

# Guidelines for Seclusion and Restraint

## 1) Functional Behaviour Assessment must be completed:

- Define the problem behaviour
- Need to identify antecedent events that trigger behaviour
- Need to identify maintaining consequences
- Need to identify motivating operations that may be influencing behaviour

## 2) Need to reflect on the antecedent events that are under adult control (e.g., academic instructions and non-academic instructions)

- Modification of academic programming at an individual level is essential
- Pick your battles carefully; is follow through on a non-academic instruction worth the risk of safe room use?

## 3) Need to ensure that each student has a relevant and comprehensive behaviour plan in place

- Derived from FBA
- Technically adequate
- Data driven
- Revised as required
- Oversight from BCBA or similarly credentialed individual with experience in ABA
  - Clinical Lead
- Competency-based training must be provided to plan implementers
  - EAs and TA-BTs need to be trained with Behavioural Skills Training in how to implement plan
  - Ongoing supervision for implementers

## 4) Informed consent is required from parents to implement behaviour plan

- Information
- Capacity
- Voluntariness

## 5) Least restrictive interventions must be documented in behaviour plan and tried first before use of restraint or seclusion can be considered.

- Data on the effectiveness (or noneffectiveness) of less restrictive interventions must be collected and graphed
- Look at factors such as: accuracy of FBA, technical adequacy, and staff training
- If three different less restrictive interventions have been implemented and are documented as unsuccessful OR in rare circumstances where less restrictive interventions are deemed unfeasible due to immediate safety risks, contact the Clinical Lead for a meeting to be set up as soon as possible, and no later than 7 days later to discuss intervention plan including seclusion or restraint.

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**6) If S/R is approved to be included as part of comprehensive intervention plan, additional written consent is required from parents/guardians**

- Information
- Capacity
- Voluntariness

\*Jackie and Mark will provide guidance in the event that guardians cannot be reached

**7) If S/R is required:**

- It must be applied only when behaviour is extremely serious and puts safety, wellbeing, and quality of life of self or others at risk.
- S/R must be applied at the minimum level of physical restrictiveness that is necessary to maintain safety.
- S/R must be carried out by an individual who is trained in those procedures (not an EA)
- S/R must be maintained for as brief a period of time as possible
- A preplanned release contingency must be adhered to
- A Critical Incident Report form must be completed the same day by an involved St. Margaret resident staff member
- The incident should be debriefed the same day by the classroom team
  - Try to identify factors that can be changed to avoid S/R use in future
- Parents will be notified of the use of the safe room by the classroom teacher.

**8) Clinical Lead will:**

- Graph Critical Incident Report forms monthly
- Share results with St. Margaret staff monthly during staff meetings
- Meet with any team that would like programming support
- Communicate regularly with Admin

**Emergency Use:**

- You must conduct a risk-benefit analysis demonstrating that the use of S/R favours benefits and minimizes risk
- If S/R is required for any student 3 times on an emergency use basis, contact the Clinical Lead for a meeting to be set up as soon as possible, and no later than 7 days later to discuss FBA, previous intervention history, and next steps.
- Considerations:
  - Self-injurious behaviour = safe room may be contraindicated; may require physical restraint
  - Escape-maintained behaviour = safe room may be contraindicated
  - Attention-seeking behaviour = restraint may be contraindicated

## **Guidelines for Seclusion and Restraint**

- Certain mental health disorders (e.g., panic disorder) = safe room may be contraindicated
- Certain medical conditions (e.g., heart conditions) = restraint may be contraindicated