Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint (Act 479)

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The Iberville Parish Public School System has established the following guidelines and procedures to comply with the revised mandates of Act 479, enacted during the 2025 Regular Session of the Louisiana Legislature. This legislation provides direction regarding crisis intervention strategies, which may include the use of positive behavioral supports, sensory rooms, or other calming spaces intentionally designed to comfort and stabilize students. Act 479 also outlines guidelines for rare and extraordinary situations where seclusion or physical restraint may be necessary to safely de-escalate a student who presents an imminent risk of harm to themselves or others. These techniques will be employed only as a last resort and in strict accordance with Louisiana Bulletin 1706, Sections 540 through 543.

I. Definitions

Crisis Intervention - the implementation of an action plan for school personnel to implement when a student exhibits disruptive behaviors that prevent him from participating in classroom or daily activities.

Imminent Risk of Harm - an immediate and impending threat of a person causing substantial physical injury to self or others.

Isolation - an event during 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 safe, secure, and supervised setting and from which the student is involuntarily prevented from leaving until he is no longer at risk of imminent harm to self or others and an adult stays in the room the entire time.

Mechanical Restraint - application of any device or object used to limit a person's movement.

Physical Restraint - the use of restraint techniques that involve physical force applied to restrict the movement of all or part of a person's body. To be considered a "reportable event of restraint" a school employee must have to restrain a student for more than three consecutive minutes during any given hour for the protection of the student or others.

Positive Behavioral Intervention and Support - a systematic approach to embed evidence-based practice and data-driven decision making when addressing student behavior in order to improve school climate and culture.

Principal Designee - a school employee designated to implement all reporting and follow-up procedures in the event that a principal is not available to do so.

School Employee - a teacher, paraprofessional, administrator, support staff member, or a

provider of related services.

School Health Designee - a school employee designated to assess the use of seclusion and physical restraint in the event that a school nurse is not present on a school campus at the time such measure is used.

Seclusion - a procedure that isolates and confines a student, alone, in a designated separate room or area until he is no longer an imminent risk of harm to self or others. Should an adult stay in the room with the student, it is not considered "seclusion".

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 safe, secure, and supervised setting and from which the student is involuntarily prevented from leaving until he is no longer at risk of imminent harm to self or others.

Sensory Room - (Act 479 definition) a space that is used for the monitored separation of a student in an unlocked* setting in which school personnel may use positive behavioral interventions and support to help or calm, or stabilize a student's disruptive behavior. (also referred to as a "calming room", "calming space", "comfort room", "comfort space", sensory space", "timeout room", or timeout space"). In Iberville Parish, the sensory rooms that are built with a variety of sensory materials should not be used as timeout rooms/spaces or for students to de-escalate in.

** "unlocked" in this context means the student may voluntarily leave the room. It does not refer to building security protocols such as keeping classroom doors locked in accordance with Safe Schools procedures.*

II. Crisis Intervention

Incident Prevention

Effective crisis intervention begins with proactive strategies aimed at preventing incidents before they escalate.

- Prevention efforts focus on ensuring that students' basic needs are consistently met and are supported in an organized, predictable environment.
- Students should have access to engaging, meaningful activities and learning opportunities that foster a sense of purpose and belonging.
- Staff behaviors play a critical role by interacting respectfully, promoting student dignity, and using positive reinforcement to encourage desirable behaviors.
- Students benefit from having choices rather than experiencing coercion, as autonomy supports emotional regulation and reduces power struggles.

Incident Minimization

School employees play a critical role in preventing behavioral incidents by developing a strong understanding of each student's individual triggers and early warning signs. These triggers may include specific environments, demands, interactions, or sensory inputs that lead to distress or dysregulation. Early signals of escalating behavior can present as subtle changes in body language, tone of voice, facial expressions, or levels of engagement. By recognizing these early indicators, school employees can respond proactively and appropriately to minimize escalation. The following strategies and priorities should be implemented.

