

## **Restrictive Procedures Plan ISD# 592 Climax-Shelly**

Schools that intend to use restrictive procedures are required to maintain and make publicly accessible in an electronic format on a school or district Web site or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities.

Restrictive procedures means the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.

An emergency means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists.

Restrictive procedures may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP or BIP

### **I. Climax-Shelly School intends to use the following restrictive procedures:**

#### **A. Physical holding:**

1. Physical holding means physical intervention intended to hold a child immobile or limit a child's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury.
2. The term physical holding does not mean physical contact that:
  - a) Helps a child respond or complete a task;
  - b) Assists a child without restricting the child's movement;
  - c) Is needed to administer an authorized health-related service or procedure; or
  - d) Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
3. Climax-Shelly School intends to use the following types of physical holding:
  - a) CPI Children's Control Position
  - b) CPI Team Control Position
  - c) CPI Transport Position
  - d) CPI Interim Control Position

#### **B. Seclusion**

1. Seclusion means confining a child alone in a room from which egress is barred.
2. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room.
3. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.
4. Climax-Shelly School intends to use the following rooms as rooms for seclusion:
  - a) none

### **II. Climax-Shelly School will implement a range of positive behavior strategies and provide links to mental health services.**

**A. Positive behavioral interventions and supports means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.**

#### **B. Climax-Shelly School implements the following positive behavior strategies:**

1. At Climax-Shelly we are in our first year of implementing a PBIS model.

2. Climax-Shelly encourages positive student behavior through modeling and teachable moments. Our students rise to the occasion with strong pride in our school. Individual students are supported through our close interpersonal relationships and small class sizes.

**C. Climax-Shelly School provides the following links to mental health services**

1. **Northwestern Mental Health Center - Crookston, MN (218-281-3940) Crisis Hotline(800-282-5005)**  
<http://www.nwmhc.org>
2. **Sanford Behavior Health - Thief River Falls, MN (281-683-4349)**  
<http://www.sanfordhealth.org/Locations/1766896362>
3. **The Stadter Center Grand Forks, ND (701-772-2500)** <http://www.stadtercenter.com>
4. **Prairie St. Johns Fargo, ND (877-333-9565)** <http://prairie-stjohns.com>

**III. Climax-Shelly School will provide training on de-escalation techniques.**

**A. Climax-Shelly School provides the following training on using positive behavior interventions;**

1. Positive behavioral interventions;
  - a. CPI Crisis Development Model, Verbal Intervention
2. Communicative intent of behavior;
  - a. CPI Unit entitled: CPI Crisis Development Model, Preventative Techniques
3. Relationship building;
  - a. CPI Unit entitled: Preventative Techniques
4. Alternative to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
  - a. CPI Unit entitled: Precipitating Factors, Rational Detachment, Integrated Experience
5. De-escalation methods;
  - a. CPI Unit entitled: CPI Crisis Development Model
6. Standards for using restrictive procedures;
  - a. CPI Unit entitled: Nonviolent Physical Crisis and Team Intervention, & Understanding the Risks of Restraints
7. Obtaining emergency medical assistance;
  - a. Nonviolent Physical Crisis Intervention and Team Intervention
8. Physiological and psychological impact of physical holding and seclusion;
  - a. CPI Unit entitled: Nonviolent Physical Crisis and Team Intervention, Understanding the Risks of Restraints, & Crisis Development Model
9. Monitoring and responding to a child's physical signs of distress when physical holding is being used; and
  - a. CPI Unit entitled Nonviolent Physical Crisis Intervention and Team Intervention
10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
  - a. CPI Unit entitled: Participant workbook Chapter Understanding the Risks of Restraints
  - b. CPI training

**B. Climax-Shelly School provides the following training on accommodating, modifying, and adapting curricula, materials, and strategies to appropriately meet the needs of individual students and ensure adequate progress toward the state's graduation standards.**

1. Infinitec - Access - Adaptations and Accommodations
2. ASEC Coop Fall Inservice
3. ASEC Coop Support Staff
4. ASEC Coop Website Video Trainings and Handouts.

**IV. Climax-Shelly School will monitor and review the use of restrictive procedures in the following manner:**

**A. Documentation:**

1. Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion documents, as soon as possible after the incident concludes, the following information:
  - a) A description of the incident that led to the physical holding or seclusion;
  - b) Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
  - c) The time the physical holding or seclusion began and the time the child was released; and
  - d) A brief record of the child's behavioral and physical status..

Attached, as Appendix B, is Climax-Shelly School's forms used to document the use of physical holding or seclusion.

**B. Post-use debriefings, consistent with documentation requirements:**

1. Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a post-use debriefing with *the IEP case manager*, within 3 school days after the incident concludes.
2. The post-use debriefing will review the following requirements to ensure the physical holding or seclusion was used appropriately
  - a) *Whether the physical holding or seclusion was used in an emergency.*
  - b) *Whether the physical holding or seclusion was the least intrusive intervention that effectively responds to the emergency*
  - c) *Whether the physical holding or seclusion was used to discipline a noncompliant child.*
  - d) *Whether the physical holding or seclusion ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity*
  - e) *Whether the staff directly observed the child while physical holding or seclusion was being used.*
  - f) *Whether the documentation was completed correctly.*
  - g) *Whether the parents were properly notified*
  - h) *Whether an IEP team meeting needs to be scheduled.*
  - i) *Whether the appropriate staff used physical holding or seclusion.*
  - j) *Whether the staff that used physical holding or seclusion was appropriately trained*

3. *If the post-use debriefing determines the physical holding or seclusion was not used appropriately, Climax-Shelly School will ensure immediate corrective action is taken by staff meeting to review proper CPI procedure.*

