

Independent School District 197

Restrictive Procedures Plan

Schools that intend to use restrictive procedures are required to maintain and make publicly accessible a restrictive procedures plan for children.

Restrictive procedures mean the use of physical holding in an emergency.

An emergency means a situation where immediate intervention is needed to protect a child or other individual from physical injury or to oneself or others.

Restrictive procedures may be used only in response to behavior that constitutes an emergency, even if written into a child's Individual Education Plan or Behavior Intervention Plan.

"Restrictive procedures" means the use of physical holding or seclusion of children with disabilities in an emergency in Minnesota schools. "Emergency" means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Restrictive procedures must not be used to punish or otherwise discipline a child. Minnesota Statutes, sections 125A.0941 and 125A.0942, govern the use of restrictive procedures.

I. Independent School District 197 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 and where body contact is the only source of physical restraint.
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. Independent School District 197 intends to use the following types of physical holding:
 - a) CPI Children's Control Position (Also known as Higher-level holding -- Standing position)
 - b) CPI Holding in a seated position: Lower level, medium level, and higher level
 - c) CPI Holding in a standing position: Lower level, medium level, and higher level (CPI Team Control Position)
 - d) CPI Transport Position
 - e) CPI Interim Control Position

B. Seclusion:

1. Seclusion means confining a child alone in a room from which egress is barred.
2. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.
3. Independent School District 197 does not intend to use seclusion.

II. Independent School District 197 will monitor and review the use of restrictive procedures in the following manner:

Documentation:

1. Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion shall document, 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.
 - (1) Attached, as Appendix A, is Independent School District 197's forms used to document the use of physical holding or seclusion.
 - (2) This document will be faxed to ISD 197's district office special programs department at 651-403-7070 when it is completed by case managers, or emailed to Rachel Johnston, Special Education Coordinator.

B. Post-use debriefings:

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 school's principal, assistant principal, director of special education **or** the assistant director of special education within two school days after the incident concludes to ensure the following:
 - a) The post-use debriefing will review the following requirements to ensure the physical holding or seclusion was used appropriately:
 - (1) Whether the physical holding or seclusion was used in an emergency;
 - (2) Whether the physical or seclusion was the least intrusive intervention that effectively responds to the emergency;
 - (3) 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;
 - (4) Whether the staff directly observed the child while physical holding or seclusion was being used;
 - (5) Whether the documentation was completed correctly;
 - (6) Whether the parents were correctly notified;
 - (7) Whether an IEP team meeting needs to be scheduled;
 - (8) Whether the appropriate staff used physical holding or seclusion; and
 - (9) Whether the staff that used the physical holding or seclusion was appropriately trained.
2. If the post-use debriefing determines the physical holding or seclusion was not used appropriately, Independent School District 197 will ensure immediate corrective action is taken, such as, but not limited to:
 - a) Re-training / re-certification in CPI Nonviolent Crisis Intervention
 - b) Disciplinary action
 - c) Coaching

Oversight committee

1. Independent School District 197's oversight committee consists of the following individuals:

- a) Director of Special Education
- b) Special Education Coordinator
- c) Elementary Building Principal
- d) Secondary Building Principal

2. Independent School District 197's oversight committee meets quarterly.

3. Independent School District 197's oversight committee will monitor the following:

- a) Review of the post-use debriefings,
- b) Ensure training is provided as needed
- c) Ensure IEP meetings are timely conducted

II. Independent School District 197 received training in the following skills and knowledge areas:

A. Positive behavioral interventions

1. PBIS is a broad, comprehensive approach that includes individual through systemic applications. Strategies, skills, interventions, and techniques taught within the *Nonviolent Crisis Intervention*® training program can be used by individual staff members as well as by a team of responders. Implementation of the program's ongoing Training Process is designed to achieve culture change throughout an organization. PBIS has a prevention focus (primary, secondary, and tertiary levels). The *Nonviolent Crisis Intervention*® program produces outcomes in all three prevention categories:

- Decreasing the number of new cases of problem behavior.
- Decreasing the number of existing cases through specialized supports for "at-risk" individuals.
- Decreasing the intensity, duration, or frequency of complex long-standing behaviors that put an individual at risk for significant emotional and social failure.

PBIS encourages a collaborative team-driven approach, implemented by all parties involved. CPI's programs support a collaborative approach to crisis de-escalation. Team intervention strategies are discussed for both verbal de-escalation and physical intervention. As part of the staff debriefing process outlined in the Postvention unit, team members discuss the successes and challenges they faced and plan to strengthen their team response for the future.

2. Independent School District has four certified CPI trainers employed within the district:

- a) Kristine Boyles, Autism Specialist -- Early Learning, training certificate number: 1324003
- b) Rachel Johnston, Special Education Coordinator, training certificate number: 1031079
- c) Courtney Finn, Special Education Teacher, training certificate number: 825482
- d) Kelli Kiedrowski, Behavior Specialist, certificate number 1270497

3. A record of staff trained in CPI Nonviolent Crisis Intervention will be kept in the district office and may be viewed upon request. It includes the staffs' position, hours of training, and their training date.