- School employees should use strategies that reduce stress and anxiety, rather than unintentionally intensifying the situation. The primary objective in these moments is de-escalation, not immediate compliance.
- School employees should focus on calming the student, maintaining safety, and preserving their dignity to prevent the situation from worsening and support long-term behavior change.
- School employees should prioritize building trusting relationships, creating supportive environments, and utilizing techniques that encourage cooperation and emotional regulation.

De-escalation Process

If the student displays anxiety or a noticeable increase or change in behavior, de-escalation techniques should be immediately implemented to prevent the student's behavior from moving toward a crisis level. The de-escalation techniques listed below should be the first steps in dealing with a student exhibiting challenging behaviors.

- Stay composed. Remain professional.
- Convey a calm, respectful attitude. Be aware of the tone, volume, and cadence of your voice as well as non-verbal communication (e.g., gestures, facial expressions, and movements).
- Ignore the student's minor undesired behavior(s) and/or redirect.
- Respect the student's personal space. Maintain at least an arm's length distance from the student.
- Be aware of your body position. Avoid eye contact and toe-to-toe positions as they may be interpreted as being challenging and may increase behavior.
- Be empathetic to the student's feelings. Don't judge or discount his/her feelings. Pay attention to him/her and don't be afraid of silence.
- Do not engage in a power struggle. When the student challenges your authority, either remain silent or redirect to the issue at hand.
- Set and enforce reasonable limits. Give simple, clear choices and consequences. Make sure the consequences are reasonable and enforceable.
- Allow the student to verbally vent when possible to release energy and to allow you to understand what he/she is thinking and feeling.

Use of Crisis Intervention Plans

Iberville Parish Schools will use a Multi-Tiered System of Supports to accelerate and maximize student academic and social-emotional outcomes through the application of data-based

problem solving utilized by effective leadership at all levels of the educational system. Staff will make data-based decisions in order for resources (e.g. time, staff, strategies) to reach the students at the appropriate levels to increase the performance of all students with the goal of achieving and/or exceeding proficiency.

Crisis Intervention Plans are created by the IEP team after the 2nd reported incident of restraint or seclusion. The plan will be added to the students existing behavior (assessment) intervention plan. These plans are individualized to meet the needs of each student.
Crisis intervention plans should focus on preventing crises before they occur by using positive behavioral interventions and supports (PBIS). Staff should first identify triggers, teach replacement behaviors, and reinforce positive actions to reduce challenging behavior. When a crisis does arise, interventions should follow the least restrictive approach, using verbal de-escalation, redirection, and calming strategies before any physical intervention. If restraint or seclusion is ever necessary, it must be used only as a last resort, for the shortest duration possible, and by trained staff following established protocols. After each incident, a debriefing and review should occur to understand causes, evaluate the effectiveness of interventions, and adjust the plan to better support the individual's needs and safety.

Sensory rooms are proactive and voluntary spaces designed to help students calm and self-regulate through sensory support. In contrast, seclusion and physical restraint are reactive safety interventions used only when a student's behavior poses an imminent risk of harm. Seclusion involves isolating a student in a room they cannot leave, while physical restraint involves staff physically holding or restricting movement to prevent injury. Unlike sensory rooms, which are supportive and student-driven, seclusion and restraint are involuntary, closely regulated, and used only as last-resort measures to ensure safety.

III. Seclusion and Restraint

Every effort should be made to prevent the need for using seclusion or restraint techniques. Environments should be structured and focused on positive interventions and supports to greatly reduce, and in many cases eliminate, the need to use seclusion or restraint. Seclusion and restraint should only be used when a student's behavior presents a threat of imminent risk of harm to self or others, and only as a last resort to protect the safety of self and others. Techniques may be implemented when the risk of not intervening is greater than the risk of intervening and to the degree necessary to stop the dangerous behavior. Techniques must be implemented in a manner that causes no physical injury to the student, results in the least possible discomfort, does not interfere in any way with the student's breathing or ability to communicate with others, and does not place excessive pressure on the student's back or chest or cause asphyxia. Seclusion and restraint must be implemented in a manner that is directly proportional to the circumstances and to the student's size, age, and severity of behavior. A school employee shall continuously monitor a student who is secluded or physically restrained for the duration of such seclusion or restraint and shall release a student from seclusion and physical restraint as soon as the reasons for justifying such action have subsided.

