

**District #84 Restrictive Procedures Plan**  
*Reviewed September 2019*

**Restrictive Procedures**

**District #84 – Sleepy Eye Public Schools** 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 Sleepy Eye School District will adhere to the standards and requirements of Minnesota Statutes 125A.094 Restrictive Procedures for Children with Disabilities.

**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 or to prevent serious property.
  
2. “Physical holding” means physical intervention intended to hold a child immobile or limit a child’s movement and where body contact is the only source of physical restraint. 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. “Physical holdings” that will be used by Sleepy Eye School District follow the Crisis Prevention Intervention 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 members 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 is calm and 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 are 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.

5. "Seclusion" means confining a child alone in a room from which egress is barred. 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 will be provided to District 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;
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 being used; and,
10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.

## **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.

## **D. Restrictive Procedures and Prohibited Procedures**

Restrictive procedures that may be used in emergency situations include seclusion and

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 the student to assume and maintain a specified physical position, activity or posture that induces physical pain;
3. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment;
4. Denying or restricting the student's access to equipment and devices such as wheelchairs, hearing aids or communication boards that facilitate the student's functioning except when temporarily removing the equipment or device is needed to prevent injury to the student or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the student as soon as possible;
5. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556;
6. Totally or partially restricting a student's senses as punishment;
7. Withholding regularly scheduled meals or water;
8. Denying the student access to bathroom facilities, and/or;
9. Physical holding that restricts or impairs a student's ability to breathe.
10. Use of tasers or threatened use of tasers.

#### **E. Documentation Procedures**

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

The use of restrictive procedures in behavioral intervention plans will be documented in the learner's file. Reviews will be conducted in accordance with the plan. In the case of a student with a disability, due process and documentation requirements will be followed.

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

## **F. Emergency Situations – Use of Restrictive Procedures**

The Sleepy Eye School District 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.

District Administration (Principal and Special Education Director/Assistant Director) will receive written notification when restrictive procedures are used in emergency situations.

Records will be reviewed annually.

## **G. Oversight Committee**

The Education District (Sleepy Eye Public Schools is a member of this education district) has established an oversight committee composed of at least one member with training in behavioral analysis, one licensed mental health professional and other educational personnel. The purpose of the oversight committee is to promote River Bend Education District level review and monitoring of district practices regarding the use of aversive and deprivation procedures. The committee will, annually, discuss and review training needs of staff and review aggregate data regarding the use of aversive and deprivation procedures in the district, including juvenile facilities and facilities for care and treatment of youth with disabilities located in the district. The committee will submit annual report to the Department to be incorporated in to the Department's annual report. A report will be submitted to the advisory committee annually.

## **Restrictive Procedures - Protocol for Using Seclusion and/or Physical Holding**

Seclusion and/or physical holding should only be used in an emergency. Notify parents the same day a restrictive intervention is used. Provide written or electronic notice within two days if unable to notify parents the same day. Staff must directly monitor the student to insure that the student is safe. End the intervention when the threat of harm ends and staff determine if the student can safely return to his/her routine activities, education setting, intervention, and/or site determined by the team, BIP and/or administrator.

Complete the following items for Restrictive Procedures (can be completed electronically) :

Items 1: Restrictive Procedures Physical Holding and/or Restrictive Procedures Seclusion

## Item 2: Restrictive Procedures Debriefing

Provide a copy of the Restrictive Procedure Form to the Principal and the Special Education Director/Assistant Director building principal. Place a copy in the students file (cum and Sped). will serve a oversight committee and will review all restrictive procedures at least quarterly.

If the student has an IEP/ or is in the process of being evaluated, transfer pertinent information to the Restrictive Procedures form. The District Oversight Committee must review the data from these forms annually.

If a restrictive intervention is used twice in 30 days or when a pattern of behavior emerges, the district must hold a team meeting. In the case of a nondisabled student, the team should develop an intervention plan. In the case of a student with a student with a disability the district must hold an IEP or 504 team meeting, conduct or review a functional behavioral analysis, review data, consider developing additional or revised behavior interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the IEP or the BIP. The District may use restrictive interventions in emergencies until the team meets, provided the emergency measures are deemed necessary by the district to protect the individual pupil or others from harm.

Before incorporating seclusion or physical holding into the IEP or BIP, the IEP team should ensure that an FBA has been completed as part of a comprehensive evaluation. They should use the FBA information along with the present levels of performance, needs, goals and objectives to develop a BIP.

(a) Include positive behavior supports, de-escalation procedures, instruction in appropriate behavior, and other preventative measures in the BIP.

(b) Document which restrictive procedure is being included and why it is the least restrictive effective intervention. The BIP must identify the frequency and severity of target behaviors for which the regulated intervention is being considered; and anticipated criteria for returning the pupil to the routine activities and regular education environment if the intervention is used.

(c) Document that the physical health and psychological assessments determined that seclusion is not contraindicated because of psychological or physical health reasons. The licensed school nurse can conduct the physical health assessment or review and the mental health facilitator can conduct the psychological assessment or review, restrictive procedure is used.

