



**SUPPORTING STUDENT BEHAVIOR:
STANDARDS FOR THE EMERGENCY USE
OF SECLUSION AND RESTRAINT**

Adopted by the State Board of Education
December 12, 2006

**SUPPORTING STUDENT BEHAVIOR: STANDARDS FOR THE
EMERGENCY USE OF SECLUSION AND RESTRAINT**

TABLE OF CONTENTS

	<u>PAGE NUMBER</u>
I. Introduction	3
II. School-wide Systems of Behavioral Support.....	4
III. Positive Behavior Support	4
IV. Training.....	7
V. Seclusion	8
VI. Restraint	13
Appendix A - State Board of Education Policy on Positive Behavior Support.....	18
Appendix B - Section 380.1312 of School Code	19
Appendix C – Glossary.....	21
Appendix D – References.....	24

SUPPORTING STUDENT BEHAVIOR: STANDARDS FOR THE EMERGENCY USE OF SECLUSION AND RESTRAINT

Note: Nothing in this policy is intended to conflict with or limit the use of the "reasonable physical force" permitted in Act 451 of 1976, Section 1312(4), otherwise known as the Corporal Punishment Act.

I. Introduction

Michigan citizens are concerned about the use of seclusion and restraint in Michigan public schools. Acting on this concern, in May 2004 the Superintendent of Public Instruction convened a statewide referent group. The diverse referent group, representing parents, advocates, educators, policy makers, and service providers, was charged to:

- develop standards for seclusion and restraint that could replace the existing State Board of Education (SBE) document entitled, "Standards for Policy and Procedure Development in the Use of Behavioral Interventions";
- recommend substantive strategic directives; and
- recommend implementation to the SBE.

The referent group was committed from the beginning to create standards that apply to all Michigan students. The referent group consulted a variety of sources in creating the original recommendation. Statutes, rules, and policies from other states were examined. Behavior guidelines from the Wayne County Regional Educational Service Agency and the Traverse Bay Area Intermediate School District were also available as reference materials. The referent group agreed that the SBE standards should:

- promote the care, safety, welfare, and security of the school community and protect learning opportunities for all;
- require the use of proactive and effective strategies and best practices to reduce or eliminate seclusion and restraint;
- clearly define the terms "seclusion" and "restraint"; and
- clearly state the procedures for the use of seclusion and restraint.

Directed by the SBE, and built upon the work of the referent group, the Michigan Department of Education (MDE) staff was charged with the task of editing the final document to address issues voiced by the SBE.

The *Supporting Student Behavior: Standards for the Emergency Use of Seclusion and Restraint (Supporting Student Behavior)* document:

- summarizes how a positive behavior support approach uses proactive strategies to reduce or eliminate the use of seclusion and restraint;
- defines the terms "seclusion" and "restraint";
- outlines procedures for emergency use of seclusion and restraint; and
- provides a framework for training.

The *Supporting Student Behavior* document is rooted in best practices and drafted in the belief that:

- the most effective strategies for supporting positive student behavior begin with meaningful instruction provided by highly trained professionals in a safe environment which promotes dignity for all students;
- school-wide systems of positive behavioral support to address challenging behavior will increase instructional time for all; and
- seclusion or restraint should be used only in an emergency and require diligent assessment, monitoring, documentation, and reporting by trained personnel.

II. School-wide Systems of Behavioral Support

It is the policy of the SBE that each school district in Michigan implement a system of school-wide positive behavior support (PBS) strategies (Adopted September 12, 2006. See Appendix A). An effective school-wide system provides a full continuum of methods to support appropriate behavior, to promote safety, and to discourage violations of a school's Student Code of Conduct. The use of positive interventions support adaptive and pro-social behavior and foster dignity and self-esteem in students. Implementation of a school-wide systematic approach will ensure that seclusion and restraint are used only as a last resort method.

PBS is an example of an effective, research-based system that addresses challenging behaviors in a collaborative, comprehensive, research-validated, and humane manner.

III. Positive Behavior Support (PBS)

PBS is not a new intervention package, nor a new theory of behavior. PBS applies a behaviorally-based approach that enhances the capability of educators and parents to design effective environments that support student learning and behavior.