Seclusion and restraint must not be used as a form of discipline or punishment, as a threat to

control, bully, or obtain behavioral compliance, or for the convenience of school personnel. It is imperative that no school employee subject a student to unreasonable, unsafe, or unwarranted use of seclusion or restraint. Seclusion and restraint techniques must not be used to address behaviors such as general noncompliance, self-stimulation, or academic refusal. Such behaviors must be responded to with less stringent and less restrictive techniques. No school employee shall place a student in seclusion or restraint if he is known to have any medical or psychological condition that precludes such action, as certified by a licensed pediatrician, neurologist, or mental health provider in a written statement provided to the school in which the student is enrolled.

Seclusion

The seclusion of a student must take place only in a designated seclusion room that meets established safety standards to ensure the student's physical and emotional well-being. The creation and use of a seclusion room must be formally approved in advance by the Supervisor of Special Education before implementation.

Guidelines for Seclusion of a student:

- A student may only be placed in a seclusion room by a trained school employee who uses approved methods for escorting, placing, and supervising the student.
- While in the seclusion room, the student must be continuously monitored, and the supervising staff member must be able to see and hear the student at all times.
- Only one student may occupy a seclusion room at any given time to ensure individual safety and proper supervision.
- It is critical to understand the distinction between a Seclusion Room and a Calming Room, Time Out Room or Sensory Room, as they serve fundamentally different purposes. (Under no circumstances should a Calming Room or Sensory Room be used as a Seclusion Room. Calming Rooms, Timeout Rooms, or Sensory Rooms are intended to provide a calming, therapeutic environment that helps students regulate their emotions and return to a state of stability. These rooms are not to be associated with discipline, isolation, or restraint.)

Seclusion should ONLY be used:

- for student behaviors that involve an imminent risk of harm to self or others.
- as a last resort, when de-escalation and other positive behavioral interventions and support attempts have failed and the student continues to pose an imminent risk of harm to self or others.
- as a last resort, if and when less restrictive crisis intervention techniques 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 to self or others.

Seclusion should NOT be used:

- as a routine school safety, discipline, or intervention measure or to address behaviors such as general non-compliance, self-stimulation, and academic refusal, and other behaviors that, while disruptive to a classroom setting or other daily school activities, do

not present an imminent risk of harm to self or others.

A Seclusion Room or other confined area must:

- be free of any object that poses a danger to the student who is placed in the room.
- have an observation window allowing school personnel to see and hear the student the entire time.
- have a ceiling height and heating, cooling, ventilation, and lighting system comparable to an operating classroom in the school.
- be of a size that is appropriate for the student's size, behavior, chronological, and developmental age.

Physical Restraint

Physical restraint should only be used by school employees who have completed all components of the district's adopted de-escalation & physical management program. Annual recertification is required. Only in emergency situations, in which there is not sufficient time to have trained personnel respond, should non-trained staff physically restrain a student.

Physical Restraint should *ONLY* be used:

- when a student's behavior presents a threat of imminent danger of serious physical harm to self or others, and only as a last resort to protect the safety of self or 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, and does not interfere in any way with a student's breathing ability or ability to communicate with others.

Physical Restraint does *NOT* include:

- consensual, solicited, or unintentional contact.
- momentary blocking of a student's action if the student's action is likely to result in harm to the student or any other person.
- a school employee holding a student for less than three consecutive minutes during any given hour for the protection of the student or others.
- a school employee holding a student for the purpose of calming or comforting the student, provided the student's freedom of movement or normal access to his or her body is not restricted.
- minimal physical contact (ie, touching of the hand, wrist, arm, shoulder, or back) 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 or response.

