INTRODUCTION

These guidelines were developed with the intent of assisting public school personnel concerned about the usage of isolation techniques with children. They are not formally-adopted rules or regulations of the State Board of Education.

Isolating a child from a group of his peers in a small, closed facility to help him accommodate to the school's education program, is a controversial practice as perceived by educators and also by mental health practitioners. If a school district decides to employ isolation and seclusion techniques, or a quiet room for a child with severe emotional or behavior problems, it is essential that adequate safeguards be taken to prevent detrimental effects on the physical or emotional health of the child.

The Department of Education would appreciate being informed of problems which arise in relation to these guidelines. Please contact the Special Education Section regarding any questions you may have.

RECOMMENDATIONS

The following recommendations are intended as guides for school districts now using or considering future use of isolation techniques:

1. School districts should seek in-depth consultation from mental health specialists including personnel from the Special Education Section of the Department of Education, the Child Welfare Division of the Minnesota Department of Welfare, or other pertinent state or local agencies or individuals, both public and private.
2. It is recommended that school districts planning facilities to be used specifically for isolation, should consult with staff of the Minnesota Department of Education prior to construction. An annual review of the procedures for utilizing such facilities should be made with the Special Education Section.

3. The parent(s) of a child in a special education program utilizing isolation, seclusion, or a quiet room should be informed of its purpose and use.

4. Written consent stating that the parent(s) agree to the use of isolation, seclusion, or a quiet room for their child should be on file in the district prior to its utilization.

5. Caution should be exercised in determining the frequency and duration of such periods, and the final decision to place a child in isolation should be made by authorized staff in conjunction with psychological or psychiatric consultation.

6. Appropriate entrance should be noted in the child's file each time he is placed in isolation.

7. The actual isolation process should provide:
   a. Visual and auditory contact with the child at all times.
   b. That all objects with which the child might injure himself are removed from him prior to his placement in isolation.
   c. A room with a door that opens out and keyless lock with immediate release mechanism.
   d. A room of adequate size to comfortably accommodate a child and an adult. All fixtures within the room are tamper-proof. Walls and floors are properly covered to insure the child's safety. The room is adequately heated, lighted and ventilated. Control switches are located immediately outside the room.
   e. Smoke and fire monitoring devices that are acceptable to the State Fire Marshall.