

ALIGNMENT

Illinois Administrative Code Title 23, Section 1.285: Requirements for the Use of Isolated Time Out and Physical Restraint. (Effective 4/9/20)

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

Illinois Administrative Code Title 23, Section 1.285: Requirements for the Use of Isolated Time Out and Physical Restraint.

Alignment to Crisis Prevention Institute, Inc. (CPI) NCI 2nd Edition Training Program

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 the Illinois regulation, CPI’s train-the-trainer program and its family of advanced programs also offers a comprehensive array of curriculums that can meet all the needs of an organization. Our training will support violence-free space in school districts with 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 behaviors become 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 Illinois to comply with the new requirements regarding the use of restraint and seclusion. It may also assist you in identifying areas that may require a review and/or revision in your school organization’s policies and procedures.

Section 1.285 Requirements for the Use of Time Out and Physical Restraint	Correlation With NCI 2 nd Edition Training
<p>Isolated time out, time out, and physical restraint, as defined in this Section, 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. Isolated time out, time out, or prevent property damage in the absence of imminent danger of serious physical harm to the student or others.</p>	<p>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 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.</p>
<p>d) The use of physical restraint shall be subject to the following requirements and limitations.</p> <p>2) Physical restraint must end immediately when:</p> <p>A) the threat of imminent serious physical harm ends; or</p> <p>B) the student recognizes that he or she cannot breathe or staff supervising the student recognizes that the student may be in respiratory distress.</p> <p>3) The staff involved in physically restraining a student must periodically halt the restraint to evaluate if the imminent danger of serious physical harm continues to</p>	<p>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.</p> <p>CPI teaches that all interventions should be continuously monitored face-to-face for level of imminent risk and signs of distress that may occur when using restraint and/or seclusion.</p>

exist, staff may continue to use the physical restraint and the continued use may not be considered a separate instance of physical restraint.

CPI teaches that all emergency interventions should end at the earliest possible moment, when the student is no longer an imminent risk to the physical safety of self or others.

4) 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 this freedom appears likely to result in harm to the student or others.

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. Additionally, CPI does not teach or endorse the use of masks, covers, or any object that obstructs vision or breathing of an individual.

5) "Prone physical restraint" means a physical 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" means a physical 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:

CPI Certified Instructors qualified to teach NCI 2nd Edition With Advanced Physical Skills are trained to respond to high-risk behaviors that result in a student going to the floor in a supine or prone position. However, these skills are taught as a response to a student's behavior and are not taught as a method to force or take a student to the floor. The CPI Supine and Supported Prone positions are designed to temporarily manage a student engaged in high-risk behavior until the student can be moved to a safer position.

A) Before using a prone or supine physical restraint, the school district or other entity serving the student shall review and determine if there are any known medical or psychological limitations that contraindicate the use of a prone or supine physical restraint.

CPI training teaches staff to consider the potential psychological, physiological, and social-emotional effects that physical restraint or physical violence can have on an individual. In the training program, staff learn ways to minimize or eliminate these effects whenever possible throughout their prevention, intervention, and post-intervention efforts.

B) The school district or other entity serving the student 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.

CPI trains that restraints should only be used when a person poses an immediate threat of harm. When a person no longer presents potential for harm to themselves or others, the restraint should be immediately discontinued.

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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.

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. Additionally, CPI does not teach or endorse the use of masks, covers, or any object that obstructs vision or breathing of an individual.

D) Prone or supine physical restraint is used only by personnel who have completed required training under subsection (i).

CPI Certified Instructors qualified to teach NCI 2nd Edition With Advanced Physical Skills are trained to respond to high-risk behaviors that result in a student going to the floor in a supine or prone position.

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 school 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.

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 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.

In the NCI 2nd Edition Certified Instructor Manual, CPI provides a chart for the continual assessment of signs of distress. The chart reviews things an observer might hear or see and draws a correlation to which system of the body could be in distress as a result of the intervention.

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 that meets the standards of this subsection (d), 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 a school administrator.

CPI teaches that all interventions should be continuously monitored face-to-face for level of imminent risk and signs of distress that may occur when using restraint and/or seclusion.

CPI teaches that all emergency interventions should end at the earliest possible moment, when the pupil is no longer an imminent risk to the physical safety of self or others.

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G) If the student is restrained in a prone or supine physical restraint in at least 2 separate instances within a 30-school day period, the school 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:

- i) 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
- ii) 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 individualized education program, federal Section 504 plan, behavior intervention plan, or other plan of care.

CPI recommends that each incident of violence also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the NCI 2nd Edition training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

Staff can use the debriefing model to analyze each incident to assess their intervention strategies, identifying what worked well and what might be adapted to prevent future occurrences of the escalating behavior. Additionally, staff can watch for trends or patterns of Precipitating Factors that may be related to staff approaches or the environment. Once patterns are identified, staff can use their analysis to inform policy development, make environmental changes when appropriate, and improve professional development practices for staff.

6) 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 immediately carry out the threat.

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

7) Except as permitted by the administrative rules of another State agency operating or licensing a facility in which elementary or secondary educational services are provided (e.g., the Illinois Department of Corrections, the Illinois Department of Juvenile Justice, or the Illinois Department of Human Services), mechanical restraint or chemical restraint, as defined in subsection (d)(12), shall not be employed.

CPI does not endorse or train the use of chemical or mechanical restraints.

