Length and Duration of a Physical Restraint

In cases where a student has a history of dangerous behavior harming themselves or others for which physical restraint was considered or used as a last resort, the school should have a Behavior Intervention Plan that includes all of the high-quality components indicated in Section 1(B) and Section 2(B) within this chapter, plus:

- De-escalation techniques (e.g., non-threatening body language and simple one-word or short phrases), and
- Evidence-based behavior interventions to prevent behavioral escalations that have previously resulted in the consideration or use of physical restraint with the student. Physical restraint should never be used for the purposes of discipline, punishment, forcing compliance, or as a convenience for staff or to prevent property damage. The use of chemical and/or mechanical restraint is prohibited in Oklahoma public schools (OAC § 210:15-13-9(c)).

Physical restraint must only be used under the following emergency circumstances (OAC § 210:15- 13-9(c)(1)):

- The student's actions pose an imminent danger of serious physical harm to the student or other individuals; and not merely a threat to property;
- Evidenced-based behavior interventions and less restrictive measures appropriate to the behavior exhibited by the student are currently being implemented, but have not effectively de-escalated the threat of danger or harm;
- The physical restraint is applied by school personnel who have completed appropriate training that addresses conflict de-escalation, the crisis cycle and associated interventions, CPR and First Aid (including certifications), possible effects of physical restraint, and monitoring the wellbeing of a student while being restrained; and
- The physical restraint lasts only as long as necessary to resolve the threat of danger or harm.

If a student is placed in a physical restraint during an emergency situation that meets the above criteria for emergency circumstances, the following precautions must be exercised throughout the time the student is restrained (OAC § 210:15-13-9(c)(2)):

1. Under no circumstances may a student be restrained using a prone (facedown) restraint, or that prevents the student from breathing or speaking, or any maneuver that places pressure or weight on the chest, sternum, lungs, diaphragm, neck, throat, or back;
2. The degree of restriction of the student's freedom of movement may not exceed what is necessary to protect the student or other individuals from the threat of serious physical harm; and
3. The restraint of the student is continuously witnessed by at least one school employee who is not involved in the physical restraint.

It is important to note that school personnel should make efforts to remove safety hazards, other students, and non-essential personnel from the environment, while the student is being restrained. In this way, the personnel mitigate or reduce the threat of danger or harm and can release a student from restraint more quickly. At least one witness, who is not involved in the restraint incident, should be available to observe and take notes regarding what occurred prior to the restraint, what happened during and after the restraint incident (e.g., time the restraint began/ended, de-escalation techniques, etc.). It is suggested that the school personnel review the notes taken during the incident to conduct an analysis of what worked or did not work to modify the crisis plan, if necessary, for future incidents. The special education teacher of record is responsible for entering the information into the online special education program to formally document the restraint incident to send to the parent.

Prolonged physical restraint increases the risk of harm to the individual and has been associated with restraint-related deaths. As such, all restrictive interventions must be the least restrictive and only maintained for the least amount of time possible.

The Opt-Out Sequence[sm] has been developed as an active decision-making framework to enable staff to assess the continued risks in order to minimize the duration of the restraint. In any situation where a physical restraint exceeds 10 minutes, staff must take all reasonable act to end the restraint and seek an alternative non-restrictive intervention (NICE,2015).

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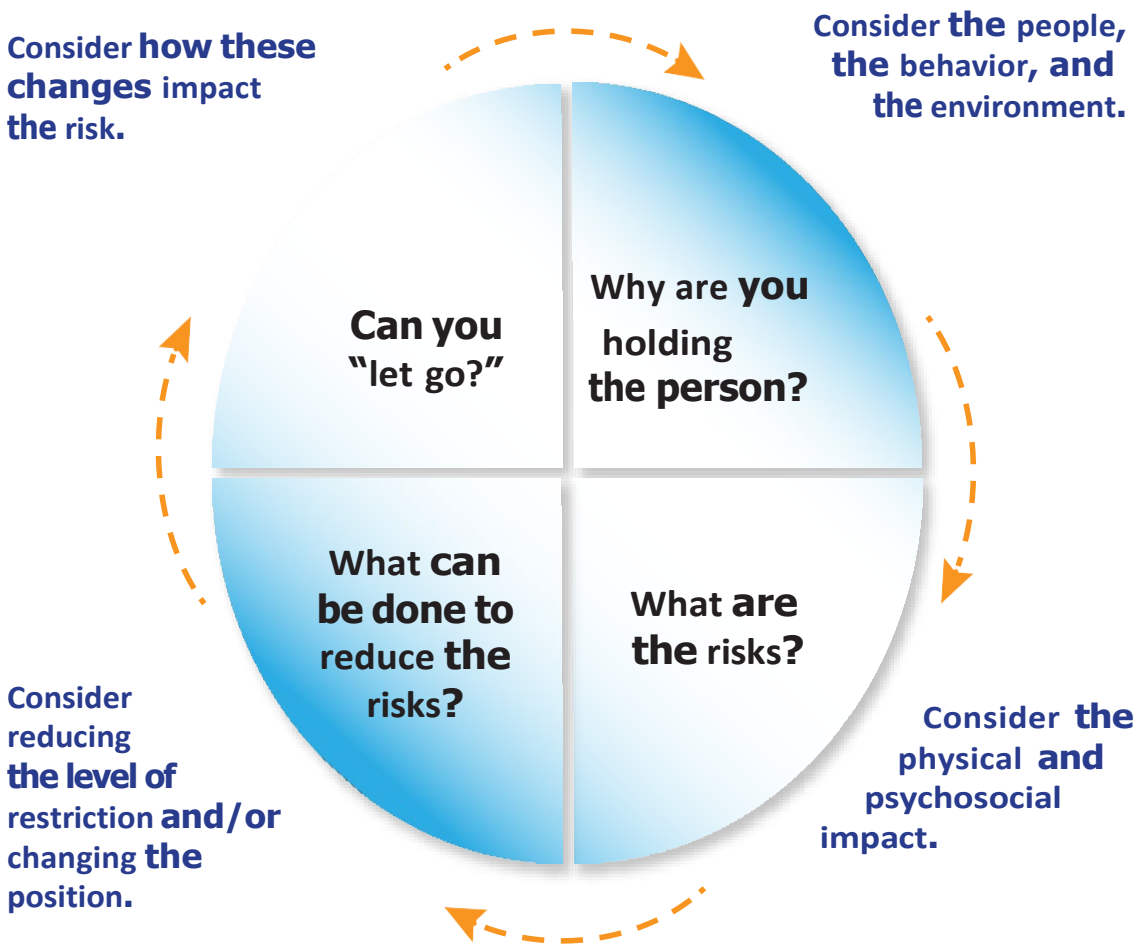
FIGURE 4: THE *OPT-OUT SEQUENCE*