PBS emphasizes behavior that encourages learning by:

- building relationships;

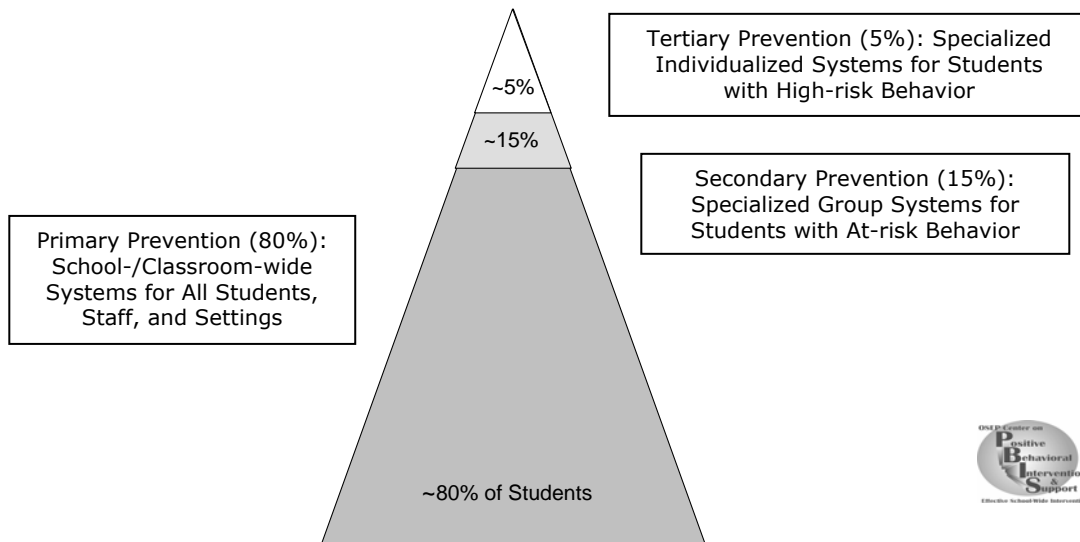
- creating routines;
- teaching skills/rules/expectations;
- identifying replacement behaviors for behaviors that interfere with learning;
- making problem behavior less effective, efficient, and relevant; and
- making the desired behavior more functional and adaptive.

PBS injects research-validated practices into education to create and sustain learning environments that improve the quality of life for all students in their educational programs: general; special or alternative education; and preschool through postsecondary.

PBS can be applied across three dimensions:

1. school-wide;
2. targeted groups of students at-risk; and
3. intensive effort for individual students.

CONTINUUM OF SCHOOL-WIDE INSTRUCTIONAL AND POSITIVE BEHAVIOR SUPPORT



The chart above, available at www.pbis.org, illustrates PBS as applied to the three key areas in schools:

1. approximately 80% of all students have zero to one office referrals in a school that uses school-wide PBS practices (e.g., school-wide behavior expectations, acknowledgement and encouragement of successful behavior, and staff modeling expectations);

2. approximately 15% of all students exhibit behaviors that benefit from targeted interventions (e.g., anger management group, social skills training, or adult mentor); and
3. approximately 5% of all students have challenges that require specialized and intensive interventions, including an individualized plan of support.

The above percentages reflect the effect of properly implemented school-wide PBS approaches. Schools that do NOT have a school-wide PBS approach in place typically:

- have significantly larger percentages of students receiving individualized attention (usually disciplinary in nature) at the tertiary prevention level;
- do not use the secondary prevention approach that targets at-risk groups of students efficiently and/or effectively; and
- have significantly smaller percentages of students within the universal level.

In February 2000, the MDE created a comprehensive manual for implementation of PBS for all students. The manual includes strategies for self-assessing a school's PBS status, resources and references, and computer-accessible materials.

Supporting Student Behavior is a document that will be effective only when it is used with the companion manual, *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning (February 2000)* and its supplement, *Positive Behavior Support for Young Children (June 2001)*.

