

Seclusion and Restraint Policy

Written guidelines and procedures for students with exceptionalities

New Orleans Charter Science and Mathematics High School

Status: Proposed policy for Charter Board review and adoption. Adoption and effective dates must be completed from the Board record before this document is represented as an adopted policy.

Board adoption date: _____ Effective date: _____

1 Purpose and scope

Sci High will use positive behavioral interventions and support, individualized planning, and de-escalation to maintain a safe learning environment. Seclusion and physical restraint are emergency safety measures permitted only as a last resort when a student presents an imminent risk of substantial physical injury to self or others. They are never routine discipline or a substitute for instruction or appropriate behavioral services.

These guidelines govern school employees serving students with exceptionalities in school programs and school-sponsored activities. They preserve all applicable Individualized Education Program (IEP), Behavioral Intervention Plan (BIP), IDEA, and Section 504 rights. An IEP, BIP, parental acknowledgment, or consent does not authorize an intervention prohibited by law or this policy.

2 Authority and Board responsibility

The Charter Board shall adopt these written guidelines under La. R.S. 17:416.21(M). Related authority includes La. R.S. 17:252(A)(2)(h), applicable BESE regulations in Bulletin 1706, and charter-school requirements in La. R.S. 17:3996(B)(29). The Board will review implementation annually and adopt revisions when requirements change.

3 Assigned responsibilities

Role	Responsibility
Charter Board	Adopt policy, oversee implementation, and retain adoption evidence.
Head of School	Serve as principal for these procedures; designate response staff and health designee; ensure notifications, reports, and reviews.
Special education director or supervisor	The Head of School shall designate the employee performing this legally required role, called the Diverse Learners Lead in this policy. This person oversees reporting, IEP follow-up, and training records.
Responding employees	Use prevention strategies; monitor and release the student; document every incident and notify the Head of School.
School nurse or health designee	Assess and document injury or distress after release; arrange care as needed.

Definitions and prevention

4 Key definitions

Imminent risk of harm means an immediate and impending threat of a person causing substantial physical injury to self or others. Disruption, refusal, or inconvenience alone does not meet this standard.

Crisis intervention means implementing an action plan when disruptive behavior prevents a student from participating in classroom or daily activities. It prioritizes positive supports and calming spaces; seclusion or restraint is reserved for extraordinary circumstances involving imminent risk of harm.

Physical restraint means manual restraint techniques involving physical force applied to restrict movement of all or part of a person's body. Under La. R.S. 17:416.21(A)(4)(b), it excludes consensual, solicited, or unintentional contact; momentary blocking of an action likely to cause harm; an employee holding a student for less than three consecutive minutes within any given hour for protection; comforting without restricting movement or normal access to the body; and minimal contact to safely escort or help complete a task or response.

These exclusions do not permit repeated brief holds to evade safeguards. Sci High requires internal documentation and safety review of protective holds and any contact that causes injury or distress, even if the contact falls within a statutory exclusion. Qualifying seclusion and restraint incidents must also be reported to the state.

Mechanical restraint means applying a device or object to limit movement. The statutory definition excludes prescribed protective or stabilizing devices used strictly according to manufacturer instructions and licensed-provider orders, and devices used by duly licensed law enforcement officers performing official duties. These exclusions do not authorize employees to use such devices for behavioral control.

Seclusion means isolating and confining a student in a designated separate room or area until the student no longer poses an imminent risk of harm. A seclusion room is an individual, temporary, safe, secure, supervised space from which the student is involuntarily prevented from leaving.

A sensory or calming room is an unlocked, monitored space used with positive supports to comfort or stabilize a student. If a student is isolated and involuntarily prevented from leaving, staff must treat the intervention according to its actual characteristics, including the seclusion safeguards when applicable, regardless of the name of the space.

5 Prevention and individualized planning

- Teach expectations and replacement skills; use predictable routines, accessible communication, accommodations, and positive reinforcement.
- Recognize triggers and early distress. Reduce demands and stimulation as appropriate; offer choices, breaks, space, and support from a familiar adult.
- Use a student's IEP, BIP, and crisis plan. The IEP team shall consider positive behavioral interventions and supports when behavior impedes learning and use functional behavioral assessment information to guide needed supports.
- Avoid threats, confrontation, crowding, and unnecessary physical contact. Request trained assistance early and move other students to safety when necessary.

Use of seclusion

6 Conditions for emergency use

Seclusion may be used only when a student presents an imminent risk of harm to self or others, less restrictive de-escalation and positive supports have failed, and confinement is necessary to protect safety. Staff shall identify and document the specific dangerous actions and unsuccessful alternatives.