### **C. Oversight committee**

1. Climax-Shelly School publicly identifies the following oversight committee members.
  - a) Natasha Olson - School Psychologist and/or Kristi Bruer - School Social Worker
  - b) Natasha Olson - School Psychologist and/or Kristi Bruer - School Social Worker
  - c) Gary Jones - Sped Director and/or Judd Fredstrom - Assistant Sped Director and/or Julie Aumock - Assistant Sped Director
  - d) Nancy Newcomb -Principal
2. Climax-Shelly School's oversight committee meets quarterly on:
  - a) Last Week of Every Third Month
3. Climax-Shelly School's oversight committee will review the following:
  - a) The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of week, duration of the use of a restrictive procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
  - b) The number of times a restrictive procedure is used school wide and for individual children;
  - c) The number and types of injuries, if any, resulting from the use of restrictive procedures;
  - d) Whether restrictive procedures are used in nonemergency situations;
  - e) The need for additional staff training; and
  - f) Proposed actions to minimize the use of restrictive procedures.

### **V. Climax-Shelly School staff who use restrictive procedures, including paraprofessionals, received training in the following skills and knowledge areas:**


- A. Positive behavioral interventions
- B. Communicative intent of behaviors
  1. CPI Unit entitled: CPI Crisis Development Model, Preventative Techniques
- C. Relationship building
  1. CPI Unit entitled: Preventative Techniques
- D. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
  1. CPI Unit entitled: Precipitating Factors, Rational Detachment, Integrated Experience
- E. De-Escalation methods
  1. CPI Unit entitled: CPI Crisis Development Model
- F. Standards for using restrictive procedures only in an emergency
  1. CPI Unit entitled: Nonviolent Physical Crisis and Team Intervention, & Understanding the Risks of Restraints

- G. Obtaining emergency medical assistance
  - 1. Nonviolent Physical Crisis Intervention and Team Intervention
- H. The physiological and psychological impact of physical holding and seclusion
  - 1. CPI Unit entitled: Nonviolent Physical Crisis and Team Intervention, Understanding the Risks of Restraints, & Crisis Development Mode
- I. Monitoring and responding to a child's physical signs of distress when physical holding is being used
  - 1. CPI Unit entitled Nonviolent Physical Crisis Intervention and Team Intervention
- J. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used
  - 1. CPI Unit entitled: Nonviolent Physical Crisis and Team Intervention, Understanding the Risks of Restraints, & Crisis Development Model
- K. District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure; and
  - 1. Contained in this document
- L. Schoolwide programs on positive behavior strategies
  - 1. See item II. B. on page 4 of this document.

**VI. Climax-Shelly School will never use the following prohibited procedures on a child:**

- A. Engaging in conduct prohibited under section 121A.58 (corporal punishment);
- B. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
- C. Totally or partially restricting a child's senses as punishment;
- D. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- E. Denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
- F. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
- G. Withholding regularly scheduled meals or water;
- H. Denying access to bathroom facilities; and
- I. Physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso

Appendix B:

	<b>Use of Restrictive Procedures: Physical Holding</b>
---	--

Student: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Primary Disability: \_\_\_\_\_

Part A. Is the student Hispanic/Latino?  Yes  No  
 Part B. What is the student's race? *(Choose one or more)*  
 American Indian or Alaska Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander

**Directions:** The staff person who implemented or oversaw a physical hold must complete this form each time a physical hold is utilized.

Staff involved: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY

Was physical holding used to protect student or others from physical injury?  Yes  No

Description of the emergency situation:

Description of the incident that led to physical holding:

PHYSICAL HOLDING

Description of the physical holding and a brief description of the student's behavioral and physical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency?  Yes  No

Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical:

Did the physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity?  Yes  No  
 Explain:

Did staff directly observe the child during the physical hold:  Yes  No  
 Explain:

Did staff sustain an injury as a result of the physical holding:  Yes  No  
 Did the student sustain an injury as a result of the physical holding:  Yes  No

Time physical hold began: \_\_\_\_\_ Ended: \_\_\_\_\_ Total Time: \_\_\_\_\_

PARENT NOTIFICATION

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notified by: \_\_\_\_\_

How notified: \_\_\_\_\_



## STAFF DEBRIEFING MEETING

Date of Incident: \_\_\_\_\_

Date of Debriefing: \_\_\_\_\_

Student: \_\_\_\_\_

ID: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student was on an IEP:  Yes  No

Was IEP implemented correctly?  Yes  No

Was a BIP in place:  Yes  No

Was BIP implemented correctly?  Yes  No

Identify the antecedents, triggers and proactive interventions used prior to escalation:

Briefly describe the impact of these less restrictive interventions:

What behavior necessitated the use of a restrictive procedure?

Describe student and staff behavior during the incident:

What actions helped or didn't help?

Describe the procedure used to return the student to his/her routine activity:

Was the hold/seclusion the response to an emergency situation?  Yes  No

Was the hold/seclusion the least restrictive intervention?  Yes  No

Did the hold/seclusion end when the threat of harm ended?  Yes  No

Is corrective action needed?  Yes  No

Is the behavior likely to reoccur?  Yes  No

Follow-up action to prevent the need for future use of restrictive procedures:

### Behavior History:

Other restrictive procedures used in the last 4 weeks:  Yes  No

Restrictive procedures used twice in a month:  Yes  No

Does the team see this as a pattern?  Yes  No

Does the child's IEP team need to meet?  Yes  No

**Staff Attending Debriefing** (should include one individual not involved in the incident)

(Facilitator)

---