As part of a PBS system, attention must be given to emergency situations. School personnel need guidelines as to what is and is not appropriate in an emergency situation. Any use of seclusion or restraint must be viewed as a last resort and undertaken only by trained personnel who are familiar with this policy and the *Positive Behavior Support for ALL Michigan Students: Creating Environments That Assure Learning (February 2000)* manual.

IV. Training

A. Training Framework

A comprehensive training framework includes:

- awareness training for the broader educational community, including pre-service training for all teachers;
- awareness training for substitute teachers; and
- comprehensive training for key identified personnel.

B. Training Components

All training must include:

- proactive practices and strategies that ensure the dignity of students;
- conflict resolution;
- mediation;
- social skills training;
- de-escalation techniques;
- positive behavior support strategies;
- techniques to identify student behaviors that may trigger emergency safety situations;
- related safety considerations, including information regarding the increased risk of injury to students and staff when seclusion or restraint is used;
- instruction in the use of seclusion and restraint;
- identification of events and environmental factors that may trigger emergency safety situations; and
- instruction on the State Board of Education policy on *Supporting Student Behavior: The Emergency Use of Seclusion and Restraint*.

C. Comprehensive Training for Key Identified Personnel

A Local Educational Agency (LEA) will identify sufficient key personnel to ensure that trained personnel are available for an emergency situation.

Before using seclusion or restraint with students, key identified personnel who may have to respond to an emergency safety situation must be trained in:

- proactive practices and strategies that ensure the dignity of students;
- conflict resolution;
- mediation;
- social skills training;
- de-escalation techniques;
- positive behavior support strategies;
- techniques to identify student behaviors that may trigger emergency safety situations;
- related safety considerations, including information regarding the increased risk of injury to students and staff when seclusion or restraint is used;

- instruction in the use of seclusion and restraint;
- identification of events and environmental factors that may trigger emergency safety situations;
- instruction on the State Board of Education policy on *Supporting Student Behavior: The Emergency Use of Seclusion and Restraint*;
- description and identification of dangerous behaviors;
- methods for evaluating the risk of harm to determine whether the use of seclusion or restraint is warranted;
- types of seclusion;
- types of restraint;
- the risk of using seclusion and restraint in consideration of a student's known and unknown medical or psychological limitations;
- instruction in the use of seclusion and restraint;
- the effects of seclusion and restraint on ALL students;
- how to monitor the physical signs of distress; and
- how to obtain medical assistance.

V. Seclusion

A. Definition of Emergency Seclusion

Seclusion is a last resort emergency safety intervention that provides an opportunity for the student to regain self-control. Seclusion is the confinement of a student in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student. A room or area used for seclusion:

- must not be locked;
- must not prevent the student from exiting the area should staff become incapacitated or leave that area; and
- must provide for adequate space, lighting, ventilation, viewing, and the safety of the student.

B. Limitations in Use

1. Seclusion shall not be used:

- for the convenience of staff;
- as a substitute for an educational program;
- as a form of discipline/punishment;
- as a substitute for less restrictive alternatives;
- as a substitute for adequate staffing; or
- as a substitute for staff training in positive behavior supports and crisis prevention and intervention.

2. Seclusion is inappropriate for students who are severely self-injurious or suicidal.

C. Definition of Timeout

Timeout is a behavior intervention in which a student, for a limited and specified time, is placed in an environment where access to positive reinforcement is unavailable. Timeout should not be confused with seclusion because in a timeout setting a student's movement is not physically restricted.

Timeout lies within a continuum of procedures that help students self-regulate and control their behavior. The timeout continuum is:

- planned ignoring*
- withdrawal of materials*
- contingent observation*
- exclusionary timeout*

(* See Glossary in Appendix C)

D. Use of Emergency Seclusion

A behavior that requires immediate intervention constitutes an emergency. Emergency seclusion must be used only under emergency situations and if essential. An emergency that may require the use of seclusion includes behavior that:

- poses an imminent risk to the safety of an individual student; or
- poses an imminent risk to the safety of others.

