

Green Isle Community School (GICS) Restrictive Procedures Plan

Reviewed February 2015

Restrictive Procedures

GICS School promotes the use of positive approaches for behavioral interventions for all students. When restrictive procedures are employed in an emergency situation with any student the School Charter School will adhere to the standards and requirements of Minnesota Statutes 125A.094 Restrictive Procedures for Children with Disabilities. GICS uses The Responsive Classroom to create an environment that is predictable and effective for students to achieve academic and social success. To view the complete list of Responsive Classroom strategies used, please see *Appendix A*.

Available mental health services in and around the GICS community: See *Appendix B* for links.

A. Definitions

The following terms have the meanings given to them:

- 1) "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.
- 2) "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. 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; or
 - (4) is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
3. "Physical holdings" that will be used by GICS follow the Crisis Prevention Intervention (CPI) guidelines. These restraints include:
 - CPI *Children's Control Position* is a physical hold that is designed to be used with a student that is a head size or smaller than the adult. Additional members need to be present to assist the adult, monitor the safety of the student and take other safety precautions as necessary.
 - CPI Team *Control Position* is a physical hold that is used to manage student who have become dangerous to themselves or others. Two staff hold the individual upright and additional members assess the student for signs of distress and take other safety measures as necessary.

- CPI Transport is a physical hold that is a temporary, upright position that is used when the student needs to be moved to a safer place. Two staff assist with this position, one on either side of the student, with additional staff as needed.
 - CPI Interim *Control Position* is a physical hold that is a temporary, upright position that allows staff to maintain control of both of the individual's arms for a short period of time. One staff is needed for this position; however additional staff is necessary to monitor the student and assist with any other safety precautions.
4. "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.
 5. "Seclusion" means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room. Removing a child from an activity to a location where the child cannot participate in or observe the activity is **not** seclusion.

B. Personnel Development Activities

Professional development activities have been provided to Charter School staff and contracted personnel who have routine contact with students and who may use restrictive procedures in the following areas:

- (1) Positive behavioral interventions;
- (2) Communicative intent of behaviors;
- (3) Relationship building;
- (4) Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
- (5) De-escalation methods;
- (6) Standards for using restrictive procedures only in an emergency;
- (7) Obtaining emergency medical assistance;
- (8) The physiological and psychological impact of physical holding and seclusion;
- (9) Monitoring and responding to a child's physical signs of distress when physical holding is being used;
- (10) Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;
- (11) Charter School policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and
- (12) School wide programs on positive behavior strategies.

C. Staff Training Requirements

Staff who design and use behavioral interventions, as well as staff who are members of the crisis response team, will complete training in the use of positive approaches as well as restrictive procedures. Training records will identify the content of training, attendees, and training dates. To see a complete list of all Staff trained at GICS, please see *Appendix C*.

D. Restrictive Procedures and Prohibited Procedures

Restrictive procedure that may be used in emergency situation is physical holding.

Prohibited procedures include the following:

1. Corporal Punishment which include conduct involving: (a) hitting or spanking a person with or without an object; or (b) unreasonable physical force that causes bodily harm or substantial emotional harm;
2. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. Totally or partially restricting a child's senses as punishment;
4. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
5. 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;
6. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section [626.556](#);
7. Withholding regularly scheduled meals or water;
8. Denying access to bathroom facilities; and
9. 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.
10. Use of tasers or threatened use of tasers.

E. Documentation and Post Restrictive Procedures Action

The use of restrictive procedures in emergency situations will be documented in the Restrictive Procedure Log. The Charter School will monitor and review the use of restrictive procedures, including conducting post-use debriefings and convening an oversight committee.

Record retention will be in accordance with administrative policies on student records.

