

ALIGNMENT

Ohio Adds New Requirements for the Use of Restraints on Students

(2021 Ohio Regulation OH ADC 3301-35-15 - Standards for the Implementation of Positive Behavior Intervention Supports and the Use of Restraint and Seclusion / Adopted 6/14/21 and Effective 06/24/21)

Alignment to Crisis Prevention Institute, Inc.
(CPI) Training Programs

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Alignment to Crisis Prevention Institute, Inc. (CPI) - *Nonviolent Crisis Intervention*®, 2nd Edition Training Program (NCI™)

For 40 years, CPI has supported education organizations that strive to provide the safest environment for staff and students. Not only will the NCI™ 2nd Edition Training program meet the requirements in Ohio, CPI's train-the-trainer program and its family of advanced programs also offer a comprehensive array of curriculums that can meet all the needs an organization has for supporting a violence free space in districts, including an emphasis on crisis intervention and de-escalation techniques to better assist staff with achieving this goal.

Additionally, by participating in the NCI™ 2nd Edition Training program, staff will gain the skills and confidence necessary to handle crises with minimal anxiety and maximum security. The training will help staff intervene more safely when behavior becomes dangerous and most importantly it won't damage the educational bond teaching staff have worked so hard to establish with their students.

The following chart is designed to assist you in identifying some of the ways in which CPI's NCI™ 2nd Edition Training program can help school organizations in the state of Ohio comply with the new requirements regarding the use of restraint. It may also assist you in identifying areas that may require a review and/or revision in your school organization's policies and procedures.

Definitions

“Aversive behavioral interventions” refer to interventions that are intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors, including such interventions as application of noxious, painful and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalant or taste or other sensory stimuli such as climate control, lighting and sound.

“De-escalation techniques” refer to interventions that are used to prevent violent and aggressive behaviors and reduce the intensity of threatening, violent and disruptive incidents.

“Physical escort” means the temporary touching or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a student to move to a safe location.

“Physical restraint” means the use of physical contact in a way that immobilizes or reduces the ability of an individual to move the individual's arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint. Physical restraint does not include brief physical contact for the following or similar purposes:

- (a) To break up a fight;
- (b) To knock a weapon away from a student's possession;
- (c) To calm or comfort;
- (d) To assist a student in completing a task/response if the student does not resist the contact; or
- (e) To prevent imminent risk of injury to the student or others.

- (D) General rules for restraint and seclusion.
- (1) The following practices are prohibited by student personnel under any circumstance:
 - (a) Prone restraint;
 - (b) Any form of physical restraint that involves the intentional, knowing, or reckless use of any technique that:
 - (i) Involves the use of pinning down a student by placing knees to the torso, head, or neck of the student;
 - (ii) Uses pressure point, pain compliance, or joint manipulation techniques; or
 - (iii) Otherwise involves techniques that are used to unnecessarily cause pain.
 - (c) Corporal punishment as defined in section 3319.41 of the Revised Code;
 - (d) Child endangerment, as defined in section 2919.22 of the Revised Code;
 - (e) Deprivation of basic needs;
 - (f) Seclusion or restraint of preschool children in violation of paragraph (D) of rule 3301-37-10 of the Administrative Code and this rule;
 - (g) Chemical restraint;
 - (h) Mechanical restraint;
 - (i) Aversive behavioral interventions; and
 - (j) Seclusion in a locked room or area.
 - (2) A school district may only use physical restraint or seclusion if staff:
 - (a) Are appropriately trained to protect the care, welfare, dignity, and safety of the student;
 - (b) Continually observe the student in restraint and seclusion for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
 - (c) Use communication strategies and research-based de-escalation techniques in an effort to help the student regain control;
 - (d) Remove the student from physical restraint or seclusion immediately when the immediate risk of physical harm to self or others has dissipated;
 - (e) Conduct a de-briefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs; and
 - (f) Complete all mandatory reports and document staff's observations of the student.
- (E) Physical restraint.
- (1) Prone restraint, including any physical restraint that obstructs the airway of the student, or any physical restraint that impacts a student's primary mode of communication, is prohibited. A statement to this effect is to be included in the school district's policy. Student personnel may use physical restraint only as a last resort and in accordance with local policy and the requirements of this rule.
 - (2) Physical restraint may be used only:
 - (a) If a student's behavior poses an immediate risk of physical harm to the student or others and no other safe or effective method of intervention is available;

Interventions taught by CPI have been designed to minimize the risk of injury to students and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks. While no intervention is completely free of risk from risk of injury to students or staff, all of CPI's interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both students and staff.

