PDF_NCI-Risk-of-Restraints.pdf). The following behavioral emergency interventions, included in "CPI Nonviolent Crisis Intervention" training, are approved by the BMMA for use by CPI (Crisis Prevention Institute) trained staff only. The CPI "Crisis Development Model" should be used to help prevent a student from escalating their behavior to the point of being a danger to self or others. The following guidelines should be used when implementing any and all behavioral emergency interventions:

- The following Safety Intervention Disengagement Skills may be used to keep yourselves and others safe from injury if you encounter someone engaging in risk behavior (hitting, kicking, wrist grab, shirt grab, neck grab, body grab, or biting). The verbal interventions and staff approaches learned as part of the de-escalation process still apply.
 - Hold and Stabilize: Limit the range of motion and prevent harm.
 - Pull/Push: Move in opposite directions at the same time, weakening the person's grip while minimizing any pain or injury.
 - Lever: Combining momentum with movement around a single point, creating whole-body energy to increase the effectiveness of the lever.



- The following approved CPI Restrictive Interventions may only be used as a last resort when the student is a danger to self or others. In this situation, staff may have no alternative other than using restrictive interventions to maximize safety and minimize harm:
 - CPI Holding in a Seated Position (Low, Medium, and High-Level holding utilizing at least two trained CPI team members)
 - CPI Holding in a Standing Position (Low, Medium, and High-Level holding utilizing at least two trained CPI team members)
 - CPI High-Level Team Control Position (utilizing at least two trained CPI team members)
 - CPI High-Level Children's Control Position (utilizing a trained CPI team member for a child who is significantly smaller than the trained adult)
 - Prone restraints (lying face down) of any type or performing a restraint on a student on the ground are not approved by the BMMA and are not a part of the CPI training.
 - Any restrictive intervention should be used as a last resort. It should be reasonable, proportionate, and least restrictive to maximize safety and minimize harm.
 - Teams should utilize the "Opt-Out Sequence", "The Decision-Making Matrix", and "The Physical Skills Review Framework (SEAT)" to ensure the team continues to assess the situation by taking account of the student, their behavior, and the risks. When assessing the student and their behavior, you may start discontinuing use of a restrictive intervention as the student regains self-control and moves to tension reduction.

Not-Approved Behavioral Emergency Interventions

Behavioral emergency interventions shall not include (EDC §56521.1):

- Locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked room
- Employment of a device, material, or objects that simultaneously immobilize all four extremities, except that techniques such as prone containment may be used as an emergency intervention by staff trained in those procedures
- An amount of force that exceeds that which is reasonable and necessary under the circumstances
- Restrictive interventions that employ a device, material, or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment or similar techniques may be used by trained personnel as a limited emergency intervention
- An intervention that precludes adequate supervision of the individual
- An intervention that deprives the individual of one or more of his or her senses

In addition, a local educational agency or nonpublic, nonsectarian school or agency serving individuals with exceptional needs pursuant to EDC §56365 and §56366, shall not authorize, order, consent to, or pay for the following interventions or any other interventions similar to or like the following:

- Any intervention that is designed to, or likely to, cause physical pain, including, but not limited to, electric shock.
- An intervention that involves the release of noxious, toxic, or otherwise unpleasant sprays, mists, or substances in proximity to the face of the individual.
- An intervention that denies adequate sleep, food, water, shelter, bedding, physical comfort, or access to bathroom facilities.
- An intervention that is designed to subject, used to subject, or likely to subject the individual to verbal abuse, ridicule, or humiliation or that can be expected to cause excessive emotional trauma.
- Restrictive interventions that employ a device, material, or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment or similar techniques may be used by trained personnel as a limited emergency intervention.
- Locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked room.
- An intervention that precludes adequate supervision of the individual.
- An intervention that deprives the individual of one or more of his or her senses.

CPI Nonviolent Crisis Intervention Certification & Training Guidelines

- BMMA offers training through the El Dorado Charter SELPA for staff members to become CPI certified. Staff members who attend the training will be taught how to deescalate student behaviors by using the “CPI Crisis Development Model” and how to implement the “Physical Interventions” that are approved by CPI.
- In order to remain certified, LEA/district staff members will need to take the course every 18 months.
- LEA/Districts are encouraged to review the “Risks of Restraint” (see CPI Training Manual) and practice the CPI Safety Interventions on a weekly basis to ensure their staff will continue to provide the safest interventions possible.
- Should a staff member become injured in the course of implementing a Safety Intervention, they should refer to their LEA/district’s policy on reporting injuries.
- Staff members who obtain the CPI certification need to notify their LEA/district if they become unable to perform a CPI Safety Intervention.
- Only staff members who have current CPI certification are authorized to engage in approved Behavioral Emergency Interventions.
- An LEA/district shall assume responsibility for tracking staff who are trained and need to update their training.



- Contact your administrator and/or your Program Specialist at the SELPA if you feel your role at your school site warrants you being certified through CPI.

BEHAVIOR EMERGENCY REPORT

Parents/guardians shall be notified within one school day whenever a behavioral emergency intervention is used that is defined above under the “Approved Behavioral Emergency Interventions” section or if serious property damage occurs. The LEA/district must also immediately complete the Behavioral Emergency Report (BER) Form documenting the details of the incident and whether the student has a BIP. The BER must be immediately submitted to, and reviewed by, a designated, responsible administrator (within the LEA/district) and placed in the student’s-maintained file. The behavioral emergency report shall include all of the following (EDC §56521.1): (1) The name and age of the individual with exceptional needs. (2) The setting and location of the incident. (3) The name of the staff or other persons involved. (4) A description of the incident and the emergency intervention used, and whether the individual with exceptional needs is currently engaged in any systematic behavioral intervention plan. (5) Details of any injuries sustained by the individual with exceptional needs, or others, including staff, as a result of the incident. The BMMA Behavior Emergency Report (BER) form can be accessed from the SEIS document library.

Obligation to Convene an IEP Meeting When Emergency Interventions are Used

Anytime a Behavioral Emergency Report (BER) is written for a student who does not have a BIP, the designated responsible administrator shall:

- Schedule an IEP team meeting within two days to review the emergency report.
- At the IEP team meeting, the IEP team shall decide the necessity for a Functional Behavioral Assessment (FBA) and/or Interim BIP.
- If the IEP team decides not to perform the FBA or develop an Interim BIP, the IEP team shall document the reasons for not conducting the functional behavioral assessment, not developing an interim plan, or both.

Anytime a BER is written regarding a student who has a BIP, any incident involving a previously unseen, serious behavior problem or where a previously designed intervention is not effective, should be referred to the IEP team to review and determine if the incident constitutes a need to modify the BIP (EDC §56521.1).