Seclusion shall not address general noncompliance, self-stimulation, academic refusal, or other disruptive behavior that does not create an imminent risk of harm. It shall not be used for punishment, threats, bullying, obtaining compliance, staff convenience, or routine school safety or intervention.

7 Required setting and supervision

- The Head of School shall designate and inspect any proposed seclusion space before use. No room is authorized merely by adoption of this policy. An unsuitable classroom, closet, restroom, storage area, or other unsafe space shall not be used.
- The space must be free of dangerous objects, have an observation window, and be appropriately sized for the student's size, behavior, chronological age, and developmental age.
- Ceiling height and heating, cooling, ventilation, and lighting must be comparable to operating classrooms. Staff must maintain safe emergency access and comply with applicable fire and building requirements.
- Only one student may occupy the seclusion room. A school employee must see and hear the student continuously for the entire confinement.
- The placing employee must use accepted escorting, placement, and supervision methods. If an escort becomes physical restraint, all restraint safeguards and reporting requirements also apply.

8 Monitoring and release

A designated employee shall continuously observe the student's breathing, physical condition, ability to communicate, and behavior. As an additional Sci High safeguard, observations shall be recorded at least every five minutes and whenever conditions change. This recording interval never replaces continuous monitoring or authorizes a minimum confinement period.

Release the student immediately when the reason justifying seclusion subsides. Do not wait for an apology, assignment completion, a preset time, or perfect compliance. End the intervention and obtain emergency medical help if the student shows breathing difficulty, loss of consciousness, significant distress, or other urgent medical signs.

No seclusion may be used when a known medical or psychological condition precludes it as certified in the written statement specified in Section 10. After release, follow all notification, health assessment, reporting, and review procedures in this policy.

Physical restraint and staff training

9 Permitted methods and prohibitions

Trained employees may use only manual restraint methods taught and competency-checked in the school's approved crisis intervention program, and only when an imminent risk of harm makes restraint necessary as a last resort. Methods must use the least force needed to stop dangerous behavior, be proportionate to the student's size, age, circumstances, and behavior, cause no physical injury, create the least possible discomfort, and preserve breathing and communication.

School employees shall not use mechanical restraint, excessive pressure on the chest or back, methods that cause asphyxia, disproportionate force, or unreasonable, unsafe, or unwarranted restraint. As additional Sci High safeguards, prone and supine floor restraints, pain-compliance methods, and pressure on the neck or airway are prohibited. Restraint shall never be punishment, a threat, a means to obtain compliance, or a convenience.

The responding team shall assign continuous monitoring, track start and release times, and reassess the need for restraint throughout. Use an additional observer whenever available. Release immediately when the danger subsides; respond immediately to injury, breathing difficulty, or distress. Staff shall not improvise techniques or learn physical holds from this written policy.

10 Medical and psychological safeguards

Staff shall not seclude or restrain a student known to have a condition precluding the action, as certified by a licensed pediatrician, neurologist, or mental health provider in a written statement supplied to the school. The Head of School or designee shall notify each parent or guardian of a student with an IEP annually about this prohibition and incorporate the notice into the IEP meeting. The Diverse Learners Lead shall communicate relevant restrictions confidentially to employees responsible for the student.

11 Training and crisis response assignments

The Head of School and Diverse Learners Lead shall select an evidence-based crisis intervention program consistent with current BESE minimum training requirements and LDOE guidance. Designated responders must complete initial instruction, demonstrate competency in the specific methods they may use, and maintain current certification where the program requires it. Sci High will provide annual refreshers and additional retraining after identified deficiencies or program changes.

Training shall meet LAC 28:XLIII.549 and include measurable learning objectives, respect for student rights and dignity, incremental intervention steps, prevention, positive supports, de-escalation, recognizing imminent harm, least restrictive alternatives, safe response and release, continuous health monitoring, prohibited practices, sensory and seclusion spaces, medical restrictions, documentation, notification, and debriefing. Designated employees shall complete any applicable required LDOE program. Online awareness training alone does not establish competency in physical restraint methods.

All employees shall receive policy orientation. The Diverse Learners Lead shall retain program names, training dates, instructors, competency records, authorized techniques, and renewal dates. The Head of School shall maintain accessible responder assignments and a backup plan. Untrained staff may restrain only in the statutory emergency exception when insufficient time exists for trained personnel to respond; all other limits still apply, and the reason must be documented.

