Restraint and Seclusion
Policy Q & A

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This policy Q & A addresses the legal requirements for schools related to the use of physical restraint and seclusion procedures in schools. A PDF of this Q & A is available here.

Note: This material was adapted and updated from: Peterson, R.L. (2009). Restraint and seclusion in schools: 21 questions and answers. The “Lucky 21” series of monographs of the Council for Administrators of Special Education.

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What is physical restraint?

Physical restraint, also known as “manual restraint,” entails one or more persons using their bodies to restrict the movement of another person. In the remainder of this document, this will be simply called “restraint”.
Are there other types of restraint?

Other types of restraint include “mechanical restraint” when objects are used to restrict a person’s movement, and “chemical restraint” when medications are used to restrict a person’s behavior. Mechanical restraints should not be used in schools to control student behavior, but are distinguished from the devices which might be used by students with physical disabilities for support to bones and muscles to permit learning, and also from restraints in transportation of students (seat belts) – both of those may be used where appropriate. The use of medications is a decision made by parents and physicians, not the school. In accord with IDEA 2004, school personnel cannot require students to be on medications in order to participate or receive special education services.

What is the difference between a physical restraint, physical intervention and physical interaction with a student?

Physical restraint, physical intervention, and therapeutic holding all refer to the same thing. The term “physical intervention” is most often used in training programs that teach these techniques and might include removing an object from a student, stopping a student from self-injury or the injury of another person, escorting a student from one location to another, etc., but all entail one or more persons using physical force with a student, and should be viewed the same as physical restraint. “Physical interaction” in this context is probably also a euphemism for physical restraint. No matter what terminology is used, the same standards apply.

Are there situations when restraint is appropriate and if so, under what circumstances? What are the criteria for when it is appropriate?

Physical restraint is viewed as an appropriate “last resort” option and should only be used when a student poses a danger of seriously hurting someone, including themselves. Assessing the risks of injury when a student is out of control is a judgment call based on knowledge of the student and the student’s history. Restraint is not appropriate for a student when property is at risk for damage, or when a student is non-compliant, confrontational, or verbally aggressive without substantial risk of immediate injury to someone. It should not be used as a consequence for inappropriate behavior.

What is seclusion?

Seclusion occurs when someone is placed in a room or location where they are alone and prevented from leaving that location. Seclusion should be distinguished from variations of “time out” which continue to be acceptable as long as the student is not isolated and not prevented from leaving. As with restraint, seclusion may have a variety of names. No matter what the procedure is
called, isolation where the student is prevented from leaving is seclusion, and should comply with current standards for use.

**Are there situations when seclusion is appropriate and if so, under what circumstances? What are the criteria?**

As with physical restraint, seclusion should be a “last resort” intervention for students who are out of control and posing a danger to themselves or others. Historically seclusion has been used as a consequence or “punishment” for other types of misbehavior in school- particularly in special education programs. This use of seclusion is no longer appropriate and should not be used in this way. Other types of time out from reinforcement, safety seats, or other procedures that do not entail seclusion may still be used as a consequence for behavior. Seclusion is not appropriate for a student when only property is at risk for damage, or when a student is non-compliant, confrontational, or verbally aggressive. It, like physical restraint, should only be used when there is immediate risk of injury to someone.

**What is the difference between "time-out," “cool down,” and seclusion procedures?**

Time out from positive reinforcement involves trying to remove the student’s access to the reinforcement being provided in that environment, and to those things that may be supporting inappropriate behavior. Sometimes this involves moving a student’s location within the classroom or to a location outside the classroom, “cool down” and “safe seats” may remove the student from their normal location in the classroom to a location where they may regain composure, or simply be away from normal classroom activities, or where some problem solving may occur. Most of these procedures allow students themselves to decide when they need to regain composure, and when they are ready to return to normal activities. Any of these interventions are acceptable so long as they do not place a student in a location where they are alone, and where they are prevented from leaving.

**Why are restraint and seclusion important now? Why are they addressed together?**

While these are very different procedures, they are often addressed together for several reasons. One is they have both resulted in injuries or deaths of students and injuries to staff members, which have created much concern in our communities. Another is that restraint has often been used in school settings in order to move a student to a seclusion environment. A third reason is they both involve restriction of a person’s rights and thus require special precautions. Finally, both are viewed as safety procedures for emergencies rather than procedures used routinely to change student behavior or as a disciplinary action. There is virtually no evidence that restraint or seclusion procedures by themselves will result in improved student behavior.
Is this just an issue for special education programs and students?

No. Restraint or seclusion may be employed with any student and may be used by any educator, although more frequently they are used by special education staff. Although these procedures are often used with students with disabilities, they may also be used with other students. As a result, policies and training on these topics need to involve a wider array of educators than solely those in special education.

Are there federal laws on physical restraint and/or seclusion?

No, there are no current federal laws that regulate the use of physical restraint or seclusion in school settings. However, for each of the past several U.S. Congressional sessions, bills have been introduced in Congress that would regulate physical restraint and seclusion in the schools. Such a law has not yet been passed or signed into law. A summary of the Senate bill in the 2014 session can be found at this link: [http://www.help.senate.gov/imo/media/doc/KASS%20Summary%202.7.14.pdf](http://www.help.senate.gov/imo/media/doc/KASS%20Summary%202.7.14.pdf)

What are the chances that this or a similar bill will pass?