Mechanical Restraint does *NOT* include:

- any device used by a duly licensed law enforcement officer in the execution of his official duties.
- any devices implemented by trained school personnel or utilized by a student that have been prescribed by an appropriate medical or related service professional and are used

for the specific and approved purposes for which such devices were designed, such as:
- adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports.
- vehicle safety restraints when used as intended during the transport of a student in a moving vehicle.
- restraints for medical immobilization.
- orthopedically prescribed devices that permit a student to participate in activities without risk of harm.

The following practices are prohibited in any public school:

- Any form of mechanical restraint.
- Physical restraint in a manner that places excessive pressure on a student's chest or back that causes asphyxia.
- Physical restraint in a manner that is disproportionate to the circumstances and to a student's size, age and severity of behavior.

Seclusion and physical restraint shall not be used as a form of discipline or punishment, as a threat to control, bully, or obtain behavioral compliance. Seclusion and restraint shall never be used for the convenience of school personnel.

IV. Training and Certification in Restraint and Seclusion Techniques

Iberville Parish has adopted two different methods to train staff for use when there is a crisis and/or need for restraint and seclusion when student behavior has escalated to the point where there is Imminent Risk of Harm for the student or others. Every campus has to have a team of staff trained in Safety Care to implement these techniques. Elementary campus staff will be trained on Ukeru techniques on an as needed basis.

Safety Care:

Safety-Care is a crisis prevention and behavioral intervention program designed to help staff safely and respectfully manage dangerous or disruptive behaviors. The goal is always to prevent crises before they occur through proactive strategies, positive behavioral supports, and effective communication.

When all other interventions have failed and a person's behavior poses an immediate danger to themselves or others, staff may use a Safety-Care physical restraint as a last resort. These restraints are trained, approved techniques that focus on:

- Safety: Protecting both the individual and staff from harm.
- Dignity: Using the least restrictive intervention for the shortest time necessary.
- Control and Support: Helping the person regain emotional and physical control in a calm, respectful manner.

- Team Approach: Ensuring multiple trained staff members are present to monitor safety and de-escalation.

Once the person is calm, staff conduct a debrief to discuss what led to the behavior, review triggers, and plan strategies to reduce the likelihood of future incidents.

Use of safety care holds
Time/Duration-Restraint: should not be used:

- Any longer than necessary to allow student to regain control of his/her behavior
- Generally no longer than 10 minutes.
- If an emergency restraint lasts longer than 10 minutes, the following are required:
    - Additional support (such as a change of staff, introducing a nurse or specialist, obtaining additional expertise, etc.)
    - Documentation to explain the extension beyond the time limit.

Training Requirements: Staff are required to have a two day initial certification training by a certified trainer of Safety care and annual recertification.

To use any Safety-Care interventions—including physical restraints—staff must complete formal Safety-Care certification training provided by a qualified Safety-Care trainer. The requirements generally include:

1. Initial Certification Training:
    - Two full days (12–16 hours) of in-person instruction.
    - Covers prevention, de-escalation, behavior support strategies, and physical safety techniques.
    - Includes both written and practical assessments to ensure understanding and competency.

2. Annual Recertification:
    - Staff must complete a one-day refresher (6 hours) training each year to maintain certification.
    - Focuses on reviewing key concepts, updating skills, and demonstrating safe physical interventions.

3. Competency Verification:
    - Participants must show proficiency in all trained techniques (verbal and physical).
    - Trainers assess proper use, safety, and adherence to program principles.

4. Program Emphasis:
    - Training stresses prevention first—physical restraint is used only when there's an imminent risk of harm.
    - All interventions must be consistent with school policies, state regulations, and ethical standards.

Ukeru:

Ukeru is a trauma-informed, restraint-free crisis management approach designed to help staff support individuals in distress safely and compassionately. The word "Ukeru" means "to receive" in Japanese, reflecting the program's emphasis on receiving behavior, not reacting to it with force.