Upon use of a Restrictive Procedures (RP), the Charter School will

- 1) Contact parents within the same day as a RP is used if possible, or as soon as you can, not to exceed 24 business hours after the RP is used;
- 2) The staff member initiating the RP will fill out the RP form that is found on the River Bend Education Charter School website and attached to this document. The form will be completed within 24 business hours of the RP being used. Upon completion, the form will be given to the building administrator, the Assistant Special Education Director (located at River Bend Education Charter School) and placed in the student's file;

3) Hold a debriefing meeting as soon as possible after the event, not to exceed 24 business hours. The expected attendees are: the student's case manager, the staff member who initiated the RP, the Charter School administrator and the school social worker. The meeting will be run by the case manager, but the staff member who initiated the RP will be expected to contribute a detailed account of the emergency leading up to the RP and the reasons why they felt a least restrictive intervention was unsuccessful. Also, the team needs to discuss the child's response to the RP (both behaviorally and physically) and the length of the duration of the RP. After the debriefing is completed, the case manager is responsible for uploading the RP form and the debriefing form into the student's history in SpEd Forms. When both documents have been uploaded, the case manager will send an email to the assistant special education director to confirm that the RP forms have been uploaded.

F. Emergency Situations – Use of Restrictive Procedures

The Charter School shall make reasonable efforts to notify the parent on the same day by phone when restrictive procedures are used in an emergency. If the school is unable to provide same-day notice, notice will be sent by written or electronic means or as otherwise indicated by the parent.

G. Oversight Committee

Schools annually must publicly identify oversight committee members.

GICS identifies the following oversight committee members:

1. Jami Walth, school psychologist
2. Karla Beck, expert in positive behavior intervention (specifically, system wide);
3. Doug Hazen, Special Education Administrator; expert in positive behavior intervention
4. Adam Kluver, General Education Administrator;

GICS oversight committee meets quarterly.

GICS oversight committee will review the following:

1. 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;
2. The number of times a restrictive procedure is used school wide and for individual children;
3. The number and types of injuries, if any, resulting from the use of restrictive procedures;
4. Whether restrictive procedures are used in nonemergency situations;
5. The need for additional staff training; and
6. Proposed actions to minimize the use of restrictive procedures

Restrictive Procedures Form

Physical Holding

“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 the child or other person from injury. 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; or 4) is needed to physically escort a child when the child does not resist or the child’s resistance is minimal. *Minn. Stat. 125A.0941* Physical Holding is never used to punish a child!

Please email completed form (password protected) to Doug Hazen dhazen@riverbend.k12.mn.us or fax to River Bend Education Charter School 507-359-1161

Students Name:

School Charter School: - Select -

Student’s Primary Disability: - select -

Student’s Age:

Date physical holding was used:

Date form completed:

Name, position, and telephone of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure:

Emergency:

Was physical holding used to protect child/others from physical injury? Yes No

Antecedent to the behavior resulting in the use of a physical hold:

Description of emergency situation, be as specific as possible:

Explain why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Was law enforcement contacted: Yes No

Student’s Response to Physical Hold (including behavioral and physical response):

Procedures used to return student to routine activities:

Injuries sustained by student or staff members:

Physical Holding:

Type of Physical Hold used: - select -

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

If No, explain:

Did staff directly observe the child during the physical hold? Yes No

If No, explain:

Length of time physical holding was used:

Start Time:

End Time:

Total Time:

Parents notified:

Yes No

When (time/date):

By Whom:

Date Report was sent to parents:

Method of notification used: - select -

Signature of individual compiling report:

Building Administrator Signature:

Debriefing Meeting scheduled for:

Cc. Principal, Director of Special Education, and Case Manager

Restricted Procedure Debriefing

Fill out the following form **after** a Restrictive Procedure has been used with a student. Debriefing should occur no less than 24 business hours after a restrictive procedure has been used.

"Seclusion" means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion. *Minn. Stat. 125A.0941(g)* Seclusion is never used to punish/discipline a child.

"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 the child or other person from injury. 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; or 4) is needed to physically escort a child when the child does not resist or the child's resistance is minimal. *Minn. Stat. 125A.0941* Physical Holding is never used to punish/discipline a child!

