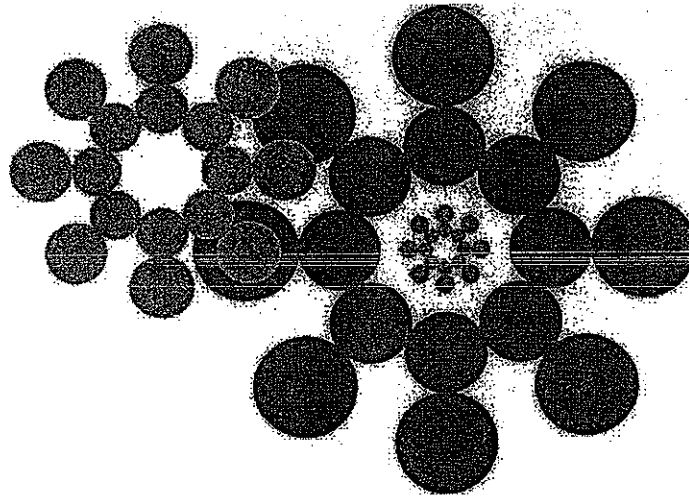


**Seclusion/Restraint Procedures**  
**Under**  
**Louisiana Revised Statutes 17:416.21**  
**(Act 328 of 2011)**  
**&**  
**Louisiana Bulletin 1706, Revised 2012**



**Central Community School System**

**13421 Hooper Road**

**Baton Rouge, LA 70818**

**Date: July, 2012**

[Adapted from Template Provided by Law Offices of Hammonds & Sills]

# INTRODUCTION

This document provides procedures/guidance for the use, reporting, documentation and oversight of seclusion and restraint in the Central Community School Board following issuance of regulations by the Board of Elementary and Secondary Education (BESE), Louisiana Department of Education (LDE).

These procedures specifically address the statutory requirements of La.R.S. 17:416.21 (Louisiana Act 328 of 2011) and revised Louisiana Bulletin 1706 regarding the use of seclusion and restraint as emergency safety measures to control the actions of students with exceptionalities in Louisiana's public schools. It is understood that this procedural/guidance document is a work in progress and in no way constitutes the totality of interventions and strategies that may be used by the Central Community School Board and its personnel in addressing the educational needs of students with exceptionalities.

For the purposes of this document, Central Community School Board may encompass policies adopted by the Central Community School Board; administrative procedures implemented by school administrators and school employees (as defined herein) and guided forms developed to assist school employees in carrying out their responsibilities under La.R.S. 17:416.21 (Act 328 of 2011) and applicable sections of Louisiana Bulletin 1706.

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# DEFINITIONS

**EMERGENCY** – A sudden, generally unexpected set of circumstances that requires immediate action.

**IMMINENT RISK OF HARM** – An immediate and impending threat of a person causing substantial physical injury to self or others. The risk is “imminent” if it is likely to occur within a matter of moments.

**MECHANICAL RESTRAINT** - The application of any device or object used to limit a person’s movement. The term does NOT include the following:

- A protective or stabilizing device used in strict accordance with the manufacturer’s instructions for proper use and which is used in compliance with orders issued by an appropriately licensed health care provider.
- Any device used by a duly licensed law enforcement officer in the execution of his official duties.

**PHYSICAL ESCORT** – Touching or holding a student with or without the use of force for the purpose of directing the student to a new location. Physical escort does not include the unforced holding of a student’s hand or other physical prompts for the purpose of safely guiding the student from one task to another or directing the student in an educational activity.

**PHYSICAL RESTRAINT** – Bodily force used to limit a person’s movement. The term does NOT include the following:

- Consensual, solicited, or unintentional contact.

- Holding of a student by a school employee, for less than 5 minutes in any given hour or class period for the protection of the student or others.
- Holding of a student by a school employee, for the purpose of calming or comforting the student—provided the student’s freedom of movement or normal access to his/her body is not restricted.
- Minimal physical contact for the purpose of safely escorting a student from one area to another.
- Minimal physical contact for the purpose of assisting the student in completing a task of response.

**POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT** – A systematic approach to embed evidence-based practices and data-driven decision making when addressing student behavior in order to improve school climate and culture.

