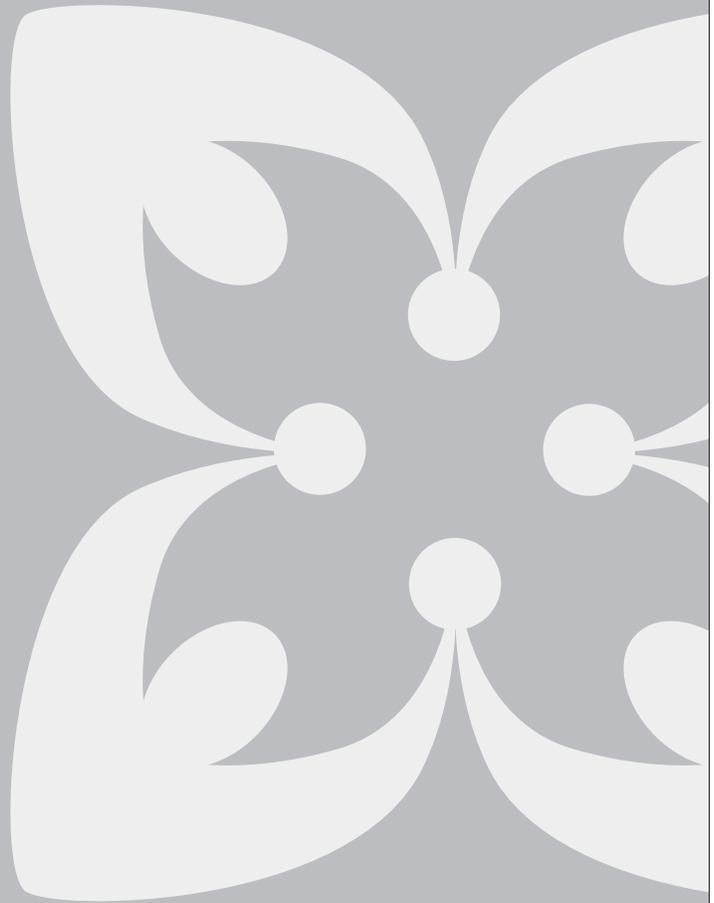




**nonviolent crisis intervention**  
a CPI specialized offering

*Nonviolent Crisis  
Intervention*<sup>®</sup> Training  
and Maine Department  
of Education Chapter  
33: Rule Governing  
Physical Restraint  
and Seclusion



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## **Nonviolent Crisis Intervention® Training and Maine Department of Education Chapter 33: Rule Governing Physical Restraint and Seclusion**

The following chart is designed to assist you in identifying some of the ways in which CPI's *Nonviolent Crisis Intervention®* training program can assist your facility in meeting Maine Department of Education Chapter 33: Rule Governing Physical Restraint and Seclusion. This rule is effective July 1, 2012

