

ISBE ISSUES AMENDMENT TO EMERGENCY RULES ON PHYSICAL RESTRAINT

Reacting to concerns about the ability to maintain student safety without the ability to use prone restraint, the Illinois State Board of Education has issued an amendment to the emergency regulations to provide for the emergency use of prone restraint.

According to the Emergency Amendment, prone restraint may be used if all of the following criteria are met:

1. The

school district or other entity has determined that the student has no medical or psychological limitations that contraindicate the use of prone or supine restraint.

2. The school district or other entity determines that the situation is an emergency, in which immediate intervention is necessary to protect the student or others from imminent danger of causing serious physical harm to the student or others and less intrusive measures have been tried and were ineffective. The prone or supine restraint must be the least restrictive and intrusive intervention to address the emergency.

3. The prone or supine restraint does not impair the student's ability to breath or communicate.

4. Personnel using prone or supine restraint have completed required

training.

5. One school professional, not involved in the holding of the student, and trained in identifying signs of distress, observes the student during the entire incident.
6. The number of staff involved in restraining the student cannot exceed the number of people necessary to safely hold the student.
7. The prone or supine restraint ends immediately when the threat of imminent serious physical harm ends, and the restraint shall not last longer than 30 minutes, unless authorized by a school administrator after the school administrator consults with a psychologist, social worker, nurse or behavior specialist.
8. If a student is restrained in a prone or supine restraint in at least 2 separate

incidents within a 30-school day period, school personnel who initiated, monitored and supervised the incidents shall review the effectiveness of the procedures used. A psychologist, social worker, nurse or behavior specialist must be included in this review. The review must include, but is not limited to conducting or reviewing a functional behavior analysis, developing additional or revised positive behavior interventions, considering actions to reduce restraint and/or modifying the student's IEP or behavior plan. The team must also review any known medical or psychological limitations that contraindicate the use of restraint and, if applicable, must document any prohibition on restraint in the student's IEP or behavior plan.

If you have questions regarding the

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