It is the core belief of CPI that every effort should be made to prevent the need for physical restraint. We teach that physical restraint should only be used as a very last resort when all nonphysical options have been exhausted. For last-resort circumstances, we teach safer, nonharmful restraint techniques that are the most adaptable in the industry.

The NCI™ 2nd Edition Training program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce a risk assessment matrix which helps staff to consider what level of intervention to utilize based on the level of risk. The *Decision-Making Matrix*SM and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior. Our Advanced Physical Skills course also includes the use of Emergency Floor Holding which is designated as higher-level holding. Beyond physical restraints, CPI does not teach or speak to any other form of restraint (such as mechanical or chemical).

CPI's interventions are designed to allow a student in crisis to breathe freely and without obstruction. CPI's interventions do not utilize skills that apply pressure to the neck or torso, which can compromise the ability of the student to breathe.

CPI's program teaches that any emergency intervention should be used as a last resort, when the individual is an immediate danger to self or others, and when less restrictive

- (b) If the physical restraint does not obstruct the student's ability to breathe;
 - (c) If the physical restraint does not interfere with the student's ability to communicate in the student's primary language or mode of communication; and
 - (d) By student personnel who are trained in safe restraint techniques, except in the case of rare and unavoidable emergency situations when trained personnel are not immediately available.
- (3) Physical restraint may not be used for punishment or discipline or as a substitute for other less restrictive means of assisting a student in regaining control.
- (H) Training and professional development for the use of crisis management and de-escalation techniques which includes the use of restraint and seclusion.
- (1) A school district shall ensure that an appropriate number of personnel in each building are trained annually in evidence-based crisis management and de-escalation techniques, as well as the safe use of physical restraint and seclusion. The minimum training requirements are as follows:
- (a) Proactive measures to prevent the use of seclusion or restraint;
 - (b) Crisis management;
 - (c) Documentation and communication about the restraint or seclusion with appropriate parties;
 - (d) The safe use of restraint and seclusion;
 - (e) Instruction and accommodation for age and body size diversity;
 - (f) Directions for monitoring signs of distress during and following physical control;
 - (g) Debriefing practices and procedures;
 - (h) Face-to-face training;
 - (i) Allow for a simulated experience of administering and receiving physical restraint; and
 - (j) Ensure that participants will demonstrate proficiency in items described in paragraphs (H) (1)(a) through (i) of this rule.
- (2) The school district shall maintain written or electronic documentation that includes the following:
- (a) The name, position, and building assignment of each person who has completed training;
 - (b) The name, position, and credentials of each person who has provided the training;
 - (c) When the training was completed; and
 - (d) What protocols, techniques, and materials were included in training.
- (3) As part of the training under this rule, student personnel are to be trained to perform the following functions:
- (a) Identify conditions such as: where, under what conditions, with whom and why specific inappropriate behavior may occur; and
 - (b) Use preventative assessments that include at least the following:
 - (i) A review of existing data;
 - (ii) Input from parents, family members, and students; and
 - (iii) Examination of previous and existing behavior intervention plans.

interventions have been tried and have failed or are deemed inappropriate.

CPI does not teach interventions designed to restrict or inhibit a student's ability to communicate. However, if a student's behavior is a risk to themselves or others, as a last resort, the staff might utilize emergency interventions that result in restriction of hands and arms. As a result, a student whose primary method of communication requires the use of their hands could be impaired.

CPI's trauma-informed, person-centered training will help you with what to look for and how to assess workplace violence. Further, CPI's training will provide prevention techniques on verbal de-escalation and physical disengagement skills to defuse any incidents that staff cannot successfully prevent.

The NCI™ 2nd Edition Training program is designed to be interactive and allows continual opportunity for questions and answers. Whether delivered in-person or via our blended delivery option, our train-the-trainer approach ensures that knowledgeable staff are always available to assist your organization with questions or concerns they may have. In addition, CPI leads the training industry with online learning options. From in-person classroom style training to our Blended Delivery model, and *Prevention First™* Online Training you have numerous options to choose from. Many CPI programs are also integrated with topics that are deeply relevant to the health care field, such as Trauma-Informed Care.

Restraint and seclusion should be utilized only by staff who have current training in the organization's approved interventions. CPI recommends that all staff receive a formal refresher training program every six to 12 months.

The NCI™ 2nd Edition Training program provides a model for assessing and gathering incident data to aid staff in performing the important evaluation process. In addition, CPI offers a comprehensive means of documenting and recording staff training and provides verifiable certification records for each staff trained in CPI courses.

The NCI™ 2nd Edition Training program offers risk assessment criteria to be used by staff during any perceived threat as a means of assessing a potentially dangerous situation and how to appropriately respond to the situation to ensure the greatest level of safety for everyone involved.