Notifications and incident reporting

12 Required actions and deadlines

These deadlines apply to each incident. Emergency medical assistance shall be requested immediately when needed; it shall not wait for any deadline below. If the Head of School is unavailable, the designated administrator shall perform the principal's duties.

Action	Responsible person	Deadline
Notify Head of School and special education director or supervisor	Employee who secluded or restrained	Immediately whenever seclusion or restraint occurs; confirm notification upon release.
Electronically notify special education director or supervisor	Head of School or designee	As soon as practicable; no later than one hour after release or the end of the same school day, whichever occurs first.
Call parent or legal guardian	Responding employee or administrator	As soon as practicable; no later than the end of the same school day.
Visit student and document injury or distress	School nurse or designated school health employee	As soon as possible; no later than the end of the same school day.
Submit written incident report to Head of School	Employee who secluded or restrained	By the end of the next school day following the incident.
Send written incident report to parent	Head of School or designee	By the end of the next school day following receipt of the report.
Report qualifying incidents to LDOE	Diverse Learners Lead or reporting designee	All incidents, using the current state reporting system and applicable BESE/LDOE deadlines.

Document each parent phone call, unsuccessful attempt, person contacted, date, time, and follow-up. If the parent cannot be reached, continue reasonable attempts and send the written report by its deadline. An unsuccessful call does not excuse the reporting obligations. Provide language and disability access support when needed.

13 Minimum report contents

Use the forms on pages 7 and 8, with attachments as needed. Record the student's name, age, grade, sex, gender, race, disability, and ethnicity; incident date, location, start and end times, and duration; names and titles of all involved employees and witnesses; dangerous actions, triggers, attempted de-escalation, and procedures or restraint types used; injuries, visible marks, and medical emergencies; immediate actions and notifications after release; and the student's behavior after release.

Record monitoring, the reason and time for release, the health assessment, and the school-year incident count. Preserve factual statements and relevant audio/video, if available, in accordance with privacy, retention, and access rules. Store reports securely with access limited to authorized persons. Reporting shall not depend on whether an injury occurred or whether the procedure was authorized.

Follow up and policy distribution

14 Incident review and student support

The Head of School or designee and the special education director or supervisor shall review available video and audio to determine whether policy and proper techniques were followed. Preserve relevant footage promptly and document findings, corrective actions, and responsible staff. Suspected abuse, misconduct, or injury shall also be handled under applicable mandatory reporting and personnel procedures; an internal review does not replace required external reporting.

As a Sci High follow-up procedure, the Head of School shall arrange a staff debrief by the end of the second school day after the incident when practicable, documenting any delay. Review triggers, alternatives, supervision, health effects, notification, and prevention changes. Offer the student an accessible, supportive debrief and the family an opportunity to discuss the incident. Resume appropriate instruction and supports as soon as safely possible.

15 Repeated incidents and IEP review

Maintain a combined count of qualifying seclusion and physical restraint incidents for each student each school year. After three incidents involving imminent risk of harm, the special education teacher shall send prior written notice to the parent or guardian of the intention to call an IEP team meeting. The team shall review and revise the BIP, including any crisis intervention plan, to include appropriate and necessary behavioral supports. The Diverse Learners Lead shall arrange this meeting promptly and document notice, participation, revisions, and implementation.

Thereafter, when challenging behavior continues or escalates and requires repeated seclusion or restraint, the special education director or supervisor or designee shall review the student's plans at least once every three weeks. Staff need not wait for three incidents to request an IEP review, assessment, additional services, or revised supports. For a student without an IEP, promptly refer to the appropriate support or evaluation team while preserving applicable IDEA and Section 504 duties.

16 Distribution and annual oversight

- Annually provide the adopted guidelines to LDOE, all school employees, and every parent or legal guardian of a student with an exceptionality before the start of each school year under LAC 28:XLIII.547(B). The initial state deadline was May 31, 2026. Retain delivery evidence and promptly distribute revisions; orient new staff and provide copies to newly eligible or enrolling families.
- Post the adopted guidelines on the school website at the beginning of each school year. Include crisis intervention information, including proper seclusion and restraint use, in the student handbook and make it available to parents and guardians of students with an IEP or BIP.
- Before each school year, submit the adopted guidelines to the school governing authority's Special Education Advisory Council under La. R.S. 17:1944.1. Retain the submission record and review feedback.
- The Diverse Learners Lead shall review incident data at least annually for frequency, duration, injuries, student and staff patterns, and disparities. Provide the Board a privacy-protected summary and recommended prevention, training, staffing, or policy changes.