E. General Procedures for Emergency Seclusion

- 1.** An emergency seclusion may not be used in place of appropriate less restrictive interventions.
- 2.** Emergency seclusion shall be performed in a manner that is:
 - safe;
 - appropriate; and
 - proportionate to and sensitive to the student's:
 - severity of behavior;
 - chronological and developmental age;
 - physical size;
 - gender;
 - physical condition;
 - medical condition;
 - psychiatric condition; and
 - personal history, including any history of physical or sexual abuse.
- 3. Staff shall** immediately call for help from within the building at the onset of an emergency.
 - An LEA must ensure that substitute teachers are informed of all local emergency procedures, including the emergency use of seclusion and restraint.
- 4. Time and Duration** – Emergency seclusion should not be used any longer than necessary to allow a student to regain control of his/her behavior, but generally:
 - Elementary school students – no longer than 15 minutes; and
 - Middle and high school students – no longer than 20 minutes.
 - If an emergency seclusion lasts longer than the suggested maximum time, the following are required:
 - additional support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise); and
 - documentation to explain the extension beyond the time limit.

- 5. Staff Requirements** – While using seclusion, staff must:
 - involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
 - continually observe the student in seclusion for indications of physical distress and seek medical assistance if there is a concern; and
 - document observations.

- 6. Documentation and Reporting** – Each use of an emergency seclusion and the reason for each use shall be:
 - documented in writing and reported to the building administration immediately;
 - reported to the parent or guardian immediately or as soon as possible; and
 - documented in a written report for each use of seclusion (including multiple uses within a given day) and given to the parent or guardian within 24 hours.

- 7. Debrief** – After any use of an emergency seclusion, staff must debrief and consult with parents and students (as appropriate) regarding the determination of future actions. Questions to address include:
 - What precipitated the behavior that required emergency intervention?
 - Is there any anticipation that the behavior will occur again?
 - Is there a need for follow-up action?
 - What is the specific follow-up action?

- 8. Reoccurring Behavior** – Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency seclusion, the school personnel must:
 - conduct a functional behavioral assessment;
 - develop or revise a positive behavior support plan (PBSP) to facilitate the reduction or elimination of the use of seclusion;
 - develop an assessment and planning process conducted by a team knowledgeable about the student, including:
 - the parent;
 - the student (if appropriate);
 - people who are responsible for implementation of the PBSP; and
 - people who are knowledgeable in PBS.

- 9.** It is essential to this policy that seclusion be used only in response to an emergency as defined in this document, and not as a planned response for the convenience of staff, discipline or punishment, or as a substitute for an appropriate educational program.

Emergency Intervention Plan – Should a pattern of behavior which requires the use of emergency seclusion emerge, or be anticipated, an emergency intervention plan should be developed in addition to the PBSP to protect the health, safety, and dignity of the student. The emergency intervention plan should be developed in partnership with the parent by a team that includes a person knowledgeable about seclusion. The emergency intervention plan should be developed and implemented by taking the following documented steps:

- describe in detail the emergency intervention procedures;
- inquire of the student’s medical personnel (with parent consent) regarding any known medical or health contraindications for the use of seclusion;
- conduct a peer review by knowledgeable staff; and
- gain informed consent from the parent after providing the following:
 - an explanation of emergency procedures to be followed and the purpose for the emergency seclusion;
 - a description of possible discomforts or risks;
 - a discussion of possible alternative strategies with advantages and disadvantages;
 - answers to any questions; and
 - information on freedom to withdraw consent at any time;

When seclusion is included in an emergency intervention plan, the student should be told or shown the circumstances under which the emergency seclusion will be used. If concerns arise regarding humaneness or social acceptability, a human rights’ committee should be convened to review the emergency intervention plan. As defined in the emergency intervention plan:

- provide periodic review of the plan and related data;
- ensure that responsible staff are trained in the specific techniques described in the emergency intervention plan; and
- maintain necessary staffing at all times.

10. Data Collection – The school district shall develop a system of data collection regarding the use of seclusion. The data should:

- be analyzed to determine the efficacy of the school’s school-wide system of behavioral support;
- be analyzed in the context of suspension, expulsion, and dropout data;
- be analyzed for the purposes of continuous improvement of training and technical assistance toward the reduction or elimination of seclusion;
- be analyzed on a schedule determined by the MDE;

- be reported to the MDE; and
- include a list of appropriately-trained key identified personnel and their levels of:
 - education;
 - training; and
 - knowledge.

