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Guidelines Regarding Seclusion in Vermont Schools

Rule 4500 prohibits the use of seclusion except under certain circumstances. Any use of seclusion that does not meet these conditions constitutes a violation of the rule.

The following conditions must be met in order for seclusion to be permitted under [Rule 4500](#):

- The student's behavior poses an imminent and substantial risk of physical injury.
Last year's data included three instances (3.8% of all reports received) in which students were secluded for demonstrating behaviors that did not rise to the level of posing an imminent and substantial risk of injury, and this constitutes a violation of the rule.
- Physical restraint is contraindicated.
Seclusion may only be used if restraint is contraindicated, or has failed, or would be ineffective in stopping the imminent risks.

Those who drafted this piece of legislation, upon guidance from a variety of stakeholders, made clear that restraint is the preferable intervention over seclusion except when contraindicated or when it would be ineffective.

This has many implications and, once again, our data reveals a number of situations (14% of all reports received) in which students' behavior plans or the practice of the school is to direct or escort the student into seclusion rather than intervening physically. Behavior plans or school practices that direct a student to seclusion rather than administering a physical restraint constitute violations of the rule (again, unless restraint is contraindicated for that particular student or would be ineffective at stopping the risk).

- Less restrictive interventions have failed or would be ineffective in stopping imminent and substantial risk of physical injury.
Seclusion should not be a predetermined response to specified behaviors; it may be used only after less restrictive interventions have already been tried and failed to stop the imminent risk of injury.

In rare instances, a student's individualized behavior/safety plan may specify the use of seclusion (or restraint) in accordance to the rule as long as a long list of conditions, including a comprehensive, data-driven functional behavior assessment and behavior support plan, apply (please see 4502.3 of the rule for those conditions).

- As a temporary intervention.
Students are not to be placed in seclusion for a specified period of time. This is a highly restrictive intervention and must be terminated as soon as any of the following are true:

The student's behavior no longer poses an imminent danger of physical injury.

Less restrictive interventions would be effective in stopping the imminent danger of injury.

The student demonstrates that he/she is in unnecessary pain or significant physical distress or that his/her breathing or communication is compromised.

- There is no known contraindication to the use of seclusion.
Seclusion itself may be specifically contraindicated for a variety of developmental, medical, or psychological reasons. Students who show patterns of self-injurious behavior, who have a history of neglect or abandonment, or who have shown the tendency to decompensate when placed in seclusion, for example, should not be secluded.
- The student is visually monitored at all times by an adult.
- The space in which the student is secluded is large enough to permit safe movement; is adequately lit, heated, and ventilated; is free of sharp or otherwise dangerous objects; and is in compliance with all fire and safety codes.

Seclusion, as defined by Rule 4500, is the confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving.

This definition will be broken down into its components in order to provide clarification about what does and does not constitute seclusion.

- The student is confined alone.
When a student is confined to a space without access to interaction from peers and/or adults, he/she is secluded.

There are many less restrictive interventions that are not considered seclusion and are not governed by Rule 4500, which may serve the purpose of interrupting a student's escalating patterns of behaviors.

It may be helpful to consider a continuum of what may often be labeled 'time-out,' which provides students with the opportunity to self-regulate, such as:

Sitting quietly at his/her desk

Putting his/her head down

Separating the student to a different location within the classroom

Separating the student to a different location outside his/her classroom, but in which he/she is in the presence of other students or adults (ex: neighboring classroom, hallway, a special location, the administrator's office)

Referring the student to what is typically labeled a planning room' to process a rule violation

Giving the student the choice to be separated in a space in which he/she is isolated from adults and students, but can leave that space at will

Directing the student to a designated space in which he/she is isolated from peers but is accompanied by an adult who is there to help the student regulate and/or discuss the circumstances leading to this intervention.

Evacuating the classroom so the student is the only youth in the room, but is accompanied by an adult who is there to prompt, provide verbal de-escalation strategies, etc.

And finally, seclusion: Directing the student to a space in which he/she is isolated from adults and students and is barred from leaving until the adult determines the student is no longer posing an imminent threat of substantial injury to himself or others.

In the above continuum, only the last example is considered seclusion.

- In a room or area

The spaces most typically thought of when discussing seclusion are those designated for the sole purpose of seclusion. These spaces are generally small but well lit, ventilated, heated, and free from dangerous objects. They also include the ability for the student to be observed at all times by an adult.

Those designated rooms, however, are not the only spaces in which seclusion might occur. When all other conditions included in the definition are met, an intervention is considered seclusion. This means that an alcove in a hallway, for example, might be considered a space in which seclusion occurs.

- From which the student is prevented or reasonably believes he/she will be prevented from leaving

A closed door is not the only thing designed to prevent a child from leaving a confined area. A student placed in a designated room, for example, with the door open may still have reason to believe that he/she will be prevented from leaving if staff members post themselves in a way to block the doorway. Even without a closed door or a staff member blocking the doorway, if a student believes he/she will be returned to that space or face additional consequences should he/she leave, that is considered a seclusion.