**SECLUSION** – A procedure that isolates and confines a student in a separate room or area until he/she is no longer an immediate danger to self or others.

**SECLUSION ROOM** – A room or other confined area, used on an individual basis, in which a student is removed from the regular classroom setting for a limited time to allow the student the opportunity to regain control in a private setting and from which the student is involuntarily prevented from leaving.

**SCHOOL EMPLOYEE** – A teacher, paraprofessional, administrator, support staff member, or a provider of related services.

**SUBSTANTIAL RISK OF INJURY** – Behavior expressed through verbal and/or physical means to cause serious physical harm to self or others, whether or not considered directly and substantially to be a manifestation of the student's disability.

**TIME OUT** – A behavior reduction procedure that involves the absence of positive reinforcement for a limited period of time. Time out may include: (1) *Inclusionary time-out* where the student remains in sight and sound of others in the classroom; (2) *Exclusionary time-out* where the student leaves the learning environment and goes to another location but is not isolated and prevented from leaving. These forms of time-out are NOT considered by the School Board to constitute seclusion but must be monitored and documented at the school level to ensure that repetitive incidents of time-out do not occur and, if occurring, do not result in substantial isolation of the student from instructional activities.

**WRITTEN GUIDELINES AND PROCEDURES** – The written guidelines and procedures adopted by a school's governing authority regarding appropriate responses to school behavior that may require immediate intervention.

# **SUPERINTENDENT'S DIRECTIVES**

## **PURSUANT TO SCHOOL BOARD POLICY**

The Central Community School Board has approved the following guidelines and procedures relative to the use of seclusion and restraint by its employees:

### **Reporting requirements**

- ❖ **Notification requirements for school officials and parents/legal guardians**

When a student is restrained or placed in seclusion, parents must receive a phone call from a school administrator within 24 hours of the incident. All employees who witnessed/assisted with the incident must complete Form SR1 within 24 hours and submit the form to their school administrator. Form SR1 must be mailed to the parent(s) no later than 2 school days after the incident. If an administrator is not available, the administrator's designee must notify the parent(s). The Director of Child Welfare and Attendance as well as the Director of Special Education must receive a copy of the completed form within 2 school days.

Form SR2 must be completed by the person(s) designated to observe/monitor the student every 15 minutes. This form must be submitted to the administrator by the end of the day of the incident.

- ❖ **Explanation of methods of physical restraint**

Employees with Crisis Prevention Institute Training (CPI) are trained to focus on prevention and use proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. When practical, these employees are the 'first responders' in situations that may escalate to the point of physical restraint. These employees are trained to practicing the principles of non-harmful physical intervention, thereby reducing the risk of injury.

- ❖ **Training requirements relative to the use of restraint**

The principals, in conjunction with Central Office Personnel, will select the employees to be trained to use CPI. The training will be conducted by the district's certified team of trainers with refresher/updates provided

annually. The Director of Special Education will maintain documentation of training.

❖ **Dissemination of guidelines and procedures to all school employees**

Dissemination of guidelines and procedures to all *school employees*

All school employees will be provided a copy of the Central Community School System Seclusion and Restraint Policy and Procedures during the first three weeks of school. (beginning with the 2013-2014 school year). All employees will be afforded the opportunity to receive additional information upon request. School administrators will provide a copy to all employees and obtain their signature indicating receipt of the information.

❖ **Dissemination of guidelines and procedures to every parent of a child with an exceptionality**

The Central Community School System Seclusion and Restraint Policy and Procedures will be posted on the Central Community School System website. It will also, (beginning with the 2013-2014 school year) appear in the Student handbook. Parents of all students with an Individualized Education Program (IEP), (including gifted and talented) will receive a copy during the first 3 weeks of school. (beginning the 2013-2014 school year).

❖ **Notification to the Louisiana Department of Education**

The Directors of Special Education and Child Welfare and Attendance will be responsible for notifying the LDE.



# SECLUSION

Seclusion is a procedure that isolates and confines a student in a separate room or area until he/she is no longer an immediate danger to self or others. Seclusion does not include time-out, “which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming”. The term does not include in-school suspension or student requested breaks.