F. Prohibited Practices

The following are prohibited under all circumstances, including emergency situations:

- corporal punishment as defined in §380.1312(1) of The Revised School Code, 1976 PA 451;
- the deprivation of basic needs;
- anything constituting child abuse;
- seclusion of preschool children; and
- the intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student.

VI. Restraint

A. Definitions

There are three types of restraint: physical, chemical, and mechanical.

- 1. Physical restraint** involves direct physical contact that prevents or significantly restricts a student's movement. Restraint is a last resort emergency safety intervention. Restraint is an opportunity for the student to regain self-control. This policy on physical restraint is not intended to forbid actions undertaken:
 - to break up a fight
 - to take a weapon away from a student
 - the brief holding by an adult in order to calm or comfort
 - the minimum contact necessary to physically escort a student from one area to another
 - assisting a student in completing a task/response if the student does not resist or resistance is minimal in intensity or duration.
 - to hold a student for a brief time in order to prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car).
- 2. Chemical Restraint** is the administration of medication for the purpose of restraint. Chemical Restraint does not apply to medication prescribed by and administered in accordance with the directions of a physician.
- 3. Mechanical restraint** means the use of any device or material attached to or adjacent to a student's body that restricts normal freedom of movement and which cannot be easily removed by a student. Mechanical restraint does not include:
 - an adaptive or protective device recommended by a physician or therapist (when it is used as recommended).
 - safety equipment used by the general student population as intended (for example, seat belts, safety harness on school transportation).

B. Limitations in Use

Restraint shall not be used for:

- the convenience of staff;
- as a substitute for an educational program;
- as a form of discipline/punishment;
- as a substitute for less restrictive alternatives;
- as a substitute for adequate staffing; or
- as a substitute for staff training in positive behavior supports and crisis prevention and intervention.

C. Use of Emergency Restraint

A behavior that requires immediate intervention constitutes an emergency. Emergency restraint must be used only under emergency situations and if essential. An emergency that may require the use of restraint includes behavior that:

- poses an imminent risk to the safety of an individual student;
- poses an imminent risk to the safety of others; or
- is otherwise governed by The Revised School Code, 1976 PA 451, otherwise known as the Corporal Punishment Act.

D. General Procedures for Emergency Restraint

- 1.** An emergency restraint procedure may not be used in place of appropriate less restrictive interventions.
- 2.** Emergency restraint shall be performed in a manner that is:
 - safe;
 - appropriate;
 - proportionate to and sensitive to the student's:
 - severity of behavior
 - chronological and developmental age
 - physical size
 - gender
 - physical condition
 - medical condition
 - psychiatric condition
 - personal history, including any history of physical or sexual abuse.
- 3. Staff shall** immediately call for help from within the building at the onset of an emergency.
 - An LEA must ensure that substitute teachers are informed of all local emergency procedures, including the emergency use of seclusion and restraint.
- 4. Time and Duration** – Restraint should not be used:
 - any longer than necessary to allow students to regain control of their behavior; and
 - generally no longer than ten minutes.

If an emergency restraint lasts longer than ten minutes, the following are required:

- additional support (e.g., change of staff, introducing a nurse or specialist, obtaining additional expertise); and
- documentation to explain the extension beyond the time limit.

- 5. Staff Requirements** – While using restraint, staff must:
 - involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
 - continually observe the student in restraint for indications of physical distress and seek medical assistance if there is a concern; and
 - document observations.

- 6. Documentation and Reporting** – Each use of an emergency restraint and the reason for each use shall be:
 - documented in writing and reported to the building administration immediately;
 - reported to the parent or guardian immediately or as soon as possible; and
 - documented in a written report for each use of physical restraint (including multiple uses within a given day) and given to the parent or guardian within 24 hours.

- 7. Debrief** – After any use of an emergency seclusion, staff must debrief and consult with parents and students (as appropriate) regarding the determination of future actions. Questions to address include:
 - What precipitated the behavior that required emergency intervention?
 - Is there any anticipation that the behavior will occur again?
 - Is there a need for follow-up action?
 - What is the specific follow-up action?