In order to ensure everyone's *Care, Welfare, Safety, and Security*SM during restraint, a number of key observations must be maintained, as such events can quickly become medical emergencies. Figure 5 illustrates some of the observations, sounds, signs, and symptoms along a continuum of low concern (section A) to high concern (section C), and identifies the corrective actions staff must take to ensure the individual's welfare is maintained and the risk of serious harm is reduced.

Everyone's safety should be considered during a restraint. With that are many key observations to maintain which can lead to immediate medical emergencies. Such actions are noted as warning signs and corrective actions must be taken immediately to avoid fatalities.

FIGURE 5: RISKS OF RESTRAINTS: WARNING SIGNS AND CORRECTIVE ACTIONS

	Warning Signs	Corrective Actions
A	» Shouts and swears at staff to "let go." » Attempts to struggle free and/or injure self or others. » Is hostile and aggressive to self or others.	» Treat as IMPORTANT. » Manage the prevailing risk and follow the *Opt-Out Sequence*℠. Consider letting go as soon as possible, or reduce the level of restriction and/or change the position of the person.
B	» Complains of difficulty breathing. » Complains of feeling sick and/or vomits. » Voids bladder and/or bowels. » Complains of pain or discomfort. » Limbs positioned awkwardly; not moving within normal range of motion; and/or sounds of crepitus. » Becomes distressed and/or cries. » Continually struggles; becomes increasingly hot/flushed/sweaty.	» Treat as URGENT. » Immediately assess level of restriction and check to ensure you are not impeding or restricting breathing. » Check movement of limbs and signs of fracture/dislocation. » Follow the *Opt-Out Sequence*℠ and consider letting go as soon as possible; reduce the level of restriction; and/or change the position of the person so they are seated upright, reclined (recumbent), or in a position that is not impeding or restricting breathing. » Encourage person to relax and to take sips of a cold drink—assess hydration needs. » Call for help—an independent person not involved in the physical restraint is often best to assess what is happening and what action needs to be taken. » Refer person to medical practitioner as soon as possible for further assessment.
C	» Unresponsive to requests or instructions. » Loss of or reduced consciousness. » Abruptly/unexpectedly stops struggling or suddenly calms down. » Sudden change in breathing pattern. » Has a seizure of epileptic or non-epileptic origin. » Blueness of lips/fingernails/ear lobes (cyanosis). » Tiny pinpoint red dots/bruises (called petechia) on the skin, particularly on the upper chest, neck, face, and around the eyes.	» Treat as a **MEDICAL EMERGENCY**. » The term **Medical Emergency**[1] should be used as a verbal prompt for staff to stop the restraint immediately and: – Call for emergency medical assistance. – Follow the basic life support (BLS) algorithm as outlined in national and international resuscitation guidelines.

[1]At any time, if any staff member is concerned about the individual's welfare and safety, they should clearly state "medical emergency." The term "medical emergency" is an instruction for everyone involved in the restraint to immediately let go of the individual and begin the necessary emergency aid.

Physical restraint training should be recurrent with periodic updates and result in some form of certification or credential. School personnel may only utilize physical restraint if they have completed training in:

- Conflict de-escalation;
- The crisis cycle and interventions at each stage;
- Possible effects of physical restraint; 281
- CPR and First Aid, must hold current certification in both; and
- Monitoring the wellbeing of the student.

A building administrator should be informed immediately of any incident of a physical restraint. If unavailable, the building administrator must be informed as soon as possible following each incident, and prior to any extended breaks from school. Each incident of physical restraint must be documented on the required OSDE Report of Physical Restraint document. A copy of the documentation must be placed in the student file and provided to the parents. Parents should be informed immediately but must be informed within 24 hours after each physical restraint incident, and prior to any extended breaks from school. An IEP meeting may be needed to review the student's BIP and placement for any changes to services or placement.

OSDE cannot account for the risk of every crisis and will not advise on a timeframe that could potentially be harmful to the staff and persons in distress.
"CPI defers to the organizations policies and procedures, relevant legal and regulatory frameworks, and professional standards for best practice for definitive timeframes as they may vary from state to state and profession to profession. We do not want to advise on a timeframe that could potentially be harmful to the staff and the person in distress."

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The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government. Oklahoma State Department of Education, Special Education Services (405) 521-3351 | http://sde.ok.gov/sde/special-education

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