Seclusion is permitted only:

- For behaviors that involve an imminent risk of harm.
- As a LAST resort when de-escalation attempts have failed and the student continues to pose an imminent threat to self or others.
- As long as necessary to minimize the imminent risk of harm while summoning the assistance of crisis intervention personnel, emergency medical services personnel, and/or law enforcement officers when a crime has been committed.

Seclusion is prohibited:

- For addressing behaviors such as general noncompliance, self-stimulation, and academic refusal. (Such behaviors SHALL be responded to with less stringent and less restrictive techniques).
- As a form of discipline or punishment.
- As a threat to control, bully, or obtain behavioral compliance.
- For the convenience of school personnel.
- When unreasonable, unsafe, or unwarranted.
- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed

health care provider in a written statement provided to the school in which the student is enrolled).

## SECLUSION ROOM

Seclusion Room is permitted only under the following conditions:

- As a LAST resort if and when less restrictive measures such as positive behavioral supports, constructive and non-physical de-escalation, and restructuring of a student's environment, have failed to stop a student's actions that pose an imminent risk of harm.
- By a school employee who uses accepted methods of escorting a student to a seclusion room, placing a student in a seclusion room, and supervising a student while he/she is in the seclusion room.
- If one student is placed in a seclusion room at any given time and the school employee supervising the student is able to see and hear the student the entire time the student is placed in the seclusion room.
- The room is free of any object that poses a danger to the student placed in the room.
- The room has an observation window and is of a size appropriate for a student's size, behavior, and chronological and developmental age.
- The room has a ceiling height and heating, cooling, ventilation, and lighting systems comparable to operating classrooms in the school.

Seclusion Room is prohibited:

- As a form of discipline or punishment.

- As a threat to control, bully, or obtain behavioral compliance.
- For the convenience of school personnel.
- When unreasonable, unsafe, or unwarranted.
- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care provider in a written statement provided to the school in which the student is enrolled).

# **MECHANICAL RESTRAINT**

**No student shall be subjected to any form of mechanical restraint by school employees.**

# PHYSICAL RESTRAINT

Physical Restraint is permitted only under the following conditions:

- If the student's behavior presents a threat of imminent risk of harm to self or others.
- As a last resort to protect the safety of self and others.
- To the degree necessary to stop dangerous behavior.
- In a manner that causes NO PHYSICAL INJURY to the student.
- Results in the least possible discomfort to the student.
- Does not interfere in any way with a student's breathing or ability to communicate with others.
- Does not involve the use of any form of mechanical restraint.
- The student is not physically restrained in a manner that places excessive pressure on the student's chest or back or that causes asphyxia.
- Applied only in a manner that is directly proportionate to the circumstances and to the student's size, age, and severity of behavior.

Physical Restraint is prohibited:

- As a form of discipline or punishment.
- As a threat to control, bully, or obtain behavioral compliance.
- For the convenience of school personnel.
- When unreasonable, unsafe, or unwarranted.

- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care provider in a written statement provided to the school in which the student is enrolled).

# MONITORING & DOCUMENTATION

Seclusion and Restraint require monitoring, documentation, and analysis of data collected:

- Continuous monitoring.
- Documentation every 15 minutes (with adjustments made accordingly).
- Student is released/removed as soon as the reasons for the action have subsided.
- Parent or guardian notified as soon as possible. The school shall document all efforts, including conversations, phone calls, electronic communications, and home visits, to notify the parent of a student who has been placed in seclusion or physically restrained.
- Parent or guardian notified in writing within 24 hours of EACH incident of seclusion/restraint.
  - Reason for seclusion/restraint
  - Description of procedures used
  - Length of time of seclusion/restraint
  - Names and titles of school employees involved.
- Director of Special Education notified any time student is placed in seclusion/restraint.
- School employee who used seclusion/restraint shall complete Form SR1 for each incident of restraint and seclusion.
- School employee shall submit Form SR1 and SR2 to the School Administrator not later than the school day immediately following the day of the seclusion/restraint.

- School employee shall submit copy of Form SR1 to student's parent or guardian.
- When a student is involved in 5 incidents of restraint/seclusion in a single school year\*, convene the IEP Team to review and revise the student's behavior intervention plan to include any appropriate and necessary behavioral supports.
- Review data/documentation at least once every 3 weeks for students secluded and restrained and whose challenging behavior continues or escalates.
- Five (5) incidents in a school year includes the cumulative number of incidents of restraint AND seclusion. (e.g., 2 restraints + 3 seclusions = 5 incidents).