- 8. Reoccurring Behavior** – Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency restraint, the school personnel must:
 - conduct a functional behavioral assessment;
 - develop or revise a PBSP to facilitate the reduction or elimination of the use of restraint;
 - develop an assessment and planning process conducted by a team knowledgeable about the student, including:
 - the parent
 - the student (if appropriate)
 - people who are responsible for implementation of the PBSP
 - people who are knowledgeable in PBS.

- 11.** It is essential to this policy that restraint be used only in response to an emergency as defined in this document, and not as a planned response for the convenience of staff, discipline or punishment, or as a substitute for an appropriate educational program.

Emergency Intervention Plan – Should a pattern of behavior which requires the use of emergency restraint emerge, or be anticipated, an emergency intervention plan should be developed in addition to the PBSP to protect the health, safety, and dignity of the student. The emergency intervention plan should be developed in partnership with the parent by a team that includes a person knowledgeable about restraint. The emergency intervention plan should be developed and implemented by taking the following documented steps:

- describe in detail the emergency intervention procedures;
- inquire of the student’s medical personnel (with parent consent) regarding any known medical or health contraindications for the use of restraint;
- conduct a peer review by knowledgeable staff;
- gain informed consent from the parent after providing the following:
 - an explanation of emergency procedures to be followed and the purpose for the emergency restraint;
 - a description of possible discomforts or risks;
 - a discussion of possible alternative strategies with advantages and disadvantages;
 - answers to any questions; and
 - information on freedom to withdraw consent at any time;

When restraint is included in an emergency intervention plan, the student should be told or shown the circumstances under which the emergency restraint will be used. If concerns arise regarding humaneness or social acceptability, a human rights’ committee should be convened to review the emergency intervention plan. As defined in the emergency intervention plan:

- provide periodic review of the plan and related data;
- ensure that responsible staff are trained in the specific techniques described in the emergency intervention plan; and
- maintain necessary staffing at all times.

9. Data Collection – The school district shall develop a system of data collection regarding the use of restraint. The data should:

- be analyzed to determine the efficacy of the school’s school-wide system of behavioral support;
- be analyzed in the context of suspension, expulsion, and dropout data;
- be analyzed for the purposes of continuous improvement of training and technical assistance toward the reduction or elimination of restraint;
- be analyzed on a schedule determined by the MDE;
- be reported to the MDE;

- include a list of appropriately-trained key identified personnel and their levels of:
 - education
 - training
 - knowledge.

E. Prohibited Practices

The following procedures are prohibited under all circumstances, including emergency situations:

- mechanical restraint;
- chemical restraint;
- corporal punishment as defined in §380.1312(1) of The Revised School Code, 1976 PA 451, otherwise known as the Corporal Punishment Act;
- the deprivation of basic needs;
- anything constituting child abuse;
- any restraint that negatively impacts breathing
- prone restraint* (See Glossary in Appendix C)
 - school personnel who find themselves involved in the use of a prone restraint as the result of responding to an emergency must take immediate steps to end the prone restraint
- the intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student.

Michigan
State Board of Education

POSITIVE BEHAVIOR SUPPORT POLICY

The vision of the State Board of Education is to create learning environments that prepare students to be successful citizens in the 21st Century. The educational community must provide a system that will support students' efforts to manage their own behavior and assure academic achievement. An effective behavior support system is a proactive, positive, skill-building approach for the teaching and learning of successful student behavior. Positive behavior support systems ensure effective strategies that promote pro-social behavior and respectful learning environments. Research-based positive behavior support systems are appropriate for all students, regardless of age.

The principles of Universal Education reflect the beliefs that each person deserves and needs a positive, concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood. A positive behavior support policy incorporates the demonstration and teaching of positive, proactive social behaviors throughout the school environment.

A positive behavior support system is a data-based effort that concentrates on adjusting the system that supports the student. Such a system is implemented by collaborative, school-based teams using person-centered planning. School-wide expectations for behavior are clearly stated, widely promoted, and frequently referenced. Both individual and school-wide learning and behavior problems are assessed comprehensively. Functional assessment of learning and behavior challenges is linked to an intervention that focuses on skill building. The effectiveness of the selected intervention is evaluated and reviewed, leading to data-based revisions. Positive interventions that support adaptive and pro-social behavior and build on the strengths of the student lead to an improved learning environment. Students are offered a continuum of methods that help them learn and maintain appropriate behavior and discourage violation of codes of student conduct.