Passage is unclear. In 2009, a similar bill did pass the U.S. House of representatives. However, somewhat surprisingly, there has been little apparent interest in the Congress in moving forward these bills. These bills would be a chance for bi-partisan cooperation. However, some feel that these bills are on issues that should be left to the states to decide.

What do these bills include to regulate physical restraint and seclusion?

According to a summary from Senator Harkin’s office, the bill he introduced would:

- Prohibit the use of seclusion in locked, unattended rooms or enclosures.
- Prohibit the use of mechanical restraints, and the use of medications to subdue a student.
- Any restraint that restricts breathing is prohibited, as are aversive behavioral interventions that compromise health and safety.
- Allow for physical restraints only in emergency situations, and only then if they do not inhibit a student’s primary means of communication.
- Prohibit the use of seclusion or restraint in a student’s individual education program (IEP), or any other behavior plan unless the state explicitly allows for it.
- Allow a student or family to file a civil action while also pursuing resolution of the issue through IDEA and other statues.
- Require state education agencies to establish policies and procedures to promote preventative systems and instruction to prevent the need for emergency use of restraints.
- Require state to collect and make public data on the occurrence of seclusions and restraints.
• Require schools to notify parents within 24 hours that a restraint has been used with their child, to conduct a debriefing with the parent and staff, and plan for positive behavioral interventions that will prevent the use of restraints with the student in the future.
• Establish a state grant program to enhance the State’s ability to promote within its local educational agencies preventative programming and training for school personnel.

A summary of the bill and a news release about the bill can be found at: http://www.help.senate.gov/imo/media/doc/KASS%20Summary%202.7.14.pdf

Is there federal policy or guidance on the use of physical restraint or seclusion in schools?
Yes, in May of 2012 the U.S. Department of Education issued a guidance document on physical restraint and seclusion that included fifteen principles related to these topics. The fifteen principles are listed here but more detail about each can be found in the document itself:

1. Every effort should be made to prevent the need for the use of restraint and for the use of seclusion.
2. Schools should never use mechanical restraints to restrict a child’s freedom of movement, and schools should never use a drug or medication to control behavior or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).
3. Physical restraint or seclusion should not be used except in situations where the child’s behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.
4. Policies restricting the use of restraint and seclusion should apply to all children, not just children with disabilities.
5. Any behavioral intervention must be consistent with the child’s rights to be treated with dignity and to be free from abuse.
6. Restraint or seclusion should never be used as punishment or discipline (e.g., placing in restraint for out-of-seat behavior), as a means of coercion, or retaliation, or as a convenience.
7. Restraint or seclusion should never be used in a manner that restricts a child’s breathing or harms the child.
8. The use of restraint or seclusion, particularly when there is repeated use for an individual child, multiple uses within the same classroom, or multiple uses by the same individual, should trigger a review and, if appropriate, a revision of behavioral strategies currently in place to address dangerous behavior; if positive behavioral strategies are not in place, staff should consider developing them.
9. Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.
10. Teachers and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion.
11. Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and the safety of the child, other children, teachers, and other personnel.

12. Parents should be informed of the policies on restraint and seclusion at their child’s school or other educational setting, as well as applicable Federal, State or local laws.

13. Parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child.

14. Policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate.

15. Policies regarding the use of restraint and seclusion should provide that each incident involving the use of restraint or seclusion should be documented in writing and provide for the collection of specific data that would enable teachers, staff, and other personnel to understand and implement the preceding principles.


Are there state laws on restraint and/or seclusion?

As of 2013 only 19 states have statutes/regulations providing regulating both restraint and seclusion for all children; 32 have these for students with disabilities. Many states, including Nebraska, currently have no restraint or seclusion laws related to schools. Twenty-one states ban restraints that interfere with breathing (Butler, 2013). These state laws continue to change, check with your state’s Department of Education for the latest policy in your state.

Does Nebraska have any regulations or guidance related to physical restraint or seclusion?

Nebraska’s school accreditation regulations (NDE Rule 10) requires a district to have policies and procedures in place related to the use of physical restraint or seclusion in its schools in order to meet state accreditation standards. The Nebraska Department of Education has also made available a technical assistance document intended to assist school districts to develop and implement policies on these topics (available at: http://www.education.ne.gov/documents/Restraint-Seclusion_final_guidance_document_6-22-10.pdf).

Where can I get more detailed guidance on restraint and seclusion?

The CCBD Position papers with links below provide much additional information about practices and procedures related to physical restraint and seclusion, as well as recommendations for good practice if these procedures are used.
What are the additional resources I might go to for more information?

Detailed recommendations regarding schools’ use of restraint and seclusion procedures are available from the Council for Children with Behavior Disorders, a Division of the Council for Exceptional Children:

- **CCBD’s Position Summary on the Use of Seclusion in School Settings.** (2009). [www.ccbd.net](http://www.ccbd.net) then “advocacy” or the document is available at: [http://www.ccbd.net/advocacy/positionpapers.cfm?categoryID=D399524C-C09F-1D6F-F9ABED1B7D76FDD](http://www.ccbd.net/advocacy/positionpapers.cfm?categoryID=D399524C-C09F-1D6F-F9ABED1B7D76FDD)
- **CEC’s Position on Physical Restraint and Seclusion.** [www.cec.sped.org](http://www.cec.sped.org) or the specific policy can be found at: [http://www.cec.sped.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=13030](http://www.cec.sped.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=13030)

Reports of advocacy organizations on this topic which include many instances where these procedures have resulted in deaths or injuries can be found at:


Information about vendors & training related to physical restraint & seclusion can be found in:
