

Guideline on the Use of Physical Restraint or Seclusion to Handle Students with Special Educational Needs Having Serious Emotional and Behavioural Problems

I. Foreword

This guideline aims at reminding schools (including ordinary and special schools¹) about matters requiring attention when applying physical restraint or seclusion to handle serious emotional and behavioural problems displayed by students with special educational needs (SEN).

II. Definitions of physical restraint and seclusion

- 2.1 Physical restraint refers to the use of the body or a device (e.g. a restraint belt, straitjacket, restraint chair or safety chair) to restrict a person's body movement. It is employed to manage the person's agitated and confused behaviour, preventing harm to the person and others, and thereby ensuring everyone's safety.
- 2.2 Seclusion is the restriction of a person to activities within a designated room or area, using barriers or another person to prevent them from leaving that area. The purpose is to contain seriously disturbing emotional and behavioral problems that may pose a risk of harm to others.
- 2.3 "Protective" and "medical" restraints do not fall within the scope of this Guideline. Please refer to Appendix 1 for relevant points to note.

III. Key definition of serious emotional and behavioural problems

- 3.1 Serious emotional and behavioural problems that may require the use of restraint or seclusion generally refer to dangerous or violent behaviour

¹ If a boarding section is attached to a special school, the boarding section should also follow all suggestions provided by this Guideline.

exhibited by a student with SEN, which are very likely to cause or have already caused harm to the personal safety of the student or others. These behaviours typically manifest in the following ways:

Aggressive behaviour towards others	Such as attacking others through direct physical contact, e.g. punching, hitting, slapping, pushing, kicking, gripping, scratching, biting, hair pulling, throttling, and assaulting others with hard objects
Self-injurious behaviour	Such as head banging, pinching, biting, poking, punching, slapping oneself, anal picking, pulling off one's own nails, banging oneself on hard objects, banging one's body and teeth against other objects, and lifting heavy objects to the point of danger

3.2 The following behaviours are generally not regarded as emotional and behavioural problems that require the use of physical restraint or seclusion:

Inappropriate behaviour	Such as disturbing others, grabbing toys from others, pushing food away during meals, picky eating and refusing to drink water
Repulsive behaviour	Such as screaming, using foul language, regurgitating food, vocal stimming, spitting and playing with saliva
Repetitive behaviour	Such as repetitive body swaying, palm flipping, finger snapping or tapping, finger sucking and pacing

IV. Preventing Emotional and Behavioural Problems

4.1 The EDB recommends school personnel and staff of the boarding section to make optimal use of positive behaviour support strategies for enhancing self-regulation and social adaptive ability in all students (including those with SEN) as well as reducing their chance of displaying behavioural problems.

4.2 Positive behaviour support strategies adopt planned and proactive preventive measures, using targeted support to train students in mastering and developing appropriate skills and behaviour that can satisfy their

biological and psychological needs while replacing inappropriate behaviour, instead of arranging remedial intervention or remedies only after problem behaviour occurs. Some key strategies and examples of positive behaviour support can be found in [Appendix 2](#).

V. Handling the general emotional and behavioural problems of students with SEN

- 5.1 The emotional and behavioural problems of students are often caused by a multiple factors interacting with each other. Restricted by their capacities or conditions, such as intellectual disability, autism spectrum disorder and attention deficit/hyperactivity disorder, students with SEN, especially those with severe or multiple disabilities, often lag behind their counterparts in developing certain skills, including self-expression, self-management, behavioural regulation and emotional regulation. As a result, they may encounter difficulties in responding to their surroundings, making them more prone to developing emotional and behavioural problems. Teachers and other professional staff in schools (including boarding section staff in special schools) are required to apply their professional knowledge, skills and experience to analyse and understand the reasons behind the students' behaviour, and assess their support needs in order to lay down appropriate intervention plans.
- 5.2 All interventions practiced by schools should aim to promote active behavioural improvements in students and should consider the interests of both individual and overall student groups. In everyday teaching and behaviour intervention, teachers, school social workers/guidance personnel, school-based speech therapists, school-based educational psychologists and other specialist staff (if available) such as nurses, occupational therapists, should use different strategies to help students develop their ability to express their biological and psychological needs, and master skills to regulate their emotion and display all kinds of social adaptive behaviours.

VI. Handling the severe emotional and behavioural problems of students with SEN

- 6.1 In the case of any student exhibiting serious emotional and behavioural problems, the school should convene a multi-disciplinary case conference, inviting educational psychologists, teachers, school social workers, specialist staff, external professionals (such as a medical practitioner familiar with the student's mental condition² and so on to formulate a comprehensive and thorough individual behaviour intervention and management plan that aims to enhance the student's overall self-regulation skills and abilities through intensive behavioural support and training. Depending on the needs of the student, the plan may also include emergency procedures and safety contingency measures to preplan for handling crises and sudden incidents, ensuring the safety of the student and others during emergencies. Schools should explain to parents in detail the aims and applicable situations of the plans and measures, soliciting their consensus in the training and care of their children.
- 6.2 If the school or boarding staff, based on the premise of safeguarding the safety of the student and others, plans to use physical restraint or seclusion as a contingency measure when a student exhibits serious emotional and behavioural problems, the school is required to carefully consider the procedures for using physical restraint or seclusion. They should analyse and assess the potential positive effects and negative impacts on the student and relevant individuals, and determine the circumstances under which the use of physical restraint or seclusion is justified. In addition, the school should set up a multi-disciplinary team consisting of school personnel (including educational psychologists, teachers, school social workers, nurses and boarding section staff) and external professionals (such as a medical practitioner familiar with the student's mental condition. The team should engage in discussions and arrive at a collective decision with the recommendations documented in writing. Schools are required to

² This refers to medical practitioners in public hospitals or private practices. If the medical practitioner concerned cannot attend the multi-disciplinary case conference, the school may seek written advice from the medical practitioner regarding the student's individual behaviour intervention and management plan. If written advice from the medical practitioner is not available, members of the school's multi-disciplinary team can still discuss the case among themselves and develop an intervention and management plan for the student.

explain to parents in detail the objectives and functions of the individual behaviour intervention and management plan, including the use of the formulated methods with physical restraint or seclusion during emergency as safety contingency and management measures. The written consent of the parents should be obtained before administering the plans with the use of physical restraint or seclusion during specified circumstances. The relevant template can be found in [Appendix 3](#)). Besides, schools should attempt to explain to the students who have adequate comprehension ability their individual behaviour intervention and management plan with a view to promoting their growth through participating in their own behaviour management plan, and learning more self-regulatory measures.

- 6.3 According to the “School Administration Guide”, when handling unexpected incidents such as serious emotional and behavioural problems of students which are very likely to threaten the safety of themselves or other students, schools should give foremost consideration to safeguard the safety of the students when making professional judgement and decision. In this connection, even if the intervention plans of the students concerned do not include a recommendation on the use of physical restraint or seclusion, schools should still exercise their professional judgment and deploy reasonable means to curtail the behaviour of students concerned in order to ensure their own and other persons’ safety.

VII. The principles, procedures and points to note in using physical restraint or seclusion

General principles

- 7.1 Schools should strive to minimise the use of physical restraint or seclusion when addressing serious emotional and behavioural problems exhibited by students. Schools should first seek to calm the student's emotions, and only consider using physical restraint or seclusion when all other alternatives have been exhausted or during emergencies where the safety of the student and/or others is at risk.

- 7.2 For students who are already known to their school for exhibiting serious emotional and behavioural problems, an “implementation plan for the use of physical restraint or seclusion” can be formulated in advance for individual students. Schools are required to thoroughly discuss the likely positive effects and negative impacts of using physical restraint or seclusion in a multi-disciplinary case conference before making a decision after which the written consent of the parents should be obtained before they are used in specific circumstances to protect the safety of students or other persons. The implementation plan should include a specific period of implementation (e.g. six months), and must be reviewed at least once per school term. Based on changes in the student’s condition, a reassessment should be conducted to determine the ongoing necessity of using physical restraint or seclusion, as well as the need to modify the procedures and/or adjust the duration.
- 7.3 Schools should restrict the use of physical restraint or seclusion to a minimum level and strive to minimise the duration of its use. Physical restraint or seclusion should not be regarded as routine practices, nor should they be employed as a punitive measure or for the sake of work convenience.
- 7.4 When applying physical restraint or seclusion, it is important to respect the students’ feeling, dignity and privacy in order to avoid inflicting bodily or psychological harm on them. Appropriate precautions should be taken to ensure their safety.

Procedures to be observed

- 7.5 All device and premises used for physical restraint or seclusion are required to foster the safety needs of students and comply with humanity. The suitability of the device and premises are required to be reviewed annually.
- 7.6 When administering physical restraint or seclusion, school personnel should always remain calm and be rational. An appropriate teacher or specialist staff (e.g. school social worker, nurse or boarding section staff) is required to be assigned to continuously observe the responses of the

student from a close distance, especially on whether he/she is safe or having any discomfort. School personnel is required to maintain a reasonable proximity to the student to ensure that they can observe the student's condition clearly, hear the student's speech, and communicate with the student.

- 7.7 School personnel is required to explain to the students calmly and succinctly that the physical restraint or seclusion will be removed when the safety of themselves and other persons is no longer jeopardised.
- 7.8 When it is observed that the student is calming down, school personnel is required to continue to provide reassurance and emotional support, and discontinue the physical restraint or seclusion as soon as it is safe to do so. Follow-up counselling and guidance should be provided thereafter.
- 7.9 School should inform parents before deploying physical restraint or seclusion if the circumstances allow. If parents cannot be reached under emergency situation, schools should inform parents in the first instance afterwards about the related incident.

Safe use of physical restraint and seclusion

- 7.10 The use of physical restraint or seclusion should be restricted to emergency and sudden circumstances for the purpose of ensuring safety of students or others, and should only be administered by school personnel who have received relevant training. Schools are required to ensure that physical restraint or seclusion is administered by the appropriate personnel, and should not be taken as a usual practice for teaching and managing students' behaviour.
- 7.11 The age, body build, gender, level of disability, psychological state, medical history of the students and their likely reaction to the physical restraint or seclusion, etc. must be holistically considered in formulating measures for applying physical restraint or seclusion.