### **Program Alignment**

#### **SECTION 2. DEFINITIONS**

- 1. Aversive procedure** means the use of a substance or stimulus, intended to modify behavior, which the person administering it knows or should know is likely to cause physical and/or emotional trauma to a student, even when the substance or stimulus appears to be pleasant or neutral to others. Such substances and stimuli include but are not limited to: infliction of bodily pain, (e.g. hitting, pinching, slapping), water spray, noxious fumes, extreme physical exercise, costumes, or signs.
- 3. Chemical restraint** is the use of medication, including those administered PRN (as needed), given involuntarily to control student behavior.
- 5. De-escalation** is the use of behavior management techniques intended to cause a situation involving problem behavior of a student to become more controlled, calm and less dangerous, thus reducing the risk for injury or harm.
- 6. Dangerous behavior** is behavior that presents an imminent risk of injury or harm to a student or others.
- 7. Emergency** is a sudden, urgent occurrence, usually unexpected but sometimes anticipated, that requires immediate action.
- 9. Imminent risk of injury or harm** describes a situation in which a student has the means to cause physical harm or injury to self or others and such injury or harm is likely to occur at any moment; such that a reasonable and prudent person would take steps instantly to protect the student and others against the risk of such injury or harm.
- 12. Mechanical restraint** is any item worn by or placed on the student to limit behavior or movement and which cannot be removed by the student.
- 14. Physical escort** is the temporary touching or holding of the hand, wrist, arm, shoulder, hip or back for the purpose of moving a student voluntarily.
- 15. Physical prompt** is a teaching technique that involves physical contact with the student and that enables the student to learn or model the physical movement necessary for the development of the desired competency.
- 16. Physical restraint** is an intervention that restricts a student's freedom of movement or normal access to his or her body, and includes physically moving a student who has not moved voluntarily. Physical restraint does not include:
  - A. Physical escort;
  - B. Physical prompt;
  - C. Holding a student to calm or comfort the student;
  - D. A brief period of physical restriction by person-to-person contact accomplished with minimum force and designed to prevent a student from completing an act that potentially would result in harm to the student or another person;
  - E. The use of seat belts, safety belts or similar passenger restraint, when used as intended, during the transportation of a child in a motor vehicle; or
  - F. The use of a medically prescribed harness, when used as intended.
- 19. Seclusion** is the involuntary confinement of a student alone in a room or clearly defined area from which the student is physically prevented from leaving. Seclusion is not timeout.

**SECTION 2. DEFINITIONS**

**21. Serious bodily injury** is any bodily injury that involves—

- A. A substantial risk of death;
- B. Extreme physical pain;
- C. Protracted and obvious disfigurement; or
- D. Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

**22. Student** is a child or adult aged 3 to 20 enrolled in a school or a program owned, operated or controlled by a covered entity as defined in this section

**23. Timeout** is an intervention where a student requests, or complies with an adult request for, a break and is not covered by this rule. Timeout is not seclusion.

**Chapter 33: SECTION 5. SECLUSION**

*Nonviolent Crisis Intervention® Training Program*

**1. Permitted uses of seclusion**

- A. Seclusion may be used only as an emergency intervention when the behavior of a student presents imminent risk of injury or harm to the student or others, and only after other less intrusive interventions have failed or been deemed inappropriate.
- B. Seclusion must be implemented by staff certified in a state-approved training program to the extent possible. If, due to the nature of the emergency, untrained staff have intervened and initiated a seclusion, trained personnel must be summoned to the scene and assume control of the situation as rapidly as possible.

**2. Prohibited uses of seclusion**

- A. Seclusion may not be used for punitive purposes, staff convenience or to control challenging behavior.
- B. Seclusion may not be used to prevent property destruction or disruption of the environment in the absence of imminent risk of injury or harm.
- C. Seclusion may not be used as a therapeutic or educational intervention.
- D. Seclusion may not take place in a locked room.

CPI recognizes that seclusion is an intervention for behavioral emergencies chosen by some organizations. CPI supports the use of seclusion only as a last resort when an individual presents an imminent risk of injury or harm to self or others, and only after less intrusive interventions have been tried and have failed or have been deemed inappropriate.

Seclusion is a high-risk intervention that should be used only to protect, not to punish, and not for staff convenience. It is important to note that the act of physically moving someone to seclusion earlier in the escalation process than when the person presents an imminent risk of injury to self or others may actually escalate the situation and lead to a higher level of aggressive behavior. Therefore, seclusion should be used only as a last resort as outlined above for behavioral emergencies only.

**3. Monitoring of a student in seclusion**

- A. At least one adult must be physically present to continuously monitor a student in seclusion. The adult, while not present in the room or defined area, must be situated so that the student is visible at all times. Students must be continuously monitored until the student no longer presents imminent risk of injury or harm to self or others.
- B. In the event of an injury to the student or staff, the local policy for emergency response must be initiated.
4. Termination of seclusion
- A. The staff involved in the use of seclusion shall continually assess for signs that the student is no longer presenting imminent risk of injury or harm to self or others, and the emergency intervention must be discontinued as soon as possible.
- B. Time must be recorded consistent with the requirements of the documentation section of this rule and local policy.
- C. The covered entity may request assistance from parents at any time during the incident.
- D. If attempts to release from seclusion have been unsuccessful and a student is still presenting behaviors that create an imminent risk of injury or harm to self or others, then the covered entity may request assistance from outside sources such as caregivers, case managers, crisis intervention teams, local EMS, or other community resources.
- E. If seclusion continues for more than 10 minutes, an administrator or designee shall determine whether continued seclusion is warranted, and shall continue to monitor the status of the seclusion every 10 minutes until the seclusion is terminated.