Student:

Type of Restricted Procedure used: - select -

Date of RP was utilized:

Date of Debriefing:

Facilitator:

Attendees:

After the emergency, was the IEP and BIP reviewed: - select -

Were the BIP and IEP followed?

Is there any history of Restricted Procedures being used with this student?

1) Description of the Emergency:

2) Why was a less restrictive measure unsuccessful or determined to be inappropriate/impractical?

3) The time the Physical Hold began and the time child was released:

4) Please describe the child's response both behaviorally and physically during and after the restrictive procedure was used:

How likely it is that this behavior will occur again? - select- Explain:

Procedures used to return student to routine activities:

Action Plan:

Cc. Principal, Director of Special Education and Case Manager for file.

Checklist for Restrictive Procedures for Case Manger/Staff member initiating RP

- Complete Documentation of Restricted Procedures form
- Notify parents

- Copy documentation to staff (Director of Special Education, Principal, and Case Manager)

- Debriefing meeting using Debriefing Form

- Send completed forms to persons specified on form
 - Documentation of Restricted Procedures Form
 - Debriefing Form

School Charter School Training Record

Employee: _____

Dates of training received _____

Trainer will place initials next to each area in which the employee has completed training

- _____ 1. Positive behavioral interventions
- _____ 2. Communicative intent of behaviors
- _____ 3. Relationship building
- _____ 4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
- _____ 5. De-escalation methods
- _____ 6. Standards for using restrictive procedures
- _____ 7. Obtaining emergency medical assistance
- _____ 8. Physiological and psychological impact of physical holding and seclusion
- _____ 9. Monitoring and responding to a child's physical signs of distress when physical holding is used
- _____ 10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used
- _____ 11. Charter School policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and
- _____ 12. School wide programs on positive behavior strategies.

Trainer's Name(s): _____

Employee's Signature _____

GICS Elementary Restrictive Procedures Plan, Appendixes' *Reviewed February 2015*

Appendix A: List of Positive Behavioral Intervention and Supports

In addition to the GICS Elementary School employs the following strategies related to The Responsive Classroom:

- Design lessons that are active and interactive
- Use effective teacher language to promote academic and social growth
- Encourage engagement by giving students meaningful choices
- Start each day in a way that sets a positive tone for learning
- Set high expectations and teach students how to meet them
- Establish routines that promote autonomy and independence
- Build a sense of community and shared purpose
- Teach students 21st century skills such as critical thinking, problem-solving, communication, collaboration, creativity

Appendix B: County Mental Health Services

Ridgeview Sibley Medical Center <http://www.sibleymedical.org>

Sibley County Public Health and Human Services <http://www.co.sibley.mn.us>

Counseling Services of Southern MN: www.counseling-services.org

Sioux Trails Mental Health Center: <http://www.siouxtrails.org>

Appendix C: List of all staff members who are CPI trained, date(s) of training and descriptions of training.

Staff members currently CPI trained at GICS Elementary are:

Hailey Bendar
Derek Longhenry
Lindsai Djerf
Diana Streich
Jenn Larson
Jess Erickson
Brandy Barrett
David Foley
Terry Kroehler
Serenity Cox
Kristen Strauss
Nikki Remus
Kristine Schwartz

Date of Training: 10/15/14; 11/21/14; 12/22/14; 2/16/15

Description of Training:

The cornerstone of CPI since 1980, this program is considered the worldwide standard for crisis prevention and intervention training. With a core philosophy of providing for the Care, Welfare, Safety, and Security of everyone involved in a crisis situation, the program's proven strategies give human service providers and educators the skills to safely and effectively respond to anxious, hostile, or violent behavior while balancing the responsibilities of care. Includes: the Following Key Points, CPI Developmental Model, Integrated Experiences, Developmental /Behavioral Levels, Physical Response Training and Use Of Debriefing.