# SECLUSION AND RESTRAINT PROCEDURES

## I. Dissemination of Policy, Procedures, and LDE Guidance

By January, 2012 and annually thereafter, each school Principal shall make available to school personnel and the parents/guardians/students of majority age, copies of La.R.S. 17:416.21 (Louisiana Act 328 of 2011), LDE Guidance (if approved by BESE by such date), and local policies and procedures regarding the use of reasonable restraint and seclusion of students with exceptionalities in the educational environment. It shall be considered permissible to publish such regulations, guidance, policies and procedures on the website of the Central Community School Board. Such restraint and seclusion notification shall also be referenced and/or included in the annual notice of student rights and responsibilities provided to the parents/guardians/students of majority age.

## II. Use of Restraint and/or Seclusion By School Personnel

**TIME OUT:** School personnel may separate a student from other students for a limited duration as a behavior management technique, as long as the student is monitored at all times and is not substantially isolated from instructional activities. TIME OUT is not considered seclusion; however, TIME OUT periods must be documented to ensure that repetitive incidents of TIME OUT do not occur and to ensure that repetitive behaviors are addressed appropriately.

Monitoring requires close, visual proximity to the student, release as soon as the behaviors cease that led to the isolation/seclusion, the space where the student is secluded has adequate lighting,

ventilation, heating and cooling, the space is free of objects or items that may unreasonably expose the student to danger; the space is designated by the school as a safe environment for temporary, safety-required seclusion.

**SECLUSION:** School personnel may use seclusion (isolation and confinement of the student in a separate area) **ONLY** when the student poses an immediate risk of danger to self or others as more fully described below:

- The person is in control of a weapon;
- Isolation is needed to break up a fight or maintain order at the school;
- The person poses a viable threat of imminent harm to self or others or substantial destruction of school property;
- Isolation is required/specified by a student's IEP, Section 504 Plan, and/or Behavior Intervention Plan;
- Other such incidents involving imminent risk of significant injury to the student or others.

➤ **Seclusion SHALL BE:**

- The action of last resort when de-escalation attempts have failed and the student continues to pose an imminent threat to self or others.
- Used only as long as necessary to minimize the risk of harm while summoning the assistance of crisis intervention personnel, emergency medical services personnel, and/or law enforcement officers when a crime has been committed.

➤ Seclusion SHALL NOT be used:

- As the sole means of behavioral intervention and support for any student with a disability
- As a form of discipline or punishment
- As a threat to control, bully, or obtain behavioral compliance
- For the convenience of school personnel
- When unreasonable, unsafe, or unwarranted
- If the student is known to have any medical or psychological condition that precludes such action (as certified by a licensed health care providers in a written statement provided to the school in which the student is enrolled); or
- After the substantial risk of injury no longer exists.

➤ Monitoring:

A student placed in seclusion must be monitored/supervised at all times by an adult. Monitoring requires close, visual proximity to the student, release as soon as the behaviors cease that led to the isolation/seclusion, the space where the student is secluded has adequate lighting, ventilation, heating and cooling, the space is free of objects or items that may unreasonably expose the student to danger; the space is designated by the school as a safe environment for temporary, safety-required seclusion.

Seclusion used for reasons other than imminent risk of harm and contrary to the procedures listed above shall be considered unreasonable and strictly prohibited. Seclusion SHALL NOT be used as a disciplinary consequence for minor infractions or to otherwise isolate the student from needed educational instruction.

## **SECLUSION ROOM:**

School personnel may confine a student with a disability to a seclusion room (a room or other confined area from which the student is involuntarily prevented from leaving) on an individual basis and for a limited time to allow the student the opportunity to regain control in a private setting.

When the use of a seclusion room is necessary, the student with a disability should be escorted to the seclusion area without the use of physical force. Physical prompts are permissible for the purpose of safely guiding the student from one area to another, but care should be taken to limit the use of physical contact with the student and to avoid the use of physical force. Verbal redirection and other means of positive support should be used before resorting to physical means.

