Emergency Safety Interventions

Policy Owner(s): Therapeutic School/Residential Program and Outpatient Services

Effective Date: March 20, 2019 | **Revised Date:** October 29, 2025

1. Policy Objective

This policy outlines the regulations and guidance for Heartspring's use of restraint practices. The policy is in alignment with the student/clients-served states' regulations for emergency safety interventions (ESI).

2. Scope

This policy applies to all Heartspring employees.

3. Policy Statement

Heartspring employees will engage in an Emergency Safety Intervention (ESI) if an imminent risk of danger or harm, to self or others, is likely to occur, *and* other less restrictive and less intrusive interventions have been attempted first. The use of an approved Emergency Safety Intervention may be used as a last resort.

Heartspring does not utilize restraint procedures as an educational or therapeutic intervention tool, nor use chemical restraint for students or clients. These interventions shall occur only in a manner that protects the safety of all students, clients, staff, and visitors. . Every use of restraint shall be documented and reported in accordance with the requirements set forth in this policy, which is in accordance with Kansas State Law for Emergency Safety Interventions. If a student/client's home state law has more restrictive requirements for any section, that state's law will be followed.

3.1 Prohibited Practices

The following are prohibited under all circumstances:

- Pain Compliance – using pain as a means to control a person, this includes hyperextension of joints and skin torsion.
- Straddling, sitting, and/or applying pressure to any part of the body that obstructs or restricts the circulation of blood and/or obstructs or restricts the airway.
- Mechanical restraint (which does not include devices used by trained school personnel, or by a student/client, for the specific and approved therapeutic

or safety purposes for which prescribed, or medication administered as prescribed by a licensed physician).

- Any type of choking and/or head holds where the head is used as a lever to control movement.
- Any technique that involves pushing into a person's mouth, nose, eyes, or any part of the face or covering the face.
- Any maneuver not part of NCI that involves substantial risk of injury (shoving, tripping, wrestling holds).
- Any takedowns, body throws, or other technique or maneuver that forces the student/client to the floor.
- Any maneuver that involves the use of threat or corporal punishment
- Any lifting or carrying of a person who is actively combative or struggling (unless a hazard and approved by ABA, NCI trainer, or a supervisor).
- Any denial of the student's/client's personal rights and basic needs.
- Any abusive language (threats, mocking behaviors, verbally chastising a student/client).
- Inappropriate conversations between staff around students/clients.
- Any use of restrictive clothing or device that has not been authorized by The Medical Group or the Behavioral Services Department.
- Punitive-based exercise.
- Placing a student/client in isolation and/or keeping them in any room or area using a mechanical barrier (closed door or use of a mat, chair, etc.).
- Monitors of restraint or safety gear application leaving the student/client they are monitoring during the intervention.
- Using a desk or any other mechanical barrier to prevent a student/client from standing up while the student/client is seated in a chair.
- Using a blocking pad to push or shove a student/client or hold the student/client to any surface.
- Any prone (laying down face down) or supine (laying down face up) floor restraints.
- Any technique or procedure that violates Emergency Safety Intervention laws and regulations.
- Any instance of not disengaging from a hold when the threat of imminent danger or serious harm ends.
- Any act of physically engaging with a student/client in a non-approved manner or in a manner that violates the student's/client's dignity and respect or safety.
- Any use of seclusion or purposeful isolation.
- Chemical restraints will never be utilized to incapacitate students/clients.

3.2. Restraints

- Physical restraint may be used only when there is an immediate risk of physical harm to the student/client or others and no other safe or proactive

intervention has been effective. Restraints of any kind may not be used for convenience, to force compliance, or in place of behavioral interventions, including de-escalation strategies.

- Heartspring uses Non-Violent Crisis Intervention (NCI) and all restraints used are compliant with NCI techniques. These include but are not limited to:
    - Children's Seated
    - Standing
    - Children's Standing
    - Floor Transition
- Heartspring developed restraints based on NCI principles to meet the needs of Heartspring students/clients served. These include but are not limited to:
    - Seated
    - Heartspring seated
- Restraint should not exceed 15 minutes unless specifically authorized by the student's IEP team.
- In emergency situations, staff are expected to use their professional judgment, guided by the principles of nonviolent Crisis Intervention (NCI), to ensure the safety and well-being of both students, clients, and staff.
- Following any restraint incident exceeding 15 minutes, a formal follow-up will be conducted, including; up to a review of video footage, to ensure that all protocols were followed appropriately and to assess the situation thoroughly.
- Supine and Prone restraints are prohibited for all students/clients by Kansas state law. Supine may be used as directed by medical professionals, under the supervision of a licensed medical staff member for the purpose of medical intervention, i.e. blood draws, wound treatment or other procedure as deemed necessary by a licensed medical staff member.
- If an employee uses a physical restraint, they must:
    - Be appropriately trained to protect the care, welfare, dignity, and safety of the student/client;
    - Must have a staff member present to continually monitor the event and student for;
        - Indications of physical or mental distress and seek immediate medical assistance if there is a concern.
        - Have responsibility for "tapping out" staff members as appropriate.
    - Use verbal strategies and research-based de-escalation techniques in an effort to help the student/client regain control;
    - Remove the student/client from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;
    - Ensure that the student/client's appropriate, usual mode of communication is readily available during the incident, and

understand it is the staff member's legal obligation to be able to communicate effectively with the student/client;
    - Supervisor in the environment will conduct a debriefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student/client's behavioral needs; and
    - Complete all reports and document their observations of the student/client no later than the end of their shift on the day of the incident.

