The Council for Exceptional Children (CEC) recognizes access to the most effective educational strategies as the basic educational right of each child or youth with a disability. CEC believes that the least restrictive positive educational strategies should be always used to respect the child’s or youth’s dignity and that this especially pertains to the use of physical restraint and seclusion.

A physical restraint is defined as any method of one or more persons restricting another person’s freedom of movement, physical activity, or normal access to his or her body. It is a means for controlling that person’s movement, reconstituting behavioral control, and establishing and maintaining safety for the out-of-control individual, other individuals, and school staff. Physical restraints have been in widespread use across most human service, medical, juvenile justice, and education programs for a long period of time. While some have proposed physical restraint as a therapeutic procedure for some children and youth, this view has no scientific basis and is generally discredited. Today most schools or programs that employ physical restraint view it as an emergency procedure to prevent injury to the child or youth or others when a child or youth is in crisis.

Seclusion is the involuntary confinement of a child or youth alone in a room or area from which the child or youth is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff. Any time a child or youth is involuntarily alone in a room and prevented from leaving should be considered seclusion, regardless of the intended purpose or the names applied to this procedure and the place where the child or youth is secluded. Seclusion is often associated with physical restraint in that physical restraint is regularly used to transport a child or youth to a seclusion environment. However, seclusion may occur without employing physical restraint.

In addition, schools may employ a variety of environments that may not meet the definition of seclusion (confinement alone without immediate ability to leave), but which have at least some of the elements of seclusion. These might include detention rooms and in-school suspension rooms where children and youth may not be alone or where they are not technically prevented from leaving, although they may perceive that they are prevented from leaving.

CEC supports the following principles related to the use of physical restraint and seclusion procedures in school settings:

- Behavioral interventions for children and youth must promote the right of all children and youth to be treated with dignity.
- All children and youth should receive necessary educational and mental health supports and programming in a safe and least-restrictive environment.
- Positive and appropriate educational interventions, as well as mental health supports, should be provided routinely to all children and youth who need them.
- Behavioral interventions should emphasize prevention and positive behavioral supports.
- Schools should have adequate staffing levels to effectively provide positive supports to children and youth and should be staffed with appropriately trained personnel.
- All staff in schools should have mandatory conflict de-escalation training, and conflict de-escalation techniques should be employed by all school staff to avoid and defuse crisis and conflict situations.
- All children and youth whose pattern of behavior impedes their learning or the learning of others should receive appropriate educational assessment, including Functional Behavioral Assessments. These should be followed by Behavioral Intervention Plans that incorporate appropriate positive behavioral interventions, including instruction in appropriate behavior and strategies to de-escalate their own behavior.
It is the policy of the Council for Exceptional Children that:

- Physical restraint or seclusion procedures should be used in school settings only when the physical safety of the child or youth or others is in immediate danger. Prone restraints (with the student face down on his/her stomach) or supine restraints (with the student face up on the back) or any maneuver that places pressure or weight on the chest, lungs, sternum, diaphragm, back, neck, or throat should never be used. No restraint should be administered in such a manner that prevents a student from breathing or speaking.

- Mechanical or chemical restraint should never be used in school settings when their purpose is simply to manage or address a child's or youth's behavior. Prescribed assistive devices such as standing tables and chairs with restraints are not considered mechanical restraints for purposes of this document. Their use should be supervised by qualified and trained individuals in accord with professional standards. Vehicle restraints and those restraints used by law enforcement officers are not considered mechanical restraints for purposes of this document.

- Neither restraint nor seclusion should be used as a punishment to force compliance or as a substitute for appropriate educational support.

- All seclusion environments should be safe and humane and should be inspected at least annually, not only by fire or safety inspectors, but for programmatic implementation of guidelines and data related to its use.

- Any child or youth in seclusion must be continuously observed by an adult both visually and aurally for the entire period of the seclusion. Occasional checks are not acceptable.

- Guidelines or technical assistance documents are generally not adequate to regulate the use of these procedures, since abuses continue to occur in states or provinces where guidelines are in place and these guidelines have few mechanisms for providing oversight or correction of abuses. Policy is needed in the form of legislation or regulation.

- Federal, state, and provincial legislation or regulations should:
  - Recognize that restraint and seclusion procedures are emergency, not treatment, procedures.
  - Require that preventive measures such as conflict de-escalation procedures be used in schools where restraint or seclusion will be employed.

- Any school that employs physical restraint or seclusion procedures should have a written positive behavior support plan specific to that program, pre-established emergency procedures, specific procedures and training related to the use of restraint and seclusion, and data to support the implementation of positive behavior supports and specific uses of restraint and seclusion in that environment.

- Additional research should be conducted regarding the use of physical restraint and seclusion with children or youth across all settings.
This policy is adopted from a position summary published by the Council for Children with Behavior Disorders, a division of the Council for Exceptional Children: *Physical Restraint and Seclusion Procedures in School Settings*, VA, Author.

**More detailed information is available in the following white papers:**


To access CEC’s Policy on Physical Restraint and Seclusion Procedures in School Settings online, go to [www.cec.sped.org](http://www.cec.sped.org)>Policy & Advocacy>CEC Professional Policies. For further information, contact Deborah A. Ziegler, Associate Executive Director, Policy and Advocacy Services, Council for Exceptional Children, 703-264-9406 (P), 703-243-0410 (F), 800-224-6830 (Toll free), 866-915-5000 (TTY), debz@cec.sped.org.

**Reference**
Council for Exceptional Children 2009 Policy Manual; Section Three, Part 1, Paragraph 17

**Date Adopted**
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