### **➤ ENVIRONMENTAL AND OTHER CONDITIONS:**

When a seclusion room is necessary as a last resort (after less restrictive measures have been used such as positive behavioral supports, constructive and non-physical de-escalation, and restructuring of the student's environment), the following environmental and other conditions are **REQUIRED:**

- The student must be supervised by a school employee;
- The supervising employee must be able to see and hear the student the entire time the student is confined to the seclusion room;

- The seclusion room must be free of any object that poses a potential danger to the student while in the room;
- The seclusion room must have an observation window of a size appropriate to the student's size, behavior, and chronological and developmental age;
- The seclusion room must have a ceiling height and heating, cooling, ventilation, and lighting systems comparable to operating classrooms in the school;
- The seclusion room must NOT be used as a form of discipline or punishment or to threaten or bully the student or to obtain behavioral compliance;
- The seclusion room must NOT be used for the convenience of school personnel or when unreasonable, unsafe, or unwarranted;
- The seclusion room IS NOT PERMITTED for use by a student has a known medical or psychological condition that precludes its use(as certified by a licensed health care provider in a written statement provided to the school).

DOCUMENTATION:

- All incidents of seclusion and use of a seclusion room must be documented on the Seclusion Incident Report Form (SR1).
- A copy of the procedures governing the use of seclusion/seclusion rooms should be provided to the parent(s) student of majority age at each student's annual IEP review meeting. A statement can be added to the IEP document indicating that the parent was provided a

copy of the school district's restraint/seclusion procedures.

**INCIDENT  
REPORTING:**

Reporting the use of seclusion and/or restraint MUST be made to SPECIFIED individuals within the timelines indicated in these procedures and recorded on the Seclusion Incident Reporting Form (SR1).

Seclusion/Seclusion Room Incident Reporting data must be analyzed at least annually. These procedures should be reviewed and revised as necessary during the interim period to ensure appropriateness and effectiveness.

It is recommended that data will be used to track the number of incidents of seclusion by student, staff, and type of incidents; description and number of injuries sustained by student and/or staff and the nature of any such injuries; and other factors such as precipitating events and other observable factors.

# SECLUSION/RESTRAINT INCIDENT REPORTING FORM

Central Community School System

Date of Report \_\_\_\_\_ Date/ Method of Parent Notification \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Exceptionality: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Duration of Seclusion/Restraint (or Beginning + Ending Times):

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Teacher/Staff Initiating Seclusion/Restraint:

\_\_\_\_\_  
\_\_\_\_\_

Teacher(s)/Staff Monitoring/Supervising Seclusion/Restraint:

\_\_\_\_\_  
\_\_\_\_\_

De-escalation Procedures Used in Attempt to Resolve Situation Prior to Implementing Seclusion/Restraint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe Behavior of Student and Environmental Situation Precipitating Seclusion:

Location: \_\_\_\_\_

Students/Staff Present:

\_\_\_\_\_  
\_\_\_\_\_

Class/Specific Activity At Time of Incident/Preceding Incident:

\_\_\_\_\_  
\_\_\_\_\_

Other Possible Triggers:

\_\_\_\_\_  
\_\_\_\_\_

Injuries: \_\_\_ Yes \_\_\_ No

Detailed Description:

\_\_\_\_\_  
\_\_\_\_\_

Other Comments/Observations:

\_\_\_\_\_  
\_\_\_\_\_

# SECLUSION/RESTRAINT INCIDENT LOG

Central Community School System

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Location: \_\_\_\_\_

Person(s) Supervising Student During Seclusion/Restraint Incident:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe Dangerous Behavior Warranting Action of Last Resort:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OBSERVATION											
Code: ✓ = Student OK; still poses imminent danger C = Calming Begins R = Released from Seclusion/Restraint											
Check Student Every 15 Mins.		Start Time: End Time:									Total
1	2	3	4	5	6	7	8	9	10	11	12



**Louisiana's Seclusion/Restraint Law**  
**Attached**

## LOUISIANA

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### State Web Site Search

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No policy exists that addresses these issues. There is nothing regarding restraint/seclusion in [Bulletin 1530](#), Louisiana IEP Handbook for Students with Disabilities (last updated Dec. 2008), nor in [Bulletin 1706](#), Subpart A-Regulations for Students with Disabilities (last updated Oct. 2008).