3.2.1 Mechanical Restraints

- Safety gear, including but not limited to (splints, mitts, helmet, etc.) will *only* be used to prevent or reduce damage to a student/client from self-injurious behavior. The use of safety gear for elopement, aggression, or other interfering behaviors is strictly prohibited.
- Any use of safety gear for a student/client must be written into the student/client's Behavior Intervention Plan (BIP) and have written approval from the following parties:
    - Parents/legal guardians
    - Prescription from Heartspring nurse or physician stating the medical need for safety gear
    - Behavior Services Manager
    - Nursing Director
- Consent for the use of safety gear will be renewed with the above-listed parties at least annually after being reviewed by the student/client IEP team or Outpatient Behavior Team for appropriateness of continued use.

3.3. Documentation/Measurement:

If a student/client has ten or more instances of restraint within a 30-day period, the Heartspring team shall conduct an internal review of the current Behavior Intervention Plan (BIP) and Functional Behavior Assessment (FBA) and make any identified revisions that are deemed necessary.

The following information applies to **Illinois** students per **Public Act 102-0339**:

- Illinois ESI forms are utilized to document each incident and submitted to the Illinois State Board of Education (ISBE) within 48 hours of the incident using ISBE's Student Information System (SIS). Parents/guardians are notified of an incident on the day of the incident in compliance with Kansas and Illinois law, and the full report is sent within one school days, using the available e-mail template with all required information.
- When an Illinois student experiences three instances of physical restraint during the school day within a 30-day period, the student's Board Certified Behavior Analyst (BCBA), Certified Autism Specialist (CAS), or Behavior Specialist shall initiate a review of the effectiveness of the restraint procedures used in accordance with Illinois law.

- During the school day, for any restraint on an Illinois student that exceeds 15 minutes, or repeated restraints that have occurred in the same day, a licensed medical team member of the Safety Check Team (Licensed practitioner including Registered Nurses, ARNP, BCBA, School Psychologist, and other licensed building level administrators) must be summoned to evaluate the restraint situation until the restraint is disengaged.
- ISBE Form 51-77 will be completed immediately after the restraint and will be submitted to ISBE and the parent/guardian within one school day Information for **California** students with a Master Contract Agreement (MSA) with a Local Education Agency (LEA) **EDC § 56521.1**
- A Behavioral Emergency Report (BER) form will be used to report the ESI to the LEA.

4. Policy Violations

Any employee found to be in violation of this policy will be subject to disciplinary action, up to and including termination.

5. Definitions

Definitions of Emergency Safety Interventions:

- Chemical Restraint—a drug or medication used to control a student/client's behavior or restrict freedom of movement that is not:
  - Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under state law, for the standard treatment of a student/client's medical or psychiatric condition; and
  - Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under state law.
  - Prohibited for use by Heartspring Staff per policy this policy.
- De-Escalation Techniques—strategically employed verbal or non-verbal interventions used to reduce the intensity of dangerous behavior before a crisis occurs.
- Mechanical Restraint—any method of restricting a student/client's freedom of movement, physical activity, or normal use of the student/client's body, using an appliance or device manufactured for this purpose; and
  - Does not mean devices used by trained school personnel, or used by a student/client, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, including:
    - Restraints for medical immobilization

        - Adaptive devices or mechanical supports used to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; or
        - Vehicle safety restraint when used as intended during the transport of a student/client in a moving vehicle.
- Physical Escort—the temporary touching, physical restriction, or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a student/client to move to a safe location.
- Physical Restraint—the use of physical contact that immobilizes or reduces the ability of a student/client to move their arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint.
    - Physical restraint does not include brief, but necessary physical contact for the following or similar purposes:
        - To break up a fight
        - To knock a weapon away from a student/client's possession
        - To calm or comfort
        - To assist a student/client in completing a task/response if the student/client does not resist the contact, or
        - To prevent an impulsive behavior that threatens the student/client's immediate safety (e.g. running in front of a car).

    Physical restraint or restraint does not include momentary periods of physical restriction by direct person-to-person contact without the aid of material or mechanical devices that are accomplished with limited force and that are designed to prevent a student/client from completing an act that would result in potential physical harm to himself, herself, or another person or damage to property.
- Prone Restraint—physical or mechanical restraint while the student/client is lying down in the face-down position for any amount of time.
- Purposeful Isolation—is limited to the school setting when school personnel are not meaningfully engaging with the student/client to provide instruction, and any one of the following occurs:
    - Removal of the student/client from the learning environment by school personnel;
    - Separation of the student/client from all or most peers and adults in the learning environment by school personnel; or
    - Placement of the student/client within an area of purposeful isolation by school personnel
- Supine restraint—physical or mechanical restraint while the student/client is lying down in the face-up position for any amount of time.

6 Forms or Related Policies

- Abuse and Neglect Reporting
- Anderson Union High School District BER
- Positive Behavior Interventions and Supports
- Prohibited Practices
- Restraint Report for KS and ISBE

7 Applicable Laws/Regulations

- CARF Medical Rehabilitation Standard 1.H.10
- California ESI Law
- Illinois ESI Law
- Kansas ESI Law
- Restraint and Seclusion Resource Document

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/30/2022	v1.1	The following sections were modified: sections 3.1, 3. 2.2, 3.2.2(a), 3.2.2(b)(1), 3.2.2(b)(2), 3.2.2(b)(3), 3.2.2(c), 3.2.2(d)(1), 3.2.2(d)(2), 3.2.2(h), 5, 7
1/31/24	v.2	The following sections were modified: Sections 1. and 3. through 6. PBIS was removed from this policy; a new separate PBIS policy was developed.
10/29/2025	v.3	Policy owners revised. Policy objective has clarification language added. Seclusion language and usage removed from policy.