CPI teaches that all incidents of seclusion should be continuously monitored in a manner in which the staff can see the student's face and monitor for signs of physical and psychological distress.

Seclusion should be ended at the earliest possible moment when the student no longer presents imminent risk of injury or harm to self or others. Staff monitoring the seclusion should continuously assess for signs of Tension Reduction and call for an end to the seclusion event upon the evidence of any sign of physical or psychological distress.

CPI teaches a team approach to crisis intervention. This team can be made up of school personnel, administrators, parents if needed, or outside medical or legal help. A collaborative, transparent approach to crisis intervention is often more effective.

**1. Permitted uses of physical restraint**

- A. Physical restraint may be used only as an emergency intervention when the behavior of a student presents imminent risk of injury or harm to the student or others, and only after other less intrusive interventions have failed or been deemed inappropriate.
- B. Physical restraint must be implemented by staff certified in a state-approved training program to the extent possible. If, due to the nature of the emergency, untrained staff have intervened and initiated a physical restraint, trained personnel must be summoned to the scene and assume control of the situation as rapidly as possible.
- C. Physical restraint may be used to move a student only if the need for movement outweighs the risks involved in such movement.
- D. Protective equipment or devices that are part of a treatment plan as prescribed by a licensed health care provider are not prohibited by this rule.

**2. Prohibited forms and uses of physical restraint**

- A. Physical restraint may not be used for punitive purposes, staff convenience or to control challenging behavior.
- B. Physical restraint may not be used to prevent property destruction or disruption of the environment in the absence of imminent risk of injury.
- C. No physical restraint may be used that restricts the free movement of the diaphragm or chest or that restricts the airway so as to interrupt normal breathing or speech (restraint related positional asphyxia) of a student.
- D. No physical restraint may be used that relies on pain for control, including but not limited to joint hyperextension, excessive force, unsupported take-down (e.g. tackle), the use of any physical structure (e.g. wall, railing or post), punching and hitting.
- E. Physical restraint may not be used as a therapeutic or educational intervention.
- F. Aversive procedures and mechanical and chemical restraints may not be used under any circumstances.

CPI supports the use of physical restraint only as a last resort when an individual presents an imminent risk of injury or harm to self or others, and only after less intrusive interventions have been tried and have failed or have been deemed inappropriate.

Physical restraint is a high-risk intervention that should be used only to protect, not to punish, and not for staff convenience. Furthermore, we support that physical restraint should not be used as an intervention for property damage unless the student presents an imminent risk of injury or harm to self or others.

CPI teaches safer standing restraint positions that minimize the risks associated with restraint-related positional asphyxia. The interventions do not restrict the diaphragm, the chest, or the airway, and do not interrupt normal breathing or speech.

CPI's physical restraint techniques do not rely on pain control, joint hyperextension, or excessive force. Our intent is to keep individuals from going to the floor, and we do not restrain against any physical structures (e.g., wall, railing or post).

CPI does not teach the use of mechanical or chemical restraints.

- G. Prescribed assistive devices are not considered mechanical restraints when used as prescribed. Their use must be supervised by qualified and trained individuals in accordance with professional standards.
- H. Prescribed medications are not considered chemical restraints when administered by a health care provider consistent with a student's health care plan are permitted.

### 3. Monitoring of a student in physical restraint.

- A. At least two adults must be present at all times when physical restraint is used except when, for safety reasons, waiting for a second adult is precluded.
- B. A student in physical restraint must be continuously monitored until the student no longer presents imminent risk of injury or harm to self or others.
- C. In the event of an injury, local policy must be followed.

