

Central Public School's

Restrictive Procedure Plan

In accordance with Minn. Stat. §§ 125A.094 and 125A.0942 as amended effective 7/1/13, every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request a plan that discloses its use of restrictive procedures with special education students. The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures, the number of times a restrictive procedures is used school-wide and for individual children the number and types of injuries, if any, resulting from the use of restrictive procedures, whether restrictive procedures are used in non-emergency situations, the need for additional staff training, and proposed actions to minimize the use of restrictive procedures; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

Central Public Schools use **restrictive procedures** only in emergency situations. **“Emergency”** means a situation where immediate intervention is needed to protect the student or other individuals from physical injury or to prevent serious property damage; and less intrusive or non-physical interventions would not be effective; and a behavior intervention plan has been developed for the student and the student has failed to respond to those reinforcement techniques. **“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 must not be used to punish or otherwise discipline a child.

Individual Education Plans (IEP)

The team may include a plan for using restrictive procedures in the IEP but may only use the procedures in situations that constitute an emergency. The IEP (Individual Education Plan) and/or PBSP (Positive Behavior Support Plan) must indicate how the parent wants to be notified when a restrictive procedure is used. The team is expected to debrief after every restrictive procedure and complete the **“Restrictive Procedure Reporting Form” (Appendix A) & “Restrictive Procedure Staff Debrief Form” (Appendix B)**.

I. Central School District intends to use the following restrictive procedures:

A. The restrictive procedure that the district may use in an emergency situation is physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury.

1. The physical holding must: (1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used; and (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.
2. The term physical holding does not mean physical contact that: (1) Helps a child respond or complete a task; (2) assists a child without restricting the child's movement; (3) is needed to administer an authorized health-related service or procedure; (4) is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
3. The school district intends to use the following types of physical holding as supported by the Nonviolent Crisis Prevention Institute (CPI): (1) CPI Children's Control Position (2) CPI Team Control Position (3) CPI Transport Position (4) CPI Interim Control Position
4. Those authorized and certified to use restrictive procedures include: building administration, licensed school social workers, school counselors, school psychologist, licensed special education teachers, other certified/registered educational professionals, special education paraprofessionals, who have been trained, may support licensed staff under their direction.
5. **Reasonable force** is permitted by school staff when necessary to correct or restrain a student in order to prevent bodily harm or death to self or others.

B. Restrictive Procedures Not Used: Central School District does not use the restrictive procedures:

1. Seclusion – confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room or preventing the student from leaving the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion if the student is not confined alone in a room from which egress is barred.
2. Prone Restraint – placing a student in a face down position.

C. Mechanical Restraint: Physical holding does not include the application of mechanical restraints for bus transportation, sensory needs, or medical needs as these procedures are documented in the student's Individual Family Service Plan (IFSP) or Individual Education Program (IEP).

II. The school district 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. The school district implements the following positive behavior strategies: Positive Behavior Interventions and Supports (PBIS); Caught In the Act; Zones of Regulation; STEPs; Gratitude Journaling; Move This World; Peer-mediation; Mental Health Week (Jr/Sr High); class advisories (Jr/Sr High).

C. The school district provides the following links to mental health services: (1) <http://www.macmh.org/publications/edguidelink/> (2) <http://www.thejonascenter.com/> (3) https://therapists.psychologytoday.com/rms/name/Behavioral+Health+Services,+LLC_Belle+Plaine_Minnesota_105103 (4) (<https://www.co.carver.mn.us/>) (5) First Street Center: 952.442.4437 (6) The Jonas Center: 952.361.9700 (6) Carver County Co-Located services.

III. The school district will provide training on de-escalation techniques

A. The school district provides the following training on using positive behavior interventions: Nonviolent Crisis Intervention Prevention training; social/emotional/behavioral training for staff; Positive Behavior Intervention Strategies (PBIS).

B. The school district provides the following training on accommodating, modifying, and adapting curriculum, materials, and strategies to appropriately meet the needs of individual students and ensure adequate progress toward the state's graduation standards: Differentiation training (Tier 1, 2, and 3 interventions); Professional Learning Communities: Grading for Learning; Grade Level Flexing.