Professional development offering for personnel working with children with disabilities during 2003–2004 school year in Nonviolent Crisis Prevention/Intervention (two-day training, 12 hours total).

DOE Web site shows [professional development offering](#) for instructor certification training in Nonviolent Crisis Prevention Intervention from a Crisis Prevention Institute trainer from Brookfield, Wisconsin. This four-day certification course was offered Jan 18–21, 2005, and Feb 1–4, 2005, for up to 30 individuals per session.

There are one or two criminal statutes from 1969, R.S. 14:328 and R.S. 14:329.5, that prohibit a person from willfully obstructing or impeding any student of an education institution in the lawful pursuit of his educational activities through the use of restraint, abduction, coercion or intimidation or by any action as result of which force and/or violence are present or threatened. However, these statutes are directed at riot prevention and the right of campus ingress and egress rather than the physical restraint of students by teachers or other staff.

R.S. 17:416.9 requires schools to provide a safe environment for teachers and other school staff, but it doesn't apply to students.

R.S. 17:416 allows the removal of disruptive students from the classroom, although it does not mention seclusion or restraints.

R.S. 17:223 and R.S. 17:416.1 allow corporal punishment of students, but do not define corporal punishment.

The only prohibition in state law against the use of seclusion or physical restraints is in laws protecting the rights of mental patients.

R.S. 28:171 (adults) and Children's Code Article 1409(D) (minors) mirror one another and provide extensive and humane guidelines for the use of restraints and seclusion.

§ 28:171. Enumerations of rights guaranteed

D. Seclusion or restraint shall only be used to prevent a patient from physically injuring himself or others. Seclusion or restraint may not be used to punish or discipline a patient or used as a convenience to the staff of the treatment facility. Seclusion or restraint shall be used only in accordance with the following standards:

(1) Seclusion or restraint shall only be used when verbal intervention or less restrictive measures fail. Use of seclusion or restraint shall require documentation in the patient's record of the clinical justification for such use as well as the inadequacy of less restrictive intervention techniques.

(2) Seclusion or restraint shall only be used in an emergency. An emergency occurs when there is either substantial risk of self-destructive behavior, as evidenced by clinically significant threats or attempts to commit suicide or to inflict serious harm to self, or a substantial risk or serious physical assault on another person, as evidenced by dangerous actions or clinically significant threats that the patient has the apparent ability to carry out.

(3) A written order from a physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner acting within the scope of his institutional privileges shall be required for any use of

seclusion or restraint. If, however, no physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner is immediately available, a registered nurse who has been trained in management of disturbed behavior may utilize seclusion or restraint. The nurse or the nursing supervisor shall then immediately notify a physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner with institutional authority to order seclusion or restraint and provide him with sufficient information to determine whether seclusion is necessary and whether less restrictive interventions have been tried or considered. The physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner may issue a telephone order for seclusion or restraint, if such order is indicated.

(4) Written orders for the use of seclusion or restraint shall be time limited and not more than twelve hours in duration. The written order shall include the date and time of the actual examination of the patient, the date and time that the patient was placed in seclusion or restraint, and the date and time that the order was signed.

(5) A renewal order for up to twelve hours of seclusion or restraint may be issued by a physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner with institutional authority to order seclusion or restraint after determining that there is no less restrictive means of preventing injury to the patient or others. If any patient is held in seclusion or restraint for twenty-four hours, the physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner with institutional authority shall conduct an actual examination of the patient and document the reason why the use of seclusion or restraint beyond twenty-four hours is necessary, and the next of kin or responsible party shall be notified by the twenty-sixth hour.

(6) Staff who implement written orders for seclusion or restraint shall have documented training in the proper use of the procedure for which the order was written.

(7) Periodic monitoring and care of the patient shall be provided by responsible staff. A patient in seclusion or restraint shall be evaluated every fifteen minutes, especially in regard to regular meals, water, and snacks, bathing, the need for motion and exercise, and use of the bathroom, and documentation of these evaluations shall be entered in the patient's record.