### 4. Termination of physical restraint

- A. The staff involved in the use of physical restraint must continually assess for signs that the student is no longer presenting imminent risk of injury or harm to self or others, and the emergency intervention must be discontinued as soon as possible.
- B. Time must be recorded consistent with the requirements of the documentation section of this rule and local policy.
- C. The covered entity may request assistance from parents at any time during the incident.
- D. If attempts to release from physical restraint have been unsuccessful and a student is still presenting behaviors that create an imminent risk of injury or harm to self or others, then the covered entity may request assistance from outside sources such as caregivers, case managers, crisis intervention teams, local EMS, or other community resources.
- E. If physical restraint continues for more than 10 minutes, an administrator or designee shall determine whether continued physical restraint is warranted, and shall continue to monitor the status of the physical restraint every 10 minutes until the physical restraint is terminated.

CPI teaches that all incidents of physical restraint should be continuously monitored in a manner in which the staff can see the student's face and monitor for signs of physical and psychological distress.

Physical restraint should be ended at the earliest possible moment when the student no longer presents imminent risk of injury or harm to self or others. Staff monitoring the physical restraint should continuously assess for signs of Tension Reduction and call for an end to the physical restraint upon the evidence of any sign of physical or psychological distress.

CPI teaches a team approach to crisis intervention. This team can be made up of school personnel, administrators, parents if needed, or outside medical or legal help. A collaborative, transparent approach to crisis intervention is often more effective.

**1. Reporting to an Administrator or Designee, others**

After each incident of physical restraint or seclusion, a staff member involved shall:

- A. Report to the administrator or designee by oral notification as soon as possible after each incident, but in no event later than the end of the school day of its occurrence, and
- B. If the student is receiving his or her education in an out-of-district placement through a tuition agreement or other agreement, report the incident to the entity responsible for the student's education within 24 hours.

**2. Notification to parents**

- A. An administrator or designee shall notify the parent that physical restraint or seclusion and any related first aid have occurred as soon as practical but within the school day in which the incident occurred, utilizing all available phone numbers and other appropriate means. If the parent is unavailable, a phone message must be left for the parent to contact the school as soon as possible. If a parent does not have access to a phone, the entity must use whatever contact information is available for emergencies. The parent must be informed that written documentation will be provided to them within 7 calendar days.
- B. If a restraint or seclusion has occurred outside the school day, notification of the restraint or seclusion and any related first aid must occur as soon as possible in compliance with the entity's procedures for emergency situations.

CPI recommends and discusses within the *Nonviolent Crisis Intervention*® curriculum documentation and debriefing as critical elements needed to eliminate the use of restraint and seclusion in organizations. Organizations should follow their internal policies and procedures and use internal reporting tools as required.

CPI recommends internal documentation, as well as communicating the restraint event to parents/caregivers as soon as possible. Because CPI recommends monitoring for 24 hours an individual who has been physically restrained or secluded, parents and caregivers need to know as much as possible about the situation.

### 1. Incident Report

Each use of physical restraint or seclusion must be documented in an incident report. The incident report must be completed and provided to an administrator or designee as soon as practical after the incident, and in all cases within two school days. At a minimum, the incident report must include:

- A. Student name;
- B. Age, gender, grade;
- C. Location of incident;
- D. Date of incident;
- E. Date of report;
- F. Person completing the report;
- G. Beginning and ending time of each physical restraint and seclusion;
- H. Total time of incident;
- I. Description of prior events and circumstances;
- J. Less restrictive interventions tried prior to the use of physical restraint or seclusion. If none used, explain why;
- K. The student behavior that justified the use of physical restraint or seclusion;
- L. A detailed description of the physical restraint or seclusion used;
- M. The staff person(s) involved, their role in the use of physical restraint or seclusion and their certification in an approved training program;
- N. Description of the incident, including the resolution and process of return to program, if appropriate;
- O. Whether the student has an: a. IEP; b. 504 plan; c. behavior plan; d. IHP; or e. other plan;
- P. If a student or staff sustained bodily injury, the date and time of nurse or response personnel notification and the treatment administered, if any;
- Q. Date, time, and method of parent notification; and
- R. Date, time of staff debriefing.