- 7.12 The use of bandages, nylon ropes, fabric strips or similar items as physical restraints is prohibited in schools. Relevant professionals (e.g. occupational therapists) should be consulted regarding the type and form of restraints to be used. If the procurement of restraints is deemed necessary, they should be obtained from authorised suppliers. Schools should follow the instructions provided by suppliers as well as the guidance of professionals and exercise caution when applying restraints.
- 7.13 If seclusion is deemed necessary, schools are required to ensure the provision of a safe environment, which has:
- a cushioned floor
 - sufficient space for the student to stretch
 - good ventilation and adequate lighting
 - no equipment or objects that may cause injury to the student (such as power sockets or exposed electrical wires)
 - no walls or objects that the student can climb onto
- 7.14 If the seclusion area is a room, there must be an unbreakable view panel on the door. The door must be readily openable without the need for a key, allowing immediate escape of both students and school personnel in case of an emergency.
- 7.15 All personal belongings that may cause injury to the student must be removed before applying restraint or seclusion. During the period of seclusion, the student should be kept as far away as possible from any triggers that may provoke strong emotional reactions.
- 7.16 School personnel may come into bodily contact with students when they deploy different physical restraint or seclusion measures. They may also need to use breakaway strategies to resolve a crisis by disengaging themselves from being held or attacked by students. School personnel is required to remember to use intervention that is reasonable and sensible, proportionate to the degree³ necessary to handle the situation, in order to

³ The minimum amount of force should be used if it has to be used by school personnel so as to prevent any injury and protect safety. The use of force is reasonable if it is proportionate to the consequences it is intended to prevent. This means the degree of force use should be no more than is needed to achieve the desired result.

protect the safety of all individuals. The following measures⁴ should not be used:

- **physical restraint which obstructs breathing or talking such as covering the students' mouth or nose;**
- **measures that would impose high risk of inflicting bodily harm or causing asphyxia to students, such as pressing the neck, chest or joints, bashing the nose, strongly encircling the chest from the back, pulling elbow or taking students to the ground into the prone position.**

7.17 When using any restraint or seclusion measures, the school personnel is required to ensure that during an emergency or outbreak of fire, the physical restraint could be quickly removed or the student could be arranged to swiftly leave the place of seclusion.

7.18 The safety of students must be ensured when applying physical restraint or seclusion. To this end, school personnel or boarding section staff are required to continuously observe from aside the student under physical restraint or seclusion. They are required to check⁵ and record⁶ the student's condition at least once every 15 minutes throughout the period of physical restraint or seclusion. Schools or boarding sections may consider establishing a mechanism where another member of the specialist staff can conduct spot-checks to ensure that staff applying physical restraint or seclusion comply with the correct procedures, and to countersign the relevant records. If the student expresses any discomfort or shows any concrete signs of discomfort, such as cold sweating, trembling limbs, poor pallor, nausea, vomiting, shortness of breath, difficulty breathing,

(Extracted from the 'Use of Reasonable Force – Advice for headteachers, staff and governing bodies', Department for Education, U.K. (July 2013))

⁴ The EDB will continuously review the efficacy of the strategies supporting students with SEN, and make reference to the results of professional studies, opinions and real cases to timely update the recommended measures so as to protect the interests of the students and to provide guidance for the school personnel.

⁵ It is not recommended to rely solely on electronic technology, such as camcorders or closed-circuit television, as a substitute for physical checks conducted by school personnel every 15 minutes to monitor the student's condition.

⁶ The relevant records are required to cover the items listed in [Appendix 4](#).

confusion, limpness, palpitation or seizure, the physical restraint or seclusion must be discontinued immediately. When applying physical restraint, attention must be given to ensure that it is not too tight, as this can impede blood circulation in the limbs, resulting in abnormal colour, temperature or movement in the restrained limbs or causing discomfort to the student. If necessary, the student should be taken to the hospital as soon as possible, and the parents should be informed.

7.19 School personnel or boarding section staff are required to exercise professional judgement and assess whether the safety of the student and others is no longer at risk. In such case, the physical restraint or seclusion must be discontinued immediately.

7.20 Each period of physical restraint or seclusion must not exceed a duration of two hours⁷, during which the needs of the student regarding eating and toileting should also be attended to.

7.21 Specialist staff in the school or boarding section (such as school social workers or nurses) are required to observe and record⁸ the general health, mental and emotional conditions of the student at least once every 30 minutes for a period of two hours after the discontinuation of physical restraint or seclusion. This observation and recording should continue until it is ensured that the student has returned to a normal state.

Follow up after deploying physical restraint or seclusion

7.22 Schools should follow the recommended follow-up in para. 3.4.2 of the School Administration Guide on 'Handling accidents and medical emergency' should the incident, unfortunately, result in human injury.

7.23 Schools are required to provide appropriate aftermath follow-up, intervention and education for the students.

⁷ If the student is still unable to control their emotions or behavior after two hours of restraint or seclusion, the school may need to consider seeking emergency medical help or other professional assistance.

⁸ Refer to the record template in [Appendix 4](#)

7.24 Schools should prepare a written report following the use of physical restraint or seclusion. If schools or boarding sections have not formulated an implementation plan for the use of physical restraint or seclusion to address serious emotional and behavioural problems of students, but have resorted to physical restraint or seclusion during an emergency as described in paragraph 6.3 of this Guideline, the post-incident report should contain more detailed information. Suggested items to be incorporated in the report may include:

- Name, class and sex of the student
- Date, time and location of the incident
- A brief account of the incident
- Names of witnesses of staff of the school/ boarding section
- Intervention attempted (including but not limited to methods employed to relieve students' emotions, curb their misbehaviour and apply physical restraint or seclusion)
- Reason(s) for using physical restraint or seclusion
- Duration of applying physical restraint or seclusion
- Psychological and bodily responses of the student, such as emotional state and the condition of limbs or muscles (including any signs of discomfort such as tightness, swelling, numbness)
- Outcome of the incident
- Immediate post-incident action
- Time when parents was contacted and their initial response
- Any injury or damage to property
- Post-incident support to the student and follow-up services

7.25 Schools may use the templates at Appendix 5⁹ and Appendix 6¹⁰ to record the incident(s), or design their own report format for the school or the boarding section by referencing these Appendices.

⁹ Applicable to cases where an "implementation plan for the use of physical restraint or seclusion" has been formulated to address serious emotional and behavioural problems of students.

¹⁰ Applicable to cases where an "implementation plan for the use of physical restraint or seclusion" to address serious emotional and behavioural problems of students has not yet been formulated, but physical restraint or seclusion has been used during an emergency as described in paragraph 6.3 of this Guideline.

7.26 All written records should be promptly prepared and filed once physical restraint or seclusion has been discontinued to allow for subsequent review by officers of the Education Bureau during inspections. The name of the student who underwent physical restraint or seclusion should be entered in the relevant log book on the day of discontinuation for the principal/warden's information and necessary follow-up actions to be taken.

Review the individual behaviour intervention and management plan

7.27 After using physical restraint or seclusion, a timely counselling for the student, review and modification of the individual behaviour intervention and management plan is called for to strengthen the preventive measures and to optimise the intervention plan, hence reducing the chance of the need to use physical restraint or seclusion again when the student displays another serious emotional or behavioural meltdown.

7.28 Review the behaviour intervention and management plan of a student at least once per each school term, and discuss with parents if there is a continuous need to use physical restraint or seclusion as a management and safety measure.

Formulation of school policy and monitoring mechanism

7.29 Schools should formulate school-based policies and guidelines regarding the use of physical restraint or seclusion on students in accordance with this Guideline. Professional training should be provided to the relevant school personnel, covering topics such as relieving students' emotions, measures for curbing inappropriate behaviour, physical intervention techniques, safe application of physical restraint, and key aspects of record keeping. Meanwhile, a monitoring mechanism should be established, with the principal taking responsibility for monitoring the use of physical restraint or seclusion in the school and the boarding section (if any) in accordance with the school-based guidelines.

- 7.30 The principal or their appointed personnel, such as wardens, nursing officers and designated teachers, are required to conduct spot-checks at least once a week to inspect the condition and observation records of each student who has undergone physical restraint or seclusion. This practice ensures continuous monitoring of staff compliance with this Guideline regarding the correct application of physical restraint or seclusion.
- 7.31 Schools should regularly review with school personnel cases of whom physical restraint or seclusion have been administered, as well as listen to the views of other stakeholders, so that teachers and guidance personnel could deliberate how to strengthen the related aspects in teaching, learning and guidance work with a view to helping students improve their emotional and behaviour management. School should modify or improve the measures in applying physical restraint or seclusion, where needed, so that when facing similar cases in future, schools can manage them more effectively.

Other

- 7.32 For frequently asked questions and answers regarding the use of physical restraint or seclusion, please refer to [Appendix 1](#).

(Updated in August 2024)

FAQs

- 1 What are “protective” and “medical” restraints? Why are their applications not included within the scope of this Guideline? What should school personnel or boarding section staff pay attention to when applying “protective” and “medical” restraints?**

“Protective” and “medical” restraints refer to physical restraints that are recommended by school-based or external healthcare professionals for individual students based on their specific needs. Examples include supporting students with seizures who struggle to sit upright by ensuring they sit steadily in a “safety chair”; using “straps/restraint belts” to assist students with muscular dystrophy in wrist movement; using a “children walking harness” to aid students with unsteady gait in walking; and using weighted vests, body socks, blankets or hand-held bean bags as tactile or sensory aids. These “protective” and “medical” restraints serve therapeutic, protective or training purposes, and are necessary for health and therapeutic reasons to enhance students’ engagement in learning or daily functioning. They are different in nature and purpose from the physical restraint or seclusion used to address serious emotional and behavioural problems of students. As “protective” and “medical” restraints are used based on the recommendations of healthcare professionals, their application does not fall within the scope of this Guideline.

These types of physical restraints are intended for addressing students’ health and care needs. Schools should document the relevant reports and recommendations made by healthcare professionals (such as medical practitioners, physiotherapists or occupational therapists), and include information on special care needs in the students’ Individualised Education Programme. Schools should ensure that school personnel and boarding section staff follow the procedures instructed by healthcare professionals regarding the application of physical restraints, and maintain good communication with parents to keep them informed of the detailed arrangements.

2 Can safety restraints be used on students who pose safety threats to themselves or others on a school bus?

For protection or safety purposes, schools may consider using safety restraint equipment/devices, such as H-type straps, safety belts or vests, while the vehicle is in motion to ensure the safety of the students and others on board. School personnel should seek parental consensus regarding such measures and document the details in the students' Individualised Education Programme or Individual Behaviour Intervention and Management Plan.

3 Does the definition of “physical restraint” cover temporarily touching or grasping a student’s hands, wrists, arms, shoulders or back with limited force, without the aid of any object or mechanical device, in order to guide a misbehaving student to a safe place and prevent actions that could potentially cause bodily harm to themselves or others, or result in property damage?

These brief physical restriction with limited force are referred to as “physical escorts”. “Physical escort” is not considered as “physical restraint”. However, if the situation requires more than limited force to forcibly relocate a student from a classroom or other area in the school, it may constitute or become a form of “physical restraint”. In such cases, school personnel or boarding section staff should ensure that the measures taken to restrict a student’s movement are necessary and reasonable, adhering to the principles and procedures outlined in this Guideline.

4 Is “time out” a form of “seclusion”? What are the differences between the two?

“Time out” is a behavioural management strategy aimed at providing a temporary break and a calming space to help students regulate their emotions, reflect on their behaviour and learn to exercise self-control. When students are displaying inappropriate behaviour or emotions and on

the verge of losing self-control, they may be asked to take a “time out” away from overwhelming social or environmental stimuli, so that they can calm down and regain stability. “Time out” normally lasts for a short period (around a few minutes) and serves as an opportunity for students to calm down and engage in self-reflection.

Comparatively, “seclusion” is a more extreme approach implemented for a longer duration. It is primarily used when the serious emotional and behavioural problems of students pose a potential danger or threat to themselves or others. In such an emergency situation, secluding the student within a designated area to contain their overwhelming emotions and disruptive behaviour will serve to ensure the safety of both the student and others.

- 5 When a student who relies on a wheelchair, walking aid, forearm crutches/walking stick or other auxiliary walking aids exhibits serious emotional and behavioural problems that pose potential danger or threats to themselves or others, would temporarily removing or taking away these aids by school personnel or boarding section staff to restrict the student’s movement be considered as “physical restraint”?**

In such cases, the temporary removal or taking away of a student’s auxiliary aids would be regarded as “physical restraint” applied to the student. School personnel or boarding section staff should adhere to the principles and procedures stipulated in this Guideline to ensure that the restriction of the student’s movement is necessary and reasonable.

- 6 How should schools handle a repeated situation where a student, who has calmed down after seclusion, becomes agitated again upon returning to the classroom and needs to be re-secluded?**

In such cases, the school should convene a multi-disciplinary team conference to assess the reasons behind the student’s recurring agitation and make adjustments to their Individual Behaviour Intervention and

Management Plan regarding the use of seclusion. A progressive approach may be employed when arranging for the student to re-enter the classroom and re-integrate into the class after each seclusion. For example, school personnel can discuss with the student the expected behaviour and potential challenges, and set clear behavioural goals and support plans before the student returns to the classroom. If necessary, the student can first be individually engaged in relaxing or educational activities, so that they are in a better state to face the classroom environment. Upon the student's return, teachers should flexibly adjust their expectations, closely observe the student's reactions, and provide necessary support and assistance to facilitate their re-integration into the class environment.

Some Positive Behaviour Support Strategies and Examples

I. Teach students appropriate social adaptive skills to prevent problem behaviours

Before the occurrence of problem behaviours, teachers should teach students appropriate social adaptive skills, hence facilitating them to develop abilities to express their biological and psychological needs and self-regulate, as well as adopt different means for reinforcing positive behaviours of students, such as:

- Arrange structured learning environment with appropriate learning activities and clearly set the scene for behaviours expected, thus engaging students in the learning activities;
- Recognise students' positive attitude, efforts exerted and minute progress, hence raising their self-esteem and self-confidence as well as helping them to establish good and enthusiastic learning habits;
- Inform in advance the change of learning environment, schedule or mode of activity for students with autism spectrum disorder so as to reduce their emotional and behavioural problems due to anxiety in facing change;
- Pay close attention to the emotion and behaviour of students in class and adjust the schedule or contents of the activities timely and flexibly so as to reduce behavioural problems and anxiety arising from difficulties encountered in learning;
- Teach students appropriate communication skills to express biological or psychological needs e.g. how to express messages like 'need a break', 'not feeling well', 'saying no';
- Continuously enhance students' social, emotional regulation, problem solving and social adaptive skills to build up their ability in self-regulation;

- Teach students skills in pursuing leisure and play activities to prevent them from behaving inappropriately out of boredom;
- Teach students relaxation skills so that they can deploy suitable relaxation methods to ease their distress when they face stress and adjustment problem;
- For students who have volatile emotion, especially those who are on the verge of puberty, teachers may try to engage them with physical activities or simple exercises e.g. jogging, rope skipping, so as to help them ventilate their energy and emotion.

II. Handling problem behaviours

Teachers are required to fully understand the needs of the students and reasons behind their behaviour before handling their inappropriate behaviour. Teachers should help students master appropriate skills and establish correct behaviour to replace the problem behaviour. Suppressing problem behaviour without recourse to other intervention often results in students displaying alternative inappropriate behaviour when they fail to satisfy their needs or achieve their goals.

Each student's problematic behaviour and its causes come in all shapes and sizes, as do their needs, learning ability and modes of behaviour. Therefore, teachers are required to conduct thorough case analysis and lay down appropriate plans to manage the problem behaviours. The following is an introduction of two behaviour analysis and initial intervention measures:

a. Functional behaviour analysis and intervention

- Functional behaviour analysis makes use of observation and information collection to analyse the functions served by specific behaviour problems or the messages they convey. For example, a student who is head banging may convey:
 - A cry for help;
 - A wish to obtain something;
 - An avoidance of a learning activity he/she finds difficult;
 - Resistance of an activity he/she dislikes; or
 - A need for self-stimulation
- After identifying the purposes of the problem behaviour which satisfy some needs or goals, teachers can teach students some positive replacement behaviour (i.e. substitute behaviour that can meet the function) in order to reduce or remove the inappropriate behaviour.

b. Antecedent–Behaviour–Consequence Modification

- Use a systematic method to analyse the relationship between specific behaviour (B) and particular incident or environment, including the relationship between the antecedents (A) and consequences (C), i.e. the A-B-C relationship, to deduce the reason for the occurrence of specific behaviour in particular environment;
- By intervening the antecedents (i.e. change of the arrangement in the environment), the triggers of problem behaviour can be removed so as to change the behaviour of the student. This method can often reduce or repress the problem behavior. For example:
 - Provide advance notice (time table), formulate schedule and rules (routine), post critical reminders on emotional regulation, display visual reminders on desirable behaviours, give choices and opportunities to participate, establish relationship, provide immediate help during the initial stage of distress of students.
- Intervention may also be effected by changing the consequences of the concerned behaviour to let the student know that the inappropriate behaviour cannot help him/her satisfy his/her needs or fulfill his/her objectives so as to break the vicious cycle of the problem behaviour. For example:
 - *Behaviour rehearsal*: When the inappropriate behaviour occurs, stop all learning activities. Request the student to repeatedly practice the proper behaviour for several times, such as in correcting the behaviour of a student who banged the door, the correct behaviour rehearsal is to require the student to close the door gently;
 - *Ignorance*: Remove the attention or reinforcement given to the student contingent upon his/her minor inappropriate behaviour;
 - *Time-out*: When a student's behaviour becomes unacceptable to the teacher and other students (e.g. grabbing food from others at mealtimes or repeatedly snatching the mouse from the teacher during computer-based instruction), the student should be directed to a safe and quiet corner of the classroom or to another room to keep them away from the original environmental stimuli. The student remains in the designated place for a short period (usually for five to ten minutes), during which they can regulate their emotions, reflect on their behaviour, and learn to exercise self-control. When the student's condition has stabilised and no further misbehaviour is observed, they may be permitted to return to the classroom.

- *Response cost:* In general, positive management measures including positive reinforcement should be used as far as possible. Immediate reward should be given to students when they perform appropriate behaviour so as to increase or strengthen specific positive behaviour whilst avoid using punishment or punitive methods such as removing something they like. If repeated attempts at positive approaches remain ineffective, only then should students be made to face consequences for their behaviour. For instance, if a student refuses to complete a worksheet in class, they may be required to finish the worksheet during recess as a means of compensating for the lost learning time in class.

III. Review the effectiveness of the intervention

Schools should regularly review the effectiveness of the support for students and make adjustment accordingly. The advice of professionals, such as educational psychologists or medical practitioners familiar with the student's mental condition, can be sought when needed to enhance the effectiveness of the support plans.

Template

(Schools may draw up an implementation plan using this template or another format that is required to include all the essential information in this template)

**Implementation Plan for the Use of Physical Restraint/Seclusion
to Address Students’ Serious Emotional and Behavioural Problems
During Emergencies¹**

Name of student: _____ (Class: _____) Sex: M/F

(I) Serious emotional and behavioural problems that require the administration of physical restraint or seclusion

1. Specific details of problematic behaviour(s) (including the intensity, frequency, consequences and impacts)

2. Confirmation of the necessity to administer physical restraint or seclusion (both of the following conditions must be met)

- The problematic behaviour poses a threat to or has already endangered the personal safety of the student or others
- Various intervention and management methods have been attempted but proven ineffective (details to be provided in the table below)

Method	Person-in-charge (Please indicate with a ✓)						Effectiveness
	Teacher	Therapist	School social worker	Parent	Nurse	Boarding section staff	

¹ This implementation plan is only a part of the individual behaviour intervention and management plan. In cases where a student frequently exhibits serious emotional and behavioural problems, it is advisable for school personnel and boarding section staff to form a multi-disciplinary team, so as to conduct a holistic analysis of the reasons behind the student’s behaviour and the needs reflected therein. A comprehensive and specific intervention and management plan should then be formulated, covering various levels of intervention and remedial measures, including establishing a preventive environment, configuring and adapting workflow, arranging positive behavioural support, providing training on social and emotional regulation skills and sensory integration, and addressing medical needs.

(II) Means of physical restraint or seclusion to be used

1. Type(s) of physical restraint/place of seclusion that may be used when necessary:
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bodily restraint | <input type="checkbox"/> Safety belt | <input type="checkbox"/> Soft strip/soft fabric | <input type="checkbox"/> Gloves/mittens |
| <input type="checkbox"/> Anti-slip trousers
/Anti-slip restraint belt | <input type="checkbox"/> Hand restraint | <input type="checkbox"/> Straitjacket | <input type="checkbox"/> Wrist restraint |
| <input type="checkbox"/> Seclusion (Place: _____) | <input type="checkbox"/> Others (_____) | | |

(Please attach an image of the restraint/a photo of the place of seclusion.)

2. Specific details of scenarios where physical restraint/seclusion will be administered:

[Example:

The student engages in continuous self-punching/banging that poses a risk of severe bodily injury (e.g. bruises or abrasions).]

3. Implementation procedures (methods that help relieve emotions and curb inappropriate behaviour, as well as alternative approaches that are less restrictive, should be included):

[Example:

When a student engages in self-punching, initial efforts must be made to help him/her to calm down or divert his/her attention (e.g. playing music, providing his/her favourite items, wiping his/her face with a damp towel, letting him/her hold a throw pillow, or allowing him/her to sit in the “quiet time corner”).



If the student fails to calm down and persists in self-punching, leading to or likely to cause serious bodily harm, the on-site teacher will use “restraint mittens” to restrain the student’s hands (parents should be informed beforehand if circumstances permit).