IV. The school district will monitor and review the use of restrictive procedures in the following manner

A. Documentation

1. Every time a physical holding is used, the staff person who implements or oversees the holding documents, as soon as possible (within 1 working day), after the incident concludes, the following information:

- a. Emergency factors leading to the use of restrictive procedures including why a less restrictive measure failed or deemed inappropriate or impractical
- b. Restrictive procedure used in the emergency
- c. Time spent using restrictive procedure including a brief record of the child's behavioral and physical status
- d. Parent/Guardian notification:
 - i. The School District shall make reasonable efforts to notify the parent on the same day when a restrictive procedure is used. If the school is unable to provide same-day notice, notice will be sent within 2 days by written or electronic means or as otherwise indicated by the parent. If used twice in 30 days or when a pattern emerges, and not included in the student's IEP or PBSP, the district must hold a meeting of the team to conduct a review of the Functional Behavior Assessment data and consider developing or revising the behavioral interventions and supports.

2. See Appendix A "**Restrictive Procedure Reporting Form**"

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

1. Each time physical holdings are used, the staff person who implemented or oversaw the physical holding shall conduct a post-use debriefing with the Director of Special Education, within 2 working days after the incident concludes.
2. The post-use debriefing will review the following requirements to ensure that the physical holding was used appropriately.
 - a. Names of staff attending the debrief
 - b. Description of the incident
 - c. Description of the procedure used to return the child to his/her routine activities, educational setting, intervention, and/or site determined by the team, BIP, and/or administration
3. See Appendix B "Restrictive Procedure Debriefing Form"

C. **Oversight committee**

1. The District will convene an oversight committee, which may include the following individuals:
 - a. Special Education Director,
 - b. Superintendent or his/her designee,
 - c. Special Education Department Lead or assigned school representative,
 - d. School Psychologist,
 - e. School Social Worker,
 - f. School Nurse,
 - g. School Site Representative(s), and/or

h. Building Principal

2. The school district's oversight committee will meet once a month during Child Study meetings.
3. The school district's oversight committee will review the following: (1) patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures (2) at the number of times a restrictive procedure is used school wide and for individual children; (3) at the number and types of injuries, if any, resulting from the use of restrictive procedures; (4) at whether restrictive procedures are used in non-emergency situations; (5) at whether additional staff training on behavior interventions and restrictive procedures is needed; and (5) at proposed actions to minimize the use of restrictive procedures.
4. The District administration will maintain an ongoing record of all reported uses of restrictive procedures.

V. The school district staff who use restrictive procedures, including paraprofessionals, received training in the following skills and knowledge areas:

Training for Staff – Training as required in Minn. Stat. 125A.0942 Subd.1(3) & Subd.5

Skills and Knowledge Areas	Annual Training
A. Positive Behavioral Interventions	<p>NVCI (CPI): Non-Violent Crisis Intervention: Evidence-based crisis prevention and training; emphasis on early intervention & nonphysical methods for preventing or managing disruptive behavior.</p> <p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students. This is promoted through the “Caught In the Act” program.</p> <p>Mental Health Training</p> <p>Nonverbal Communication Strategies: Visual strategies to support student understanding of academic & social learning. (i.e. 5 point scale, graphic organizers, comic strip conversations, etc.)</p>
B. Communicative Intent of Behavior	<p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students.</p> <p>Nonverbal Communication Strategies: Visual strategies to support student understanding of academic & social learning. (i.e. 5 point scale, graphic organizers, comic strip conversations, etc.)</p>

<p>C. Relationship Building</p>	<p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students.</p> <p>Responsive Classroom: An approach to elementary teaching that emphasizes social, emotional, & academic growth in a strong & safe school community.</p> <p>Daily Advisor/Advisee groups</p> <p>Be RED - PBIS-type program</p>
<p>D. Alternatives to Restrictive Procedures (including techniques to identify events and environmental factors that may escalate behavior)</p>	<p>NVCI (CPI): Nonviolent Crisis Intervention: District-wide Evidence-based crisis prevention and training; emphasis on early intervention & non-physical methods for preventing or managing disruptive behavior.</p> <p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students.</p> <p>Collaborative Problem Solving Approach through Child Study Teams, and PLCs (Professional Learning Communities)</p>

<p>E. De-Escalation methods</p>	<p>NVCI (CPI): Nonviolent Crisis Intervention: District-wide Evidence-based crisis prevention and training; emphasis on early intervention & non-physical methods for preventing or managing disruptive behavior.</p> <p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students.</p> <p>Collaborative Problem Solving Approach through Child Study Teams, and PLCs (Professional Learning Communities)</p>
<p>F. Standards for using restrictive procedures</p>	<p>Central Public School District's Restrictive Procedure Plan & Documentation Forms</p>
<p>G. Obtaining Emergency Medical Assistance</p>	<p>Building Crisis Response Team Building Crisis Management Response Plan</p>
<p>H. Psychological and Physiological impact of physical holding and seclusion</p>	<p>NVCI (CPI): Nonviolent Crisis Intervention: District-wide Evidence-based crisis prevention and training; emphasis on early intervention & non-physical methods for preventing or managing disruptive behavior.</p>
<p>I. Monitoring and responding to a child's physical signs of distress during restraint</p>	<p>NVCI (CPI): Nonviolent Crisis Intervention: District-wide Evidence-based crisis prevention and training; emphasis on early intervention & non-physical methods for preventing or managing disruptive behavior.</p>