B. Communicative intent of behaviors

1. The Communicative intent of behaviors underlies the foundational unit of the *Nonviolent Crisis Intervention®* program, the *CPI Crisis Development Model*. This premise is also looked at in the units on nonverbal, paraverbal, and verbal communication in terms of both a staff member's behavior and that of the individual being served. Empathic Listening is another area where staff are encouraged to "listen to the behaviors" and focus not only on facts but feelings and what might be the underlying message the person is attempting to communicate.

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C. Relationship building

1. Relationship-building is a thread woven throughout the *Nonviolent Crisis Intervention®* training program. If staff have strong relationships with the individuals they serve, they are more likely to be successful in recognizing anxiety, avoiding power struggles, and setting limits that will be meaningful for a specific individual. Relationship building is addressed most directly in the sections of the program on Empathic Listening and the Integrated Experience (the concept that the behaviors and attitudes of staff affect the behaviors and attitudes of students and vice versa).

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D. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior

1. Prevention and early intervention is the primary focus of *Nonviolent Crisis Intervention®* training. Participants learn to identify Precipitating Factors, or internal/external causes of acting-out behavior. In addition to stressing the importance of recognizing early warning signs and precipitants to acting-out behavior, the program also addresses the continued use of *CPI Personal Safety Techniques (SM)* as an alternative to the use of restraint and seclusion.

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E. De-Escalation methods

1. The Nonviolent Crisis Intervention® training program addresses both verbal and nonverbal de-escalation strategies. Three-fourths of the program focuses on steps to take toward de-escalation and learning to prevent future occurrences of acting-out behavior.

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F. Standards for using restrictive procedures

1. The Nonviolent Crisis Intervention® training program teaches the use of restrictive procedures only as a last resort. Additionally, CPI recommends that all staff regularly practice all skills taught throughout the program, including the use of physical restraint.

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G. Obtaining emergency medical assistance

1. Throughout the CPI program, team interventions are discussed. One of the duties of auxiliary team members (staff members not directly involved in restraining a child) is to recognize the need for additional assistance and to summon appropriate assistance, which may include medical personnel.

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H. The physiological and psychological impact of physical holding and seclusion

1. Training is designed to help participants understand the physiological and psychological impact of restraint in several ways: 1) In the course of learning the techniques, participants are placed in physical restraints by their classmates, and Instructors talk with participants about what this feels like and what it may feel like for those in their charge. 2) Participants come to understand the reasons for avoiding floor restraints and the specific dangers to be aware of if a restraint attempt ends up on the floor. 3) The program discusses in considerable detail the need for re-establishing Therapeutic Rapport following a crisis, as well as the importance of understanding the emotions and potential psychological trauma that a person may feel after being restrained—such as anger, fear, and shame.

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I. Monitoring and responding to a child's physical signs of distress when physical holding is being used

1. In Unit VIII: Nonviolent Physical Crisis Intervention, there is a comprehensive discussion of the risks of restraint use and the importance of monitoring for signs of distress. In their teaching materials, Instructors have access to a list of signs of distress to watch for. CPI Nonviolent Intervention Strategies include the use of three staff members to complete physical holds. Two staff members hold the child, while an Auxiliary staff member monitors the child. Auxiliary team member duties include monitoring for signs of distress so an intervention can be terminated should any signs arise.

2. Independent School District has four certified CPI trainers employed within the district:

- a) Kristine Boyles, Autism Specialist -- Early Learning, training certificate number: 1324003
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I. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used

1. CPI Nonviolent Intervention Strategies include the use of three staff members to complete physical holds. Two staff members hold the child, while an Auxiliary staff member monitors the child. Auxiliary staff is used to monitor the physical and psychological well being of the individual being restrained, as well as the staff members involved in the restraint. Staff are taught how to recognize when an individual is in distress. The *Nonviolent Crisis Intervention® Participant Workbook* includes a comprehensive discussion of restraint-related positional asphyxia.

2. Independent School District has four certified CPI trainers employed within the district:

a) Kristine Boyles, Autism Specialist -- Early Learning, training certificate number: 1324003

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III. Independent School District 197 is committed to using positive behavioral interventions and supports.

1. Positive behavioral interventions and supports mean interventions and strategies to improve the school environment and teach children the skills to behave appropriately. A comprehensive Positive Behavioral Interventions and Supports Plan includes a range of intervention strategies that are designed to prevent the problem behavior while teaching socially appropriate alternative behaviors. The goal is an enhanced quality of life for individuals involved and their support providers in a variety of settings. The key features of PBIS, include:

- A prevention-focused continuum of support;
- Proactive instructional approaches to teaching and improving social behaviors;
- Conceptually sound and empirically validated practices;
- Systems change to support effective practices; and
- Data-based decision making.

ISD 197 employs these strategies in its elementary schools, middle schools, and high school. Building principals have been trained in Positive Behavioral Interventions and Supports in November of 2009 as the first stage of implementation of PBIS systems.

IV. Independent School District 197 will never use the following prohibited procedures on a child:

D. Engaging in conduct prohibited under section 121A.58 (corporal punishment);

E. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;

- F. Totally or partially restricting a child's senses as punishment;
- G. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- H. 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;
- I. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
- J. Withholding regularly scheduled meals or water;
- K. Denying access to bathroom facilities; and
- L. Physical holding that restricts or impairs a child's ability to breathe.