A nurse, the on-site teacher or specialist staff is required to monitor the administration of physical restraint (i.e. observing the student’s reactions such as facial expressions, respiration and blood circulation, while continuing to help the student calm down), and conduct regular checks on the student every 15 minutes subsequently.



Parallel to using physical restraints, other calming techniques may also be used. These may include playing music, wiping the student’s face with a damp towel, or telling the student that “I understand that you are feeling unhappy. Put your hands in place and teacher will remove the mittens for you.

4. Administrator (e.g. school social workers, nurses or specialist staff):

5. Proposed date of administration:

From _____ to _____

6. Date of review (at least once per school term):

7. Points to follow/note[#]:

- All personal items that could potentially cause injury to the student must be removed before administering physical restraint or seclusion.
- Check the student's condition at least every 15 minutes to ensure their safety during the administration of physical restraint or seclusion stated above.
- Each period of physical restraint or seclusion should not exceed a duration of two hours, during which the needs of the student regarding eating and toileting must be attended to.
- Specialist staff in the school or boarding section (such as school social workers or nurses) are required to observe and record the general physical, mental and emotional conditions of the student at least every 30 minutes for a period of two hours after the discontinuation of physical restraint or seclusion, ensuring that the student has returned to a normal state.
- Physical restraint or seclusion must be discontinued immediately if it is confirmed upon assessment that the safety of the student and others is no longer at risk.
- Others:

Add, delete or modify if necessary

8. Staff engaged in the formulation of this implementation plan (please refer to paragraph 6.2 of the Guideline)

(Additions, deletions or modifications can be made to the following according to school-based needs)

Name of Occupational Therapist: _____ Signature: _____ Date: _____

Name of Nurse Representative: _____ Signature: _____ Date: _____

Name of Guidance and Discipline
Team Representative: _____ Signature: _____ Date: _____

Name of Educational Psychologist: _____ Signature: _____ Date: _____

Name of Warden: _____ Signature: _____ Date: _____

(III) Opinion of a medical practitioner familiar with the student's mental condition (if applicable):

- Agree** to the plan stated in Section (II) regarding the use of restraint/seclusion to address the student's serious emotional and behavioural problems
- Disagree** to the plan stated in Section (II)

Remarks: _____

Name of medical practitioner: _____ Signature: _____ Date: _____

(IV) *Parent/guardian's will:

(*Delete as appropriate)

I, _____, am the *parent/guardian of _____ (name of student). After clear explanation by the school personnel regarding the reasons for the need to use restraint/seclusion to address my child's serious emotional and behavioural problems, the specific details, and the support strategies that have been tried and their effectiveness, as outlined in Sections (I) and (II), I hereby ***agree/disagree** to the plan stated in Section (II) regarding the use of restraint/seclusion by school personnel/boarding section staff to address my child's serious emotional and behavioural problems for the purpose of ensuring the safety of my child and/or others.

Name of parent/guardian: _____ Signature: _____

Relationship with student/boarder: _____ Date: _____

(V) Principal's endorsement:

Name of Principal: _____ Signature: _____ Date: _____

Template

(Schools may produce an observation record using this template or another format that is required to include all the essential information in this template.)

**Record of Observations During the Administration of
Physical Restraint or Seclusion**

Friendly reminders:

- 👉 All personal devices and items that could potentially cause injury to the student must be removed before administering seclusion.
- 👉 Initial efforts should be made to help the student calm down before administering physical restraint or seclusion.

1. Date of administration: _____ Time: From _____ to _____

2. Type(s) of physical restraint/place of seclusion used:

- Bodily restraint Safety belt Soft strip/soft fabric Gloves/mittens
 Anti-slip trousers Hand restraint Straitjacket Wrist restraint
 /Anti-slip restraint belt
 Seclusion (Place: _____) Others (_____)

3. Record of observations during the administration of physical restraint or seclusion

When administering physical restraint or seclusion, check the student's condition^{Note 1} at least every 15 minutes and record the observations in the table below.

Time ^{Note 2}	Actual time	Code ^{Note 3}	Remarks	Endorsed by ^{Note 4}
0				
15'				
30'				
45'				
60'				
75'				
90'				
105'				
120'				

Notes:

1. Items for checking:
 - a) Check if the student is in a conscious state.
 - b) Check for signs of discomfort, e.g. cold sweating, trembling limbs, poor pallor, nausea, vomiting, shortness of breath, difficulty breathing, confusion, limpness, palpitation or seizure.
 - c) If restraint is being used, check if it is too tight, impeding blood circulation in the limbs, resulting in abnormal colour, temperature or movement in the

restrained limbs, or causing discomfort to the student. Also check for any dislocation or loosening of the restraints. A fingertip oximeter may be used to measure the student's heart rate and blood oxygen level (an acceptable level should be higher than 95%).

d) Check if the student has needs regarding eating and toileting.

2. Each period of physical restraint or seclusion **should not exceed a duration of two hours.**

3. Codes: N – Student's condition checked and all items verified as normal
 P – Student showed signs of discomfort (**Immediate follow-up actions required, including notifying the school staff qualified in first aid and cardiopulmonary resuscitation to examine the student, to be followed by proper documentation.**)
 S – Physical restraint or seclusion suspended
 X – Physical restraint or seclusion discontinued

4. Endorsement: Arrange for another member of the specialist staff to conduct spot-checks to ensure that the physical restraint or seclusion was administered according to the correct procedures, and then countersign in the space provided.