Families may raise questions or concerns with the Head of School through the main office and use the school's published grievance process. Nothing in this policy limits complaint or procedural safeguard rights under applicable law.

Incident report

Confidential student record | Complete both report pages and attach additional sheets as needed.

Report ID: _____ School year: _____ Report date: _____

Intervention: ☐ Seclusion ☐ Physical restraint ☐ Both ☐ Other protective contact

Student name: _____ Student ID: _____

Age: _____ Grade: _____ Sex: _____ Gender: _____ Race: _____

Ethnicity: _____

Disability or exceptionality: _____ IEP: ☐ Yes ☐ No BIP: ☐ Yes ☐ No

Incident date: _____ Location: _____

Seclusion start: _____ End: _____ Total duration: _____

Restraint start: _____ End: _____ Total duration: _____

Employee or witness name	Title	Role and training status

Events and specific behavior creating imminent risk of substantial physical injury

De escalation and less restrictive strategies attempted and the student response

Procedures and restraint techniques used and why they were necessary

If an untrained employee responded, explain why there was insufficient time for trained personnel:

Relevant medical restrictions checked: _____ Monitoring employee: _____

Reason for release: _____ Release time: _____

Employee signature: _____ Date and time: _____

Health assessment and notification record

Confidential student record | Student: _____ Report ID: _____

Continuous monitoring record

Observe continuously. Record at least every five minutes and with every change. Attach additional logs; this interval is not permission to continue an intervention after the danger subsides.

Time	Behavior breathing communication and physical condition	Action or release

Injury, visible marks, distress, or medical emergency: ☐ Yes ☐ No Describe: _____

Nurse or health designee: _____ Visit date and time: _____

Assessment findings and care or EMS referral: _____

Student behavior and staff actions immediately after release: _____

Notifications and report delivery

Required contact or delivery	Name or recipient	Date time method and result
Head of School notified		
Special education lead notified electronically		
Parent phone call and any repeat attempts		
Written report received by Head of School		
Written report sent to parent		
LDOE reporting submission and confirmation		

Combined school-year incident count: _____ Third incident reached: ☐ Yes ☐ No

Prior written IEP notice sent: _____ IEP meeting date: _____ ☐ Not applicable

Staff debrief date: _____ Family follow-up: _____ Next plan review: _____

Audio/video reviewed or unavailable and corrective action: _____

Head of School signature: _____ Date: _____

Diverse Learners Lead signature: _____ Date: _____

Board adoption and implementation record

17 Adoption record

Complete this record only after the Charter Board acts. Retain the approved policy with the meeting minutes or resolution. The preparation date does not establish adoption.

Legal name of governing authority: _____

Board meeting date: _____ Resolution or minutes reference: _____

Adopted policy version: _____ Effective date: _____

Board Chair signature: _____ Date: _____

Board Secretary signature: _____ Date: _____

18 Implementation assignments

Head of School: _____

Special education director or supervisor serving as Diverse Learners Lead: _____

School nurse: _____ Backup school health designee: _____

Approved crisis training program and authorized techniques record location: _____

Designated response team roster and current certification record location: _____

Authorized seclusion space and inspection record, or none: _____

LDOE submission date: _____ Employee distribution date: _____

Parent distribution date: _____ Website posting date: _____

SEAC submission date: _____ Annual Board review date: _____

19 Legal references and citation clarification

Primary authority: La. R.S. 17:416.21, including Subsections M(1), M(2)(a)-(b), M(3), and N(2). Official text: <https://www.legis.la.gov/legis/Law.aspx?d=762879>

Related school behavior planning: La. R.S. 17:252(A)(2)(h). Official text: <https://www.legis.la.gov/legis/Law.aspx?d=80374>

Other applicable authority: La. R.S. 17:3996(B)(29); La. R.S. 17:1944.1; BESE Bulletin 1706, LAC 28:XLIII.540-549, including the December 2025 amendments published at Louisiana Register 51:2066-2070; IDEA and 34 C.F.R. 300.324(a)(2)(i). Apply current effective requirements and LDOE reporting instructions.

The supplied NOLA-PS rubric cites R.S. 17:252(M)(2)(a). The current R.S. 17:252 has no Subsection M. The written-guidelines adoption and distribution provisions are in R.S. 17:416.21(M), including M(2)(a). This policy uses the current operative citation.

This draft was adapted from the supplied Warren Easton procedures and updated to the current Louisiana statutory requirements, including Act 479 of 2025, effective December 1, 2025. Additional Sci High safeguards and procedures become school policy upon Board adoption.