

# WINDHAM PUBLIC SCHOOLS

## INCIDENT REPORT OF PHYSICAL RESTRAINT

Note: This report is required to be submitted to the Director of Pupil Services as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident; CSDE requires reporting within 2 business days.

*Any use of restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record.*

**Physical Restraint:** Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term **DOES NOT INCLUDE:** (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program ("IEP").

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ SASID #: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does The Student Currently Receive Special Education Services? Yes  No

If Yes: Primary Disability: \_\_\_\_\_

Is The Student Being Evaluated For Eligibility For Special Education Services? Yes  No

If Yes: Date The Parent/Guardian Signed The Notice & Consent to Conduct An Evaluation: \_\_\_\_\_

School: \_\_\_\_\_ Site of Physical Restraint: \_\_\_\_\_

This Report Is Prepared By: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**STAFF ADMINISTERING RESTRAINT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

**STAFF MONITORING RESTRAINT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

**BUILDING ADMINISTRATOR WHO WAS VERBALLY INFORMED REGARDING THE RESTRAINT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Initial Report Reviewed: \_\_\_\_\_

**STUDENT'S BEHAVIOR PRECIPITATING PHYSICAL RESTRAINT:**

Description Of Activity In Which The Restrained Or Other Students Were Engaged Immediately Preceding Emergency Use Of Physical Restraint: \_\_\_\_\_

Description Of The Risk Of Immediate Or Imminent Injury To The Student Restrained Or Others That Required Use Of Physical Restraint: \_\_\_\_\_

Description Of Other Steps, Including Attempts At Verbal De-Escalation, To Prevent The Emergency Necessitating Use Of Restraint:

- |   |  |   |  |
|---|--|---|--|
| <p><b>INTERRUPTION</b></p> <p><input type="checkbox"/> Give Extra Attention To Student</p> <p><input type="checkbox"/> Remind Student of Consequences</p> <p><input type="checkbox"/> Provide Reality Testing</p> <p><input type="checkbox"/> Communicate Expected Behaviors</p> <p><input type="checkbox"/> Give Reassurance</p> <p><input type="checkbox"/> Model The Appropriate Behavior</p> <p><input type="checkbox"/> Humor</p> <p><input type="checkbox"/> Introduce The Unexpected</p> <p>Other: _____</p> | <p><b>IGNORING</b></p> <p><input type="checkbox"/> Planned Ignoring</p> <p><input type="checkbox"/> De-Value The Maladaptive Behavior</p> <p><input type="checkbox"/> Time and Space</p> | <p><b>REDIRECTING</b></p> <p><input type="checkbox"/> Allow Ventilation of Feelings</p> <p><input type="checkbox"/> Help Student With Problem</p> <p><input type="checkbox"/> Physical Activities</p> <p><input type="checkbox"/> Verbal Persuasion</p> | <p><b>REWARDING / REINFORCING</b></p> <p><input type="checkbox"/> Praise</p> <p><input type="checkbox"/> Value The Student</p> <p><input type="checkbox"/> Tactile Rewards</p> <p><input type="checkbox"/> Valued Activities</p> <p><input type="checkbox"/> Edibles</p> |
|---|--|---|--|

**DESCRIPTION OF PHYSICAL RESTRAINT:**

Justification For Initiating Physical Restraint:

- Necessary To Protect Student From Immediate Or Imminent Risk Of Injury
- Necessary To Protect Others From Immediate Or Imminent Risk Of Injury

Type of Protective Hold Used (PMT Terminology):

- Limited Security Hold
- Full Security Hold
- PMT Basic Floor Control
- Other (Describe): \_\_\_\_\_
- Back To Back Hold
- Side By Side Parallel Hold Transport
- Reverse Cradle Transport

Regular Evaluation Of The Student Being Restrained For Signs Of Physical Distress:

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

Time Restraint Began: \_\_\_\_\_ Time Restraint Ended: \_\_\_\_\_

Total Time (In Minutes): \_\_\_\_\_

If the student is restrained for a period exceeding 15 minutes, an administrator, administrator’s designee, school health or mental health personnel or board certified behavior analyst who has received training (“qualified staff”) in the use of physical restraint shall determine whether continued restraint is necessary to prevent immediate or imminent injury to the student or others. Qualified staff shall make a new determination every 30 minutes thereafter.

15 MINUTE Determination Of The Necessity Of Continued Restraint: \_\_\_\_\_ AM/PM By \_\_\_\_\_

30 MINUTE Determination Of The Necessity Of Continued Restraint: \_\_\_\_\_ AM/PM By \_\_\_\_\_

30 MINUTE Determination Of The Necessity Of Continued Restraint: \_\_\_\_\_ AM/PM By \_\_\_\_\_

**CESSATION OF RESTRAINT: (Check All That Apply):**

- Determination By Staff Member That Student Was No Longer A Risk To Himself/Herself Or Others
- Intervention By Administrator(s) To Facilitate De-Escalation
- Law Enforcement Personnel Arrived
- Staff Sought In-House Assistance
- Community Emergency Personnel Arrived
- Other (Describe): \_\_\_\_\_

**INJURY STATUS:**

- Was The Child Injured During The Emergency Use Of Restraint?  Serious  Non-Serious
- No Evidence Of An Injury To The Student Or A Staff Member Was Observed.
- Evidence Of A Potential Injury To The Student Was Observed.
- Evidence Of A Potential Injury To A Staff Member Was Observed.

Description Of Injury To Student/Staff And Any Medical Or First Aid Care Provided: \_\_\_\_\_

Medical Staff Name: \_\_\_\_\_ Time Medical Staff Checked Injured Person: \_\_\_\_\_

Medical Staff Actions: \_\_\_\_\_

This Incident Report Filed With The Following School District Official: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTION THE RESTRAINT**

- Student Regained Control And Rejoined The Class
- Student Went To Support Area Then Rejoined The Class
- Student Went Home With Parent / Guardian
- Student Was Assessed By Community Agency

Action The School Will Take Following The Restraint

- Reviewed Incident With Student To Address Behavior That Precipitated The Restraint
- Debrief With Staff Regarding Incident
- Consider Whether Follow-up Is Necessary For Students Who Witnessed The Incident
- Further Contact With Parents (Describe): \_\_\_\_\_
- Other: \_\_\_\_\_

**EFFECT ON THE PROCEDURE ON THE STUDENT'S EDUCATIONAL / BEHAVIORAL PLAN**

Indicate Whether Modification To The Student's Educational / Behavioral Plan Is Recommended:

- No Modification Is Recommended At This Time.
- Modification Is Recommended For The Following Reason(s): \_\_\_\_\_

**A PPT IS REQUIRED IF THIS INCIDENT MARKS THE 4<sup>TH</sup> INCIDENT OR RESTRAINT OR SECLUSION WITHIN A TWENTY SCHOOL DAY PERIOD.**

Is This The 4<sup>th</sup> Incident Of Restraint And/Or Seclusion In The Past 20 days?  Yes  No

- Convene PPT To Discuss Eligibility For Special Education
- Convene PPT To Discuss Conducting A Functional Behavior Assessment
- Convene PPT To Review/Revise Behavior Intervention Plan and/or IEP

**PARENT/GUARDIAN NOTIFICATION (REQUIRED FOR ALL RESTRAINTS):**

Parent/Guardian Who Was Verbally Informed Of This Restraint:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Called By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Notice Mailed to Parent: \_\_\_\_\_ **Must Be Mailed To Home Within 2 Days of Incident**

Mailed By: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Building Administrator)

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Pupil Services)

**FOR DIRECTOR:**

- Reviewed Physical Restraint Report
- Reviewed Behavior Plan, If Applicable
- In Considering The Effect Of The Restraint On The Student's Established Behavioral Support Or Educational Plan I Find The Following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is The PPT Scheduled In IEPdirect?  Yes  No