Name of recording staff: _____ Post: _____ Signature: _____

4. Record of observations after discontinuation of physical restraint or seclusion (to be completed by specialist staff in the school or the boarding section)
 The general physical, mental and emotional conditions of the student should be observed and recorded using the following table at least every 30 minutes for a period of two hours after the discontinuation of physical restraint or seclusion to ensure that the student has returned to a normal state.

Time	Code*	Remarks
0		
30'		
60'		
90'		
120'		

- * Code: N – The student's general physical, mental and emotional conditions are normal
 P – The student's general physical, mental and emotional conditions are problematic (**Immediate follow-up actions required, to be followed by proper documentation**)

Name of specialist staff in the school/boarding section: _____

Signature: _____

Template

(Schools may produce an incident report using this template or another format that is required to include all the essential information in this template)

Incident Report on Administering Physical Restraint or Seclusion

(Applicable to cases where an “implementation plan for the use of physical restraint or seclusion” (Implementation Plan) **has been** formulated in advance to address the student’s serious emotional and behavioural problems.)

Name of student: _____ Class: _____ Sex: M/ F

1. Record of incidents:

The student displayed serious emotional and behavioural problems as described in the Implementation Plan during the period(s) specified below. School personnel or boarding section staff have addressed the serious emotional and behavioural problems by administering physical restraint or seclusion in accordance with the procedures set out in the Implementation Plan.

Date	Time	Location	Reasons for the application	Administrator	Remarks (e.g.: the student’s response, any injuries sustained, or damage caused to property)
			e.g.: During Physical Education lesson, the student lost emotional control due to the noisy environment and kept banging his/her head against the wall.		

2. Contact with parents:

Date: _____ Time: _____

Name of School Personnel: _____ Signature: _____

Template

(Schools may produce an incident report using this template or another format that is required to include all the essential information in this template.)

Incident Report on Administering Physical Restraint or Seclusion

(Applicable to cases where an “implementation plan for the use of physical restraint or seclusion” **has not been** formulated to address the student’s serious emotional and behavioural problems.)

(I) General information of the incident and the handling process

Name of student: _____ Class: _____ Sex: M/F

Date: _____ Time: From _____ to _____ Location: _____

1. Brief account of the incident:

2. Staff witness(es) in the school/boarding section: _____

3. Interventions made in the incident (including but not limited to relieving emotions, curbing inappropriate behaviour and other means of physical restraint or seclusion):

4. Reason(s) for using physical restraint or seclusion: (Please put a ✓ in the appropriate box(es), multiple selections are possible)

The student’s self-injurious/aggressive/disruptive/disturbing behaviour posed a threat or already endangered the personal safety of the student or others.

Various forms of intervention have been attempted but proven ineffective.

Others:

5. Duration of administering physical restraint or seclusion: _____

6. Response of the student: Calm Agitated Unsettled

Others (Please specify: _____)

7. Outcome of the incident: _____

8. No injury sustained.
 Injury sustained. (Please state the condition and course of the injury: _____)
 No damaged caused.
 Damaged caused. (Please state the condition and course of the damage: _____)

(II) Post-incident follow-up

9. Immediate post-incident actions taken:

10. Contact with parents: *(Two teachers or specialist staff are required to be responsible for contacting parents on every occasion)*

Date: _____ Time: _____

Name of school personnel (1): _____ Name of school personnel (2): _____

Signature: _____ Signature: _____

Parent's initial response: _____

11. Post-incident support to student and follow-up actions taken:

Name of personnel completing this form: _____ Post: _____

(Staff member administering the restraint or seclusion)

Signature: _____ Date: _____

Name of Principal: _____

Signature: _____ Date: _____

(III) Parent/guardian's reply

(*Delete as appropriate)

I, _____, am the *parent/guardian of _____ (name of student). After clear explanation by the *school personnel/nurse regarding the reasons for the need to use restraint or seclusion on _____ (date) to address my child's serious emotional and behavioural problems, the specific details, and other support strategies that have been tried and their effectiveness, I hereby **acknowledge** that the school has administered restraint or seclusion to address my child's serious emotional and behavioural problems **during an emergency** as described in item (I) above for the purpose of ensuring the safety of my child and/or others.

Signature: _____ Relationship with student: _____ Date: _____

Reference:

- Social Welfare Department (2020) *Code of Practice For Residential Care Homes (Persons with Disabilities) ~ 11.7 Avoid Using Restraint*
- The Council for Children with Behavioural Disorders (2009) *Position summary on the use of physical restraint procedures in school settings*
- American Association on Intellectual and Developmental Disorders and the Arc (2015) *Joint Position Statement of the AAIDD and the Arc on Behavioral Supports*
- Victoria state government, Australia (2017) *Policy on restraint of students*
- Ministry of Education, New Zealand Government (2017) *Guidelines for Registered Schools in New Zealand on the use of physical restraint*
- Department for Education, UK (2013) *Use of reasonable force – Advice for headteachers, staff and governing bodies*
- U.S. Department of Education (2012) *Restraint and Seclusion: Resource Document*
- Illinois State Board of Education (2022) *Permanent Regulations for the Use of Isolated Time Out, Time Out and Physical Restraint – Revised Guidance and Frequently Asked Questions*
- British Columbia Ministry of Education (2015) *Provincial guidelines –Physical restraint and seclusion in school settings*
- The Office for Standards in Education, Children’s Services and Skills, U.K. (2018) *Positive environments where children can flourish – A guide for inspectors about physical intervention and restrictions of liberty*