(d) document how the parent wants to be notified when a restrictive procedure is used. Definitions: "Emergency" means a situation in which immediate intervention is necessary to protect a pupil or other individual from physical injury or to prevent severe property damage. The emergency intervention must be the least intrusive intervention possible to reasonably react to the emergency situation

## **Restrictive Procedures - Protocol for Using Seclusion and/or Physical Holding**

"Seclusion" means confining a child alone in a locked room from which egress is barred. Removing a child from an activity to a location where the child cannot participate or observe the activity is not seclusion.

"Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement and where body contact is the only source of physical restraint. Physical holding does not mean physical contact that helps a child respond to complete a task; assists a child without restricting the child's movement; is needed to administer an authorized health-related service or procedure; or is needed to physically escort a child when the child does not resist or the child's resistance is minimal

"Team Control Position" is a physical hold that is used to manage students who have become dangerous to themselves or others. Two staff members hold the individual upright and additional members assess the student for signs of distress and take other safety measures as necessary.

"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.

"Transport Position" is a physical hold that is an upright position that is used when the student is calm and 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.

"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.

"Outcome of A Personal Safety Technique" is a physical hold used when a student engages in a grab with peers/staff and the adult needs to immobilize a part of the student's body to minimize damage to the adult and keep the student safe.

### **Room/Space Requirements for Seclusion:**

If students are placed in seclusion, the room must be well-lighted, well-ventilated, adequately heated, and clean, meet all applicable fire/safety codes and have an observation window or other device that allows staff to directly observe the student. It must be at least six feet by five feet or substantially equivalent to these dimensions and be large enough to allow the pupil to stand, to stretch their arms, and to lie down. The room must have tamper proof fixtures, secure ceilings, and doors that open out and are

unlocked, locked with keyless locks that have immediate release mechanisms, or locked with locks that have immediate release mechanism connected with a fire and emergency system. The room must not contain objects that a child may use to injure themselves or others and electrical switches must be located immediately outside the door. The school must have written notice from local authorities that the room and the locking mechanisms comply with the applicable building, fire and safety codes. The room/space must be registered with the commissioner.

# 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](mailto:dhazen@riverbend.k12.mn.us) or fax to River Bend Education District 507-359-1380

Students Name:

School District: - 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:

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### 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:



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**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 -

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Signature of individual compiling report:

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Building Administrator Signature:

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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!

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Student: \_\_\_\_\_ Disability \_\_\_\_\_ Federal Setting \_\_\_\_\_

Type of Restricted Procedure used: - select -

Date of RP was utilized: \_\_\_\_\_

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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?

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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:

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

Procedures used to return student to routine activities:

Action Plan:

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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
  - o Documentation of Restricted Procedures Form
  - o Debriefing Form

## School District 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. District 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 \_\_\_\_\_

# **Sleepy Eye Public Schools Restrictive Procedures Plan, Appendixes**

## *Appendix A: List of Positive Supports in Sleepy Eye Public Schools*

Sleepy Eye Public Schools employs the following strategies:

- Each week the principal, school counselor, athletic director and resource officer meet to review a list of students who are considered at risk due to attendance, performance, or other life changing situations
- The high school has common Student Expectations of Respect of Responsibility
- Student Council
- Student Leadership Groups
- Recognition of students' athletic achievement
- AAA Award Winner (female/male)
- Recognition of Scholastic Achievement of Athletes
- National Honor Society
- Site Based Management Team
- Student Representation on the School Board
- The elementary school utilizes Positive Behavior Interventions & Supports (PBIS)

## *Appendix B: County Mental Health Services*

Allina Mental Health <http://www.allinahealth.org>

Brown County Human Services <http://www.co.brown.mn.us>

Counseling Services of Southern MN [www.counseling-services.org](http://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 description of training.***

**Crisis Team** – This team should be contacted when there is an emergency/crisis. If at all possible, it would be best practice to have the entire team present in an emergency/crisis.

John Cselovszki – Elementary Principal/Superintendent

Shane Laffen – High School Principal

Nichole Krenz–Elementary School DCD Special Education Teacher

Emily Reding – Elementary EBD Special Education Teacher

**Crisis Prevention Intervention (CPI) Trained Staff Include (Updated 9/9/2019):**

**High School:**

Shane Laffen (8/14/2019)

Michelle Kastner (8/14/2019)

Antonia Wiechmann (8/14/2019)

Judy Maasz (8/14/2019)

Cindy Hillesheim (8/14/2019)

Bobby Sue McDermott (8/14/2019)

Janell Christensen (8/7/2019)

Maria Almanza (8/7/2019)

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 Development Model, Integrated Experiences, Developmental/Behavioral Levels, Physical Response Training, and Use of Debriefing.

**Elementary School:**

John Cselovszki (8/14/2019)

Nichole Krenz (7/31/2019)

Emily Reding (8/14/2019)

Abby Sweep (8/14/2019)

Kaitie Borneke (8/14/2019)

Deb Kruse (8/14/2019)

Alicia Beltz (8/14/2019)

Lisa Riederer (8/14/2019)

Tamara (Tami) Lopez (8/7/2019)

Jayne Borth (8/14/2019)

Eva Thoms (8/14/2019)

Marc Riederer (8/14/2019)

Arlene Dietl (8/14/2019)

Michelle Melsha (8/14/2019)

Jessica Herzog-Wendland (8/14/2019)

Faith Helget (8/14/2019)

Deanna Nelson (8/14/2019)

Karen Okerman (8/14/2019)