Training:

Prevention and Planning:

- Staff identify triggers and high-risk situations for each individual.
- A personalized support plan is created, emphasizing positive behavioral interventions and calming strategies.

Early Intervention:

- Staff use verbal de-escalation, active listening, and redirection to prevent escalation.
- The focus is on understanding and responding to emotional cues, not controlling behavior.

Safety Without Restraint:

- If aggression or self-harm occurs, staff use protective Ukeru pads and blocking techniques to ensure safety.
- Physical contact is minimal and supportive, aimed at preventing injury, not restraining the person.

Supportive Environment:

- The individual is guided to a safe, calm space while staff provide reassurance and emotional support.
- Staff remain non-confrontational and model calm behavior.

Debrief and Reflection:

- After the incident, staff and the individual (when possible) review what triggered the behavior.
- Plans are adjusted to reduce future risk and reinforce coping and emotional regulation skills.

Training:

Initial Certification:

- Typically a 2-day in-person training with a certified Ukeru instructor.

- Covers trauma-informed care, prevention strategies, de-escalation techniques, and the safe use of Ukeru pads and blocking techniques.
- Includes practical exercises to demonstrate safe responses to aggressive or self-injurious behaviors.

Refresher Training / Recertification:

- Staff complete annual refresher sessions to reinforce skills, update procedures, and review best practices.

V. Written Notification and Reporting

The **principal or his designee** shall notify each parent or legal guardian, using the Notice of Prohibition of Seclusion and Restraint Document , of a student enrolled at the school with an Individualized Education Plan (IEP) of the prohibition of the use of seclusion and restraint if the student has a condition that precludes such action, as certified by a licensed pediatrician, neurologist, or mental health provider in a written statement provided to the school in which the student is enrolled. This notification is included in our *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques,* provided to parents of students with disabilities at the beginning of each school year and on the Prior Written Notice for the student's IEP meeting. IEP teams will discuss and document this discussion in the IEP.

A student who has been placed in seclusion or has been restrained shall be monitored continuously, and monitoring shall be documented on the *Report of Seclusion/Restraint.*

Immediately Following Implementation of Seclusion or Physical Restraint:

SAME DAY:

- The school employee involved in the seclusion or restraint must immediately notify the school principal.
- The school principal must immediately notify the Supervisor of Special Education of the student secluded or restrained, personnel involved, and the location of restraint.
    - The school principal or his designee and the Director of Special Education must review video and audio footage, if available, to ensure that policies and proper techniques were followed during the incident. The Director of Special Education will document the video viewing and findings on the *Seclusion/Restraint Video Documentation Log.*
- The school administrator shall notify the parent or legal guardian of the student via a phone call as soon as is practical, but no later than the end of the same school day.
- A school nurse or school health designee shall assess the student as soon as possible, but no later than the end of the same school day, to look for and document any signs of injury or distress.

- A school employee who secluded or physically restrained a student shall document and report the incident on the *Report of Seclusion/Restraint*. The employee shall print and submit the *Report of School Seclusion/Restraint* to the principal by the end of the school day. This document contains the questions that must be answered for reporting in order to be in compliance with ACT 749. If this person is not the special education teacher, all documentation/reports must also be shared with the special education teacher.

WITHIN 24 HOURS:

- The principal or his designee shall complete the *Parent Notification of Seclusion/Restraint Letter* form and provide the letter to the parent by the end of the following day. If the seclusion or restraint occurs on a Friday, the letter must be completed and sent to the parent by the end of the day on Friday.
- The principal or designee must provide the signed *Report of Seclusion/Restraint* and the *Parent Notification of Seclusion/Restraint Letter* to the Special Education Supervisor at the same time the parent is provided a copy of the parent letter (within 24 hours of incident).
- Ensure that the team has completed the R&S Debrief form.