(8) Patients shall be released from seclusion or restraint as soon as the reasons justifying the use of seclusion or restraint subside. If at any time during the period of seclusion or restraint a registered nurse determines that the emergency which justified the seclusion or restraint has subsided and a physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner with institutional authority to order seclusion or restraint is not immediately available, the patient shall be released. At the end of the period of seclusion or restraint ordered by the physician, psychologist, medical psychologist, or psychiatric mental health nurse practitioner the patient shall be released unless a renewal order is issued.

(9) Mechanical restraints shall be designed and used so as not to cause physical injury to the patient and so as to cause the least possible discomfort.

(10) Facilities using seclusion or restraint shall have written policies concerning their use in place before they can be used. These policies shall include standards and procedures for placing a patient in seclusion or restraint, and for informing him of the reason he was put in seclusion or restraint and the means of terminating such seclusion or restraint.

(11) Nothing in this Section shall be construed to expand the scope of practice of psychology as defined in R.S. 37:2351 et seq. to authorize the ordering, administering, or dispensing of medications, or to authorize any practice not permitted under the privileges granted by the institution.

(12) The department shall adopt rules and regulations in accordance with the Administrative Procedure Act to govern the use of seclusion and restraint. Such rules and regulations shall respect the patient's

individual rights, protect the patient's health, safety, and welfare, and be the least restrictive of the patient's liberty. The department shall adopt rules and regulations to provide for enforcement procedures and penalties applicable to a person who violates the requirements of this Section.

E. A patient may be placed alone in a room or other area pursuant to behavior shaping techniques such as "time-out". Such confinement may only be used as part of a written treatment plan, shall not be used for the convenience of staff, and may be used only according to the following standards and procedures:

- (1) Placement alone in a room or other area shall be imposed only when less restrictive measures are inadequate.
- (2) Placement alone in a room or other area shall only be ordered by a qualified professional trained in behavior-shaping techniques and authorized in accordance with the written policies and procedures of the facility to order the use of behavioral-shaping techniques.
- (3) The period of placement alone in a room or other area shall not exceed thirty minutes.
- (4) The patient shall be observed and supervised by a staff member.
- (5) The period of placement alone in a room or other area shall not exceed a total of three hours in any twenty-four-hour time period. If the placement alone in a room or other area exceeds a total of three hours in any twenty-four-hour time period, it shall then be considered seclusion and shall be governed by the procedures and standards set forth in Subsection D of this Section.
- (6) The date, time, and duration of the placement shall be documented.
- (7) In treatment facilities where patients are placed alone in a room or other area as a behavior-shaping technique, there shall be written policies and procedures governing use of such behavior-shaping technique.

#### **§ 40:2010.7. Definitions**

For the purpose of R.S. 40:2010.6 through R.S. 40:2010.9, unless the context otherwise requires:

- (1) "Sponsor" means an adult relative, friend, or guardian of a resident who has an interest or responsibility in the resident's welfare, and preferably who is designated as the responsible party on the resident's admission forms.
- (2) "**Physical restraint**" means, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that he is unable to remove easily. It also includes a geriatric chair and a locked room door.
- (3) "Chemical restraint" includes any drug listed in the schedules of controlled substances under R.S. 40:964 as a substance having a depressant effect on the central nervous system, or chlorpromazine hydrochloride.
- (4) "Ancillary service" means, but is not limited to, podiatry, dental, audiology, vision, physical therapy, occupational therapy, psychological and social services, and planning services.

#### **Art. 1409. Rights guaranteed**

D. **Physical restraints** or seclusion shall only be used to prevent a minor patient from physically injuring himself or others. **Physical restraints** or seclusion may not be used to punish or discipline a patient or used as a convenience to the staff of the treatment facility. Restraint and seclusion shall be used only in accordance with the following standards:

(1) Restraint or seclusion shall only be used when verbal intervention or less restrictive measures fail. Use of restraint or seclusion shall require documentation in the patient's record of the clinical justification for such use as well as the inadequacy of less restrictive intervention techniques.

(2) A written order from a physician or a psychologist acting within the scope of his institutional privileges shall be required for any use of restraint or seclusion. If, however, no physician or psychologist is immediately available, a registered nurse who has been trained in management of disturbed behavior may utilize restraint or seclusion. The nurse or the nursing supervisor shall then immediately notify a physician or a psychologist with institutional authority to order seclusion and provide him with sufficient information to determine whether restraints or seclusion are necessary and whether less restrictive interventions have been tried or considered. The physician or psychologist may then issue a telephone order for seclusion or restraint, if such order is indicated.