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8) Medically prescribed restraint procedures employed for the treatment of a physical disorder or for the immobilization of a person in connection with a medical or surgical procedure shall not be used as means of physical restraint for purposes of maintaining discipline.

CPI does not endorse or train the use of chemical or mechanical restraints.

9) 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.

It is the core belief of CPI that every effort should be made to prevent the need for the use of 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.

10) In determining whether a student who is being physically restrained should be removed from the area where the 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.

CPI training teaches staff to consider the potential psychological, physiological, and social-emotional effects that physical restraint or physical violence can have on an individual. In the training program, staff learn ways to minimize or eliminate these effects whenever possible throughout their prevention, intervention, and post-intervention efforts.

i) Requirements for Training

1) Any adult who is supervising a student in isolated time out or time out, or who is involved in a physical restraint, shall receive at least 8 hours of developmentally appropriate training annually. Except for training on physical restraint, online training may be utilized for all training areas under this subsection (i)(1). Training is required in the following areas:

- A) crisis de-escalation;
- B) restorative practices;
- C) identifying signs of distress during physical restraint and time out;
- D) trauma-informed practices; and
- E) behavior management practices.

The NCI 2nd Edition training program focuses on prevention by recognizing the early warning signs of potential crisis situations and equipping staff with nonverbal and verbal de-escalation skills. The program teaches staff about the signs of aggression, how to handle them, and how to read a situation for indicators of violence.

In CPI training, the *Crisis Development Model*SM describes recognizable behavior levels that an escalating person might go through during a crisis. It also describes corresponding staff attitudes and approaches to de-escalate challenging behaviors.

2) All adults trained under this subsection (i) must be provided a copy of the district's policies on isolated time out, time out, and physical restraint.

As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the NCI 2nd Edition training

program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.

3) Isolated time out, time out, or physical restraint, as defined in this Section, shall be applied only by individuals who have received annual systematic training on less restrictive and intrusive strategies and techniques to reduce the use of isolated time out, time out, and physical restraint based on best practices and how to safely use time out and physical restraint when those alternative strategies and techniques have been tried and proven ineffective. This training must include all the elements described in this subsection (i) and must result in the receipt of a certificate of completion or other written evidence of participation. No individual may use isolated time out, time out, or physical restraint before receiving the required training and certificate. An individual who applies isolated time out, time out, or physical restraint shall use only techniques in which he or she has received prior annual training, as indicated by written evidence of participation.

CPI advocates for refresher training to take place at least annually. To help you with this, CPI has the largest selection of refresher courses to not only refresh your staff in existing content, but to give them new skills as well. Topics ranging from change to trauma-informed care to communicating with those who have autism spectrum disorder can help you refresh and expand staff confidence and competency in dealing with situations.

CPI's train-the-trainer model ensures that the training and the related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, roleplaying real-life scenarios, and problem solving activities to ensure that staff remain engaged in learning. In addition, our eLearning offerings are designed to be highly interactive and engaging and incorporate numerous learning strategies effective with adult learners. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering makes it easy to roll out training to a large number of staff.

4) The training required under this subsection (i) with respect to isolated time out, time out, or physical restraint may be provided either by the employer or by an external entity.

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 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.

A) All persons or entities who provide training must be trained and certified in the:

- i) effective use of less restrictive and intrusive alternatives to prevent imminent danger of serious physical harm to the student or others; and
- ii) safe application of isolated time out, time out, and physical restraint when less restrictive and intrusive alternatives have been tried and proven ineffective.

B) The training shall include, but need not be limited to:

- i) the dangers associated with the use of isolated time out, time out, and physical restraint and the

CPI teaches staff to constantly engage in risk assessment during any perceived threat. This assessment is focused on evaluating the risks and likelihood of specific behaviors and assessing the

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need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students;

- ii) appropriate procedures for preventing the need for isolated time out, time out, or physical restraint, including the deescalation of problematic behavior, relationship-building, and the use of alternatives to restraint;
- iii) recognizing and responding appropriately to the antecedent of a student's behavior;
- iv) recognizing contraindications and other conditions and events that increase risk of death;

appropriate response to a situation to ensure the greatest level of safety for all involved.

It is the core belief of CPI that every effort should be made to prevent the need for the use of 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.

j) Any use of isolated time out, time out, or physical restraint permitted by a board's policy shall be implemented in accordance with written procedures that include:

- 1) the circumstances under which isolated time out, time out, or physical restraint will be applied;
- 2) a written procedure to be followed by staff in cases of isolated time out, time out, or physical restraint;
- 3) designation of a school official who will be informed of incidents and maintain the documentation required under this Section when isolated time out, time out, or physical restraint is used;
- 4) the process the district or other entity serving public school students will use to evaluate any incident that results in an injury to the affected student; and
- 5) a description of the district's or other entity's annual review of the use of isolated time out, time out, or physical restraint, which, at a minimum, shall include:
 - A) the number of incidents involving the use of these interventions;
 - B) the location and duration of each incident;
 - C) identification of the staff members who were involved;
 - D) any injuries or property damage that occurred; and
 - E) the timeliness of parental or guardian notification, timelines of agency notification, and administrative review.

As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the NCI 2nd Edition training program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.

CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. Continual review of your organizations policies and procedures are an integral part of CPI's ongoing training process and are discussed as part of all Instructor Certification Programs. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.

CPI recommends that each incident of violence also be documented as part of the Postvention process. Staff should evaluate each incident through the lens of the NCI 2nd Edition training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.