VI. Response to Seclusion or Restraint

Debrief

The purpose of the debrief is to review the events to determine if there are changes that should be made in the way the student is supported or engaged with. It gathers information that should be used by the team when reviewing the student's IEP/BAIP/Crisis Plan.

Individualized Education Plan/Behavior Intervention Plan

The IEP team must address the behaviors that prompted the seclusion/restraint in the student's IEP and BIP. If a student is involved in three incidents in a school year involving the use of seclusion or physical restraint as a result of posing an imminent risk of harm to self or others, his Individualized Education Plan team shall convene and:

- implement/revise the Behavior Support Plan.
  OR
- conduct a Functional Behavioral Assessment (FBA).
  - The School Psychologist, the School Social Worker, Social Emotional Behavior Specialist
- review, revise, or develop a Behavior Intervention Plan, to include any appropriate and necessary behavioral supports.
  - prioritize the use of positive interventions and support
- consider the need for including a crisis intervention plan.

If the student's challenging behavior continues to escalate, requiring repeated seclusion or restraint practices, the Special Education Director or designee shall review the student's IEP and BIP at least every three weeks.

VII. Roles and Responsibilities

School & District Responsibilities

- Schools will include the *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques* in the student handbook.
- A list of personnel trained in Safety-Care will be kept at each school site and the district office.
- Reported incidents of seclusion/restraint will be entered into the LDOE database by the Special Education Director or designee.
- Prior to the beginning of the school year, the *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques* shall be:
    - provided to all school employees and every parent or legal guardian of a student with a disability.
    - posted on the district's website.
    - submitted annually to the Special Education Advisory Council.

Special Education Supervisor

- Create and update the IPSB *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques*.
- Ensure that pertinent staff are trained on the *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques.*
- Ensure that pertinent staff are trained on the use of Safety Care and Ukeru techniques.
- Monitor and respond to reported incidents of R&S.
- Ensure that seclusion rooms are safe and abide by the law.
- Review footage, when available, from events of R&S and report to the Supervisor of Special Education.

Special Education Department Staff (Instructional Facilitator, Social-Emotional Behavior Specialist,etc)

- Abide by the IPSB *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques*.
- Support IEP teams in creating and revising IEPs, BIPs, and crisis plans to better meet the needs of a student who has had to be Restrained or Secluded.
- Recommend training for particular staff based on the needs of their students and observations.

School Administrator

- Ensure that all necessary staff are trained and maintain certification in Safety Care and/or Ukeru. Maintain documentation of adequately trained staff to address student needs around R&S (Safety Care and Ukeru).
- Ensure that school staff abide by the IPSB *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques*.
- Ensure that a seclusion room that is utilized is safe and abides by the law.
- Before the end of the school day, call parents to inform them of the event that resulted in the R&S of their child.
- Ensure that parents are provided with a copy of the Notice of Prohibition of Seclusion and Restraint Document at the beginning of the school year, at the initial and annual IEP meetings.
- Ensures that the appropriate reporting and follow-up procedures are implemented for all incidents of restraint and seclusion.
- Review footage, when available, from events of R&S and document findings on the *Seclusion/Restraint Video Documentation Log.*

Special Education Teacher

- Abide by the IPSB *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques*.
- Implement the appropriate reporting and follow-up procedures are implemented for all incidents of restraint and seclusion.
- Report to the administration any concerns regarding the safety of the seclusion room.
- Report to the administration any concerns regarding the implementation of R&S on the campus.
- Ensure the proper reporting of any restraint or seclusion for students on their caseload has occurred; has been shared with the special education department and has been filed in the student's green folder.
- Complete the R&S Debrief Form and file in the green folder.

School Nurse or Health Designee (if the school nurse is not on campus during the event)

- Abide by the IPSB *Guidelines and Procedures for Crisis Intervention and Implementing Seclusion/Restraint Techniques*.
- Visit the student as soon as possible, but no later than the end of the same school day, to look for and document any signs of injury or distress.