In keeping with this vision, it is the policy of the State Board of Education that each school district in Michigan implement a system of school-wide positive behavior support strategies.

Adopted September 12, 2006

**THE REVISED SCHOOL CODE (EXCERPT)
Act 451 of 1976**

380.1312 “Corporal punishment” defined; infliction of corporal punishment by employee, volunteer, or contractor; exercise of necessary reasonable physical force; liability; violation; deference given to reasonable good-faith judgments; development, implementation, and enforcement of code of student conduct; model list of alternatives to use of corporal punishment; authority permitting corporal punishment void.

Sec. 1312.

(1) As used in this section, “corporal punishment” means the deliberate infliction of physical pain by hitting, paddling, spanking, slapping, or any other physical force used as a means of discipline.

(2) Corporal punishment does not include physical pain caused by reasonable physical activities associated with athletic training.

(3) A person employed by or engaged as a volunteer or contractor by a local or intermediate school board or public school academy shall not inflict or cause to be inflicted corporal punishment upon any pupil under any circumstances.

(4) A person employed by or engaged as a volunteer or contractor by a local or intermediate school board or public school academy may use reasonable physical force upon a pupil as necessary to maintain order and control in a school or school-related setting for the purpose of providing an environment conducive to safety and learning. In maintaining that order and control, the person may use physical force upon a pupil as may be necessary for 1 or more of the following:

(a) To restrain or remove a pupil whose behavior is interfering with the orderly exercise and performance of school district or public school academy functions within a school or at a school-related activity, if that pupil has refused to comply with a request to refrain from further disruptive acts.

(b) For self-defense or the defense of another.

(c) To prevent a pupil from inflicting harm on himself or herself.

(d) To quell a disturbance that threatens physical injury to any person.

(e) To obtain possession of a weapon or other dangerous object upon or within the control of a pupil.

(f) To protect property.

(5) A person employed by or engaged as a volunteer or contractor by a local or intermediate school board or public school academy who exercises necessary reasonable physical force upon a pupil, or upon another person of

school age in a school-related setting, as described in subsection (4) is not liable in a civil action for damages arising from the use of that physical force

and is presumed not to have violated subsection (3) by the use of that physical force. This subsection does not alter or limit a person's immunity from liability provided under 1964 PA 170, MCL 691.1401 to 691.1415.

(6) A person who willfully or through gross negligence violates subsection (3) or who willfully or through gross negligence violates subsection (4) may be appropriately disciplined by his or her school board or public school academy.

This subsection does not limit a school board's or public school academy's authority to discipline an employee for a violation of its own policies.

(7) In determining whether an employee, volunteer, or contractor has acted in accordance with subsection (4), deference shall be given to reasonable good-faith judgments made by that person.

(8) A local or intermediate school district or a public school academy shall develop and implement a code of student conduct and shall enforce its provisions with regard to pupil misconduct in a classroom, elsewhere on school premises, on a school bus or other school-related vehicle, or at a school sponsored activity or event whether or not it is held on school premises.

(9) The department shall develop a model list of alternatives to the use of corporal punishment. This model list shall be developed in consultation with organizations that represent the interests of teachers, school employees, school boards, school administrators, pupils, parents, and child advocates, plus any other organization that the state board of education may wish to consult. The department shall send this model list to each school district, public school academy, and intermediate school district in the state and to each nonpublic school in the state that requests it. A local or intermediate school board or public school academy shall approve and cause to be distributed to each employee, volunteer, and contractor a list of alternatives to the use of corporal punishment. Upon request, the department of education shall provide assistance to schools in the development of programs and materials to implement this section.

(10) Any resolution, bylaw, rule, policy, ordinance, or other authority permitting corporal punishment is void.