On the other hand, a student who self-selects to take some time away to calm him/herself is not considered to be in seclusion, even if he/she is alone in that space, as long as the student is permitted to and believes he/she may leave at will.

Please see next page the Frequently Asked Questions and feel free to contact the following Agency of Education representative should you have additional questions or concerns:

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Frequently Asked Questions Regarding Seclusion

Q: I'm not aware of any contraindications to the use of restraint with a student I'm working with, but it seems more "humane" or less dangerous to use seclusion instead of restraint. Are we allowed to choose which intervention seems best for the circumstances?

A: No. Unless physical restraint is contraindicated or unless it has already been tried and failed or unless it is reasonable to believe that a restraint would not stop the threat of injury, the student may not be secluded. While it may appear more humane or less dangerous to some, the rule is clear on this issue and speaks to the "hidden" dangers of psychological trauma that seclusion may cause.

Q: We have a very large 6th grader with severe asthma who sometimes becomes physically aggressive. His doctor claims that he should not be restrained. Are we permitted to use seclusion for this student?

A: Yes, this would certainly be a circumstance under which physical restraint would be contraindicated and it's beneficial that the student's physician weighed in on the discussion. Just make sure everyone on the student's team understands this and when you document the seclusion, make sure to indicate that physical restraint was contraindicated.

Q: My classroom is located in close proximity to a "sensory room." There is a student from a different classroom who frequently goes into that room with his paraprofessional. They turn off the lights and the student burrows himself beneath heavy pillows and bean bags. Sometimes he's in there for more than 30 minutes. Would that be considered seclusion?

A. Not as you've described it. From your description, it sounds as though this may be part of the student's self-regulation plan and as long as his para educator accompanies him, interacts with him, and as long as the student is permitted to leave the space when he wants to, that would not be considered seclusion.

Q: I've been told that as long as I keep the door to our seclusion room ajar, it is not considered seclusion. Is this correct?

A: Not necessarily. If you position yourself in a way that blocks the doorway or if the student has any reason to believe he or she would not be permitted to leave at will, it is still considered seclusion.

Q: I provide 1:1 support for a 12-year-old girl who's been sexually abused, and it seems to me that being restrained could trigger some of her past trauma. On the other hand, she was also severely neglected by her parents at an early age, so seclusion might be triggering too. What is the best course of action to take when her behavior poses a severe threat to her own or other's safety?

A: This is an interesting question and one that should be determined by the student's team. A team might decide that, in this case, the student's history of sexual abuse makes restraint contraindicated and therefore seclusion could be used in that case. The team may, however, decide that her history of neglect is the larger issue and that seclusion is contraindicated. The team's decision should be informed by data. Under which circumstances does the student regulate more quickly? Perhaps the team might decide that both types of interventions are contraindicated and then the team would need to come together to creatively design a plan that meets her needs but does not involve restraint or seclusion, and therefore would not be governed by Rule 4500.

Q: We have a student who shows a variety of threatening and intimidating behaviors. He has a plan that involves him being sent to the seclusion room for the remainder of the class period any time he threatens or makes gestures to hurt another person. Is this an appropriate use of seclusion?

A: No, this would represent a violation of Rule 4500 for a few reasons. First, the student's behavior must pose an imminent risk of substantial physical injury. Merely threatening or gesturing would not be grounds for using seclusion (or restraint).

Furthermore, less restrictive interventions must be used each and every time the student's behavior begins to escalate. Moving swiftly to seclusion (or restraint) is premature and a violation of the rule.

Additionally, seclusion is to be a temporary intervention that should be terminated as soon as the student's behavior no longer poses an imminent risk of substantial injury. Even if the student had become severely aggressive, the seclusion should never have a pre-determined duration assigned to it.

Finally, unless physical restraint is contraindicated, that should be the intervention used if/when the student's behavior poses an imminent risk of substantial injury.

Q: I was involved in a physical restraint with a student who had punched one of his peers. The student is very strong and wiry, though, and we kept losing our grip on him, which allowed the student to claw at his own face and bang his head against the floor. We made the decision to move the student into seclusion. Is that permissible?

A: Yes, in this circumstance a restraint was attempted but proved to be ineffective at stopping the risk of the student injuring himself. You did the right thing!

Q: I'm a high school special educator and I have a few students on my caseload who sometimes become physically aggressive. They are bigger and stronger than most of my support staff, but none of them have a condition like asthma or trauma that would cause a doctor or therapist to say they shouldn't be restrained. Are we really not allowed to use seclusion with these students?

A: Medical and psychological factors are only some of the reasons that physical restraint may be contraindicated, and doctors' orders are not the only circumstances under which a team may make that determination. In your situation, the students' size and strength should absolutely be considered and the student's team should meet to consider the data, to review the student's FBA/BSP, and come to agreement about what is the safest intervention. The same thing might apply to a young and petite student who is wiry, quick, and agile. These are individualized decisions to be made on a case-by-case basis. When holding these meetings and making these decisions, though, just be sure to emphasize that the intervention chosen is to be used only when the student's behavior poses an imminent threat of substantial physical injury to himself or others.