Documenting as soon as possible following an incident will ensure more accurate recording of the event. CPI recommends that each staff member present document the incident and follow organizational policies for what elements need to be included in the report.

As outlined in Chapter 33, CPI recommends that the documentation reflect intervention strategies that were attempted at all stages of the CPI *Crisis Development Model*<sup>SM</sup>. This assists the organization in identifying any gaps in its intervention strategies, or strategies that are ineffective for that particular student. Documentation should not only reflect the student's behaviors, but the staff's responses to those behaviors as well.

**1. Debriefing**

A. Following each incident of physical restraint or seclusion, the covered entity shall ensure that, within two school days, an administrator or designee reviews the incident:

(1) With all staff persons who implemented the use of physical restraint or seclusion to discuss:

(a) Whether the use of restraint or seclusion was implemented in compliance with this rule and local policies, and

(b) How to prevent or reduce the future need for physical restraint and/or seclusion; and

(2) With the student who was restrained or secluded to discuss:

(a) What triggered the student's escalation; and

(b) What the student and staff can do to reduce the future need for restraint or seclusion.

B. When physical restraint or seclusion has resulted in serious bodily injury to a student or staff member requiring emergency medical treatment, the debriefing must take place as soon as possible but no later than the next school day.

C. Following the debriefing, staff must develop and implement a written plan for response and de-escalation for the student, or, if a plan already exists, staff must review and, if appropriate, revise it.

CPI teaches a model that can be applied by organizations to debrief crisis incidents. CPI recommends debriefing as soon as possible following the event with the student, all staff involved, and bystanders who witnessed the event.

The intent of debriefing is to review the incident and give everyone the opportunity to share their perspectives and evaluate the intervention, looking for opportunities to identify patterns of behavior of the student, as well as patterns in staff responses. Alternatives can be discussed with the student and with staff involved to assist in avoiding future occurrences of similar incidents.

At the conclusion of the debriefing process, both students and staff members can negotiate a plan for future events to hopefully avoid escalation. Plans can be written when required by policy.

**Chapter 33: SECTION 12. STAFF TRAINING;  
APPROVED PROGRAMS**

***Nonviolent Crisis Intervention*<sup>®</sup> Training Program**

The Department of Education shall maintain a directory of approved training program on its website at <http://maine.gov/education/>. These training programs must require participants to demonstrate competency to achieve certification, and must include instruction in at least the following core components:

1. The use of non-physical interventions for responding to potentially dangerous behaviors, including de-escalation and the use of positive alternatives;
2. Identification of dangerous behaviors that may indicate the need for physical restraint or seclusion and methods for evaluating the risk of harm to determine whether such interventions are warranted;
3. Instruction and simulated experience in administering safe physical restraint techniques across a range of increasingly restrictive interventions, including the safe movement of a student, and in recognizing and avoiding positions involving a high risk of restraint-related positional asphyxia (restricting a student's ability to breathe);
4. The effects of physical restraint and seclusion on a student, including monitoring physical and psychological signs of distress and when to obtain medical assistance in compliance with the covered entity's procedures for emergency interventions;
5. The risks and realities of physical restraint and seclusion; and
6. A review of the process of student and staff debriefing.

Each covered entity shall ensure that a sufficient number of administrators or designees, general and special education staff, maintain certification in an approved training program. A list of staff with the required approved training must be made available in each building office, as well as any central office, along with other school-wide emergency procedures and must be updated at least annually.

CPI's *Nonviolent Crisis Intervention*<sup>®</sup> training program has been approved by the Maine Department of Education. The curriculum meets all the core components listed under Chapter 33: Section 12. Staff Training; Approved Programs.

CPI recommends that, at a minimum, all staff be trained in de-escalation strategies. CPI also recommends that organizations train staff in the high-risk areas discussed in the entire curriculum, including the use of physical restraint and seclusion as a last resort.

CPI suggests that all staff receive formal refreshers every six to 12 months. In addition to formal refreshers, training drift can be mitigated by implementing content reviews, practices, drills, policy reviews, and situational applications on an ongoing basis as part of a comprehensive Training Process.