(3) Written orders for the use of restraint or seclusion shall be time limited and not more than twelve hours in duration. The written order shall include the date and time of the actual examination of the patient, the date and time that the patient was placed in restraint or seclusion, and the date and time that the order was signed.

(4) A renewal order for up to twelve hours of restraint or seclusion may be issued by a physician or a psychologist with institutional authority to order seclusion or restraint after determining that there is no less restrictive means of preventing injury to the patient or others. If any patient is held in restraint or seclusion for twenty-four hours, the physician or psychologist with institutional authority shall conduct an actual examination of the patient and document the reason why the use of seclusion or restraint beyond twenty-four hours is necessary, and the parent, tutor, or caretaker shall be notified by the twenty-sixth hour.

(5) Staff who implement written orders for restraints and seclusion shall have documented training in the proper use of the procedure for which the order was written.

(6) Periodic monitoring and care of the patient shall be provided by responsible staff. A patient in restraint or seclusion shall be evaluated every fifteen minutes, especially in regard to regular meals, water, and snacks, bathing, the need for motion and exercise, and use of the bathroom, and documentation of these evaluations shall be entered in the patient's record.

(7) Patients shall be released from restraint or seclusion as soon as the reasons justifying the use of restraints or seclusion subside. If at any time during the period of restraint or seclusion a registered nurse determines that the emergency which justified the seclusion or restraint has subsided and a physician or psychologist is not immediately available, the patient shall be released. At the end of the period of restraint or seclusion ordered by the physician or psychologist the patient shall be released unless a renewal order is issued.

(8) Mechanical restraints shall be designed and used so as not to cause physical injury to the patient and so as to cause the least possible discomfort.

(9) Facilities using seclusion or restraint shall have written policies concerning their use. These policies shall include standards and procedures for placing a patient in seclusion or restraint, and for informing him of the reason he was put in seclusion or restraint and the means of terminating such seclusion or restraint.

(10) Nothing in this Article shall be construed to expand the scope of practice of psychology as defined in R.S. 37:2351 et seq. to authorize the ordering, administering, or dispensing of medications, or to authorize any practice not permitted under the privileges granted by the institution.

(11) The department shall adopt rules and regulations in accordance with the Administrative Procedure Act to govern the use of seclusion and restraint. Such rules and regulations shall respect the minor patient's individual rights, protect the minor patient's health, safety, and welfare, and be the least

restrictive of the minor patient's liberty. The department shall adopt rules and regulations to provide for enforcement procedures and penalties applicable to a person who violates the requirements of this Section.

E. A patient may be placed alone in a room or other area pursuant to behavior shaping techniques such as "time-out". Such placement may only be used as part of a written treatment plan, shall not be used for the convenience of staff, and may be used only according to the following standards and procedures:

- (1) Placement alone in a room or other area shall be imposed only when less restrictive measures are inadequate.
- (2) Placement alone in a room or other area shall only be ordered by a qualified professional trained in behavior-shaping techniques and authorized in accordance with written policies and procedures of the facility to order the use of behavior-shaping techniques.
- (3) The period of placement alone in a room or other area shall not exceed thirty minutes.
- (4) The patient shall be observed and supervised by a staff member.
- (5) The period of placement alone in a room or other area shall not exceed a total of three hours in any twenty-four hour time period. If the placement alone in a room or other area exceeds a total of three hours in any twenty-four hour time period, it shall then be considered seclusion and shall be governed by the procedures and standards set forth in Paragraph D of this Article.
- (6) The date, time, and duration of the placement shall be documented.
- (7) In treatment facilities where patients are placed alone in a room or other area as a behavior-shaping technique, there shall be written policies and procedures governing use of such behavior-shaping technique.

#### **State Education Agency Plans:**

- Share information with Children's Justice Act (CJA) Task Force.
- Develop guidance and advisement of districts to consider using some of their stimulus dollars for PBIS implementation.
- For the purposes of safety, uniformity and use of best practices, the department is seeking legislation and/or developing policy on the humane and effective use of seclusion and/or physical restraints.