<p>J. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used</p>	<p>NVCI (CPI): Nonviolent Crisis Intervention: District-wide Evidence-based crisis prevention and training; emphasis on early intervention & non-physical methods for preventing or managing disruptive behavior.</p>
<p>K. District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure</p>	<p>Central Public School District's Restrictive Procedure Plan & Documentation Forms</p>
<p>L. School wide programs on positive behavior strategies</p>	<p>PBIS: Positive Behavior Interventions and Supports: A Framework developed by staff to build culture and expectations around student behavior. These expectations are taught in an intentional manner to students and are reinforced everyday by staff and students.</p> <p>STEPS: an approach to help teach effective problem-solving strategies for students. Promotes social, emotional growth</p> <p>Move This World: an approach that provides social emotional learning training to help students develop emotional intelligence skills for long-term well-being.</p>

VI. The school district will never use the following prohibited procedures on a child because they could impact the child physiologically and psychologically:

- 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 further 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 626.566 (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 breath, 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 A

Restrictive Procedures Reporting Form



Central Elementary School
 655 7th Street S.W., P.O. Box 367
 Norwood-Young America MN 55368
 Tel 952-467-7300

Use of Restrictive Procedures: Physical Holding

Student: _____ ID: _____ Date: _____
 School: Central Elementary School Grade: _____ Birth date: _____
 Gender: _____ Primary Disability: _____ Setting: _____

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

Procedure	Start Time	End Time	Total Time

REMOVAL FROM SCHOOL

Was the student removed from school by a police officer at the request of school personnel:

Yes No

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/Guardian(s):

Name:	Phone(home):
Relationship to child	Phone (work):
Address:	Phone (cell):
City/State/Zip:	Email:

Name:	Phone(home):
Relationship to child	Phone (work):
Address:	Phone (cell):
City/State/Zip:	Email:

Date: Time:

Notified by:
How notified:

[Faint, illegible text, possibly a stamp or signature area]

Appendix B

Restrictive Procedure Staff Debriefing Form



Central Elementary School
 655 7th Street S.W., P.O. Box 367
 Norwood-Young America MN 55368
 Tel 952-467-7300

STAFF DEBRIEFING MEETING

Date of Incident: _____

Date of Debriefing: _____

Student: _____

ID: _____

School: Central Elementary School

Grade: _____

Birth date: _____

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

Yes No

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

Yes No

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

Yes No

Is corrective action needed? Yes No

Yes No

Is the behavior likely to reoccur? Yes No

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

Yes No

Restrictive procedures used twice in a month: Yes No

Yes No

Does the team see this as a pattern? Yes No

Yes No

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

Yes No

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

(Facilitator)

Appendix C
Medical Emergency

MEDICAL EMERGENCY

In the event a non-responsive or life-threatening injury or illness:

STAFF

- Send for immediate help (notify health office staff or school nurse) and CALL 911
 - Describe injuries, number of victims and give exact location
- Notify building administration
- DO NOT move the victim(s), especially if you suspect a head or neck injury, unless safety is a concern
- Check victim for medical alert bracelet or necklace
 - Provide information to first responders
- Disperse onlookers and keep others from congregating in the area
 - If possible, isolate the victim(s)
- Direct someone (e.g. staff, student) to meet and guide the first responders
- Remain to assist emergency medical services personnel with pertinent information about the incident
- Complete Incident Report and document all actions taken

BUILDING ADMINISTRATION

- Ensure 911 was called and provide any updated information
- Secure victim(s) medical emergency profile
- Activate school emergency response team
- Ensure someone (e.g. staff, student) meets and directs first responders
 - Provide any additional information about the status of the victim(s)
 - Provide information from the victim(s) medical emergency profile
- If needed, assign a staff member to accompany victim(s) to the hospital
- Notify district administration
- Notify victim(s) parents, legal guardians or emergency contact
- Activate Recovery procedures as appropriate
 - Conduct a debriefing
- Document all actions taken by staff