History: 1976, Act 451, Imd. Eff. Jan. 13, 1977 ;-- Am. 1988, Act 521, Eff. Mar. 30, 1989 ;-- Am. 1992, Act 6, Imd. Eff. Mar. 10, 1992 ;-- Am. 1995, Act 289, Eff. July 1, 1996 ;-- Am. 2000, Act 461, Imd. Eff. Jan. 10, 2001

Popular Name: Act 451

Glossary

Behavior Intervention is a systematic implementation of procedures that result in lasting positive changes in an individual's behavior. Interventions may include positive strategies, program or curricular modifications, and supplementary aids and supports required to address the disruptive behaviors in question. It is helpful to use data collected during a functional behavioral assessment to develop the plan and to determine the discrepancy between the student's actual and expected behavior. (Manual of Recommended Practice, Project REST, June 2004)

De-Escalation Techniques are strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs. (Manual of Recommended Practice, Project REST, June 2004)

Emergency is a situation in which a student's behavior poses imminent risk to the safety of an individual student or to the safety of others. An emergency requires an immediate intervention.

Emergency Safety Intervention is the use of seclusion or restraint to de-escalate student behavior that poses an imminent risk to the safety of an individual student and others.

Functional Behavior Assessment is a systematic process for identifying the events that trigger and maintain problem behavior in an educational setting. A Functional Behavior Assessment will describe specific problematic behaviors, report the frequency of the behaviors, assess environmental and other setting conditions where problematic behaviors occur, and identify the factors that are maintaining the behaviors over time. (Manual of Recommended Practice, Project REST, June 2004)

Informed Consent is when a parent or guardian has been fully informed of all information relevant to the activity for which consent is sought. The parent or guardian agrees in writing to the carrying out of the activity and that granting of consent is voluntary and may be revoked.

Physical Escort is the touching or holding a student with a minimum use of contact for the purpose of directing movement from one place to another.

Positive Behavior Support is a research-based system that addresses challenging behaviors in a collaborative, comprehensive, research-validated, and humane manner.

Positive Behavior Support Plan is the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Restraint

Chemical restraint is the administration of medication for the purpose of reducing or restricting an individual's freedom of movement.

Physical Restraint is the application of physical force by one or more individuals that reduces or restricts a student's freedom of movement. Physical restraint of a student may only be used for the purpose of providing safety and support.

Mechanical Restraint is the use of any device, article, garment, or material attached or adjacent to the student's body, which the student cannot easily remove, and that restricts freedom of movement.

Prone Restraint is the restraint of a person face down.

Restraints that negatively impact breathing include floor restraints, facedown position, or any position in which a person is bent over in such a way that it is difficult to breathe. This includes a seated or kneeling position in which a person being restrained is bent over at the waist. Sitting or lying across a person's back or stomach can interfere with breathing. When a person is lying facedown, even pressure to the arms and legs can interfere with a person's ability to move their chest or abdomen in order to breathe effectively.

Seclusion means the confinement of a student alone in a secured room or other space from which the student is physically prevented from leaving.

Timeout means a behavior management technique in which a student, for a limited and specified time, is placed in an environment where access to positive reinforcement is unavailable. Timeout should not be confused with seclusion because in a timeout setting a student's movement is not physically restricted. (Manual of Recommended Practice, Project REST, June 2004)

Timeout Continuum

Planned Ignoring – is the systematic withdrawal of social attention for a predetermined time period upon the onset of mild levels of problem behavior.

Withdrawal of Materials – materials that the student is using are removed upon the occurrence of the inappropriate behavior.

Contingent Observation – student remains in a position to observe the group without participating or receiving reinforcement for a specified period of time.

Exclusionary Timeout – student is removed from the immediate instructional setting in response to behavior that requires immediate and direct cessation. This form of timeout can take place within the same classroom or in a nearby location that can be supervised by an adult.
(Using Timeout in an Effective and Ethical Manner)

References

Crisis Prevention Institute, Inc., "Risks of Restraints," 2002, Brookfield, WI

Iowa Department of Education, "Using Timeout in an Effective and Ethical Manner," September 2003, Des Moines, IA

Family Resource Center for Disabilities and Special Needs, "Manual of Recommended Practice: Project REST," June 2004, South Carolina