

# Restraint & Seclusion Reporting Form (NH RSA 126-U)

This form is to be used when reporting incidents of restraint and/or seclusion pursuant to NH RSA 126-U. Reporting requirements for the Department of Education and the Department of Health and Human Services can be found via the links (Attachment A and B) at the bottom of this document.

## DEFINITIONS

“**Director**” refers to the program director, school principal, or other official highest in rank and with authority over the activities of a school or facility.

“**Facility**” includes any of the following when used for the placement, custody, or treatment of children:

1. The youth services center maintained by the department of health and human services, or any other setting established for the commitment or detention of children pursuant to RSA 169-B, RSA 169-C, or RSA 169-D.
2. Child care agencies regulated by RSA 170-E.
3. Any foster home, group home, crisis home, or shelter care setting used for the placement of children at any stage of proceedings under RSA 169-B, RSA 169-C, or RSA 169-D or following disposition under those chapters.
4. Any hospital, building, or other place, whether public or private, which is part of the state services systems established under RSA 135-C:3 and RSA 171-A:4, including but not limited to:
  - a. Facilities providing inpatient psychiatric treatment within the state mental health system.
  - b. The acute psychiatric services building.
  - c. Any designated receiving facility.
  - d. A community mental health center as defined in RSA 135-C:7, or any of its subdivisions or contractors.
  - e. An area agency as defined in RSA 171-A:2, or any of its subdivisions or contractors.
  - f. Any residence, treatment center, or other place used for the voluntary or involuntary custody, treatment or care of children with developmental, intellectual, or other disabilities under RSA 171-A or 171-B.
  - g. Community living facilities for persons with developmental disabilities or mental illness as authorized by RSA 126-A:19, when used for the placement of children.

“**Restraint**” means bodily physical restriction, mechanical devices, or any device that immobilizes a person or restricts the freedom of movement of the torso, head, arms, or legs. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication. It is limited to actions taken by persons who are school or facility staff members, contractors, or otherwise under the control or direction of a school or facility. Restraint does not include:

1. Brief touching or holding to calm, comfort, encourage, or guide a child, so long as limitation of freedom of movement of the child does not occur.

2. The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location.
3. Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.
4. The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.
5. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.
6. **“Prone restraint”** is a prohibited physical restraint technique which occurs when a child is intentionally placed face-down on the floor or another surface, and the child’s physical movement is limited to keep the child in a prone position. For the purposes of this definition, physical restraint that involves the temporary controlling of an individual in a prone position while transitioning to an alternative, safer form of restraint is not considered to be a prohibited form of physical restraint.

**“School”** means:

1. A school operated by a school district.
2. A chartered public school.
3. A public academy.
4. A nonpublic school subject to the approval authority of the state Board of Education.
5. A private or public provider of any component of a child’s individualized education program.

**“Seclusion”** means: the involuntary confinement of a child alone in any room or area from which the child is unable to exit, either due to physical manipulation by a person, a lock, or other mechanical device or barrier, or from which the child reasonably believes they are not free to leave; or, the involuntary confinement of a child to a room or area, separate from their peers, with one or more adults who are using their physical presence to prevent egress. The term shall not include: the voluntary separation of a child from a stressful environment for the purpose of allowing the child to regain self-control, when such separation is to an area which a child is able to leave; circumstances in which there is no physical barrier, and the child is physically able to leave; or involuntary confinement of a child to a room or area with an adult who is actively engaging in a therapeutic intervention. A circumstance may be considered seclusion even if a window or other device for visual observation is present, if the other elements of this definition are satisfied.

**“Serious injury”** means any harm to the body which requires hospitalization or results in the fracture of any bone, non-superficial lacerations, injury to any internal organ, second- or third-degree burns, or any severe, permanent, or protracted loss of or impairment to the health or function of any part of the body.

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Though not defined by the statute, for the purposes of accurate, consistent reporting statewide, in this form, the terms “**incident**” and “**occurrence**” will be detailed as follows:

The “**incident**” starts when the child begins to display behavior(s) which are a threat to themselves or others and is removed from scheduled programming and is ultimately restrained or secluded, and ends once the restraint or seclusion concludes, the child’s behavior has returned to baseline, and the child is returned to scheduled programming.

The “**occurrence**” is each specific event of restraint or seclusion with the child during the “incident.” There can be multiple “occurrences” of restraint or seclusion during one “incident.”

Each “incident” of restraint or seclusion shall be reported on a separate form. The individual occurrences of restraint and seclusion shall be documented as set forth in each form.

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Please select one of the following:

- Attachment A: [Department of Education Reporting Form](#)
- Attachment B: [Department of Health & Human Services Reporting Form](#)