

Thief River Falls #564 Restrictive Procedures Plan

In accordance with Minnesota Statute 125A.0942, Subd. 1, every school district is required to develop and make public a plan that discloses its use of restrictive procedures. The plan specifically outlines the list of restrictive procedures the school intends to use; how the school will monitor and review the use of restrictive procedures, including post use debriefings and convening an oversight committee; and a written description and documentation of the training and staff that have completed the training.

Thief River Falls Schools, noted as the District in this plan, use restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individual Education Plan (IEP) or Behavior Intervention Plan (BIP).

A. Definitions

The following terms are defined as:

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 thread of physical injury currently exists.
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 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:
 - 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. "Positive behavioral interventions and supports" means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.
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. Staff Training - Requirements and Activities

Requirements

Staff who design and use behavioral interventions will complete training in the use of positive approaches as well as restrictive procedures. Training records will identify the content of the training, attendees and training dates. The District will compile a list of all Crisis Prevention Institute (CPI) trainings on an annual basis, and will maintain records of

additional trainings provided within the district. Records of all trainings will be maintained at each building site as well as at the District Service Center. See Appendix A and B for Site Trainings and Attendance Forms, respectively.

The following employee job classifications are authorized and certified to use restrictive procedures:

- Licensed special education teacher
- School psychologist
- Other licensed education professional
- Highly qualified education paraprofessional
- Administrators

Activities

Personnel 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.
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.

C. Restrictive Procedures

Restrictive procedures that may be used in emergency situations include physical holding and seclusion. Physical holding and seclusion will end when the threat of harm has ended and staff has determined that the student can safely return to the requested activity.

Physical Holdings

The district intends to use the following types of physical holding: *Children's Control, Team Control, Team Transport, Interim Control.*

Seclusion

Thief River Falls does not use any locked time out rooms for seclusion.

D. Prohibited Procedures

Thief River Falls will never use the following prohibited procedures on a child:

1. Corporal Punishment which includes conduct involving: (1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. Requiring the student to assume and maintain specified physical position, activity, or posture that induces physical pain.
3. Totally or partially restricting a child's senses for punishment;
4. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment.
5. Denying or restricting the student 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, 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.
6. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse.
7. Withholding regularly scheduled meals or water.
8. Denying the student access to bathroom facilities.
9. Physical holding that restricts or impairs a student'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. Prone restraints.

E. Documentation of Physical Holding and/or Seclusion

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 description of the incident that led to the physical holding or seclusion;
- Why a least restrictive intervention failed or was determined by staff to be inappropriate or impractical;
- The time the physical holding or seclusion began and the time the child was released; and
- A brief record of the child's behavioral and physical status.

The use of restrictive procedures in emergency situations will be documented through the use of the Restrictive Procedures Reporting Form (see Appendix E).

F. Documentation of Post-use Staff Debriefing Meeting

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 involved staff within 2 school days of the incident after the restrictive procedure concludes. A copy of the Restrictive Procedures Reporting Form (see Appendix E) and the Staff Debriefing Meeting form (see Appendix F) will be sent to: the child's case manager, the district's special education director, and the building principal and a copy placed in the student's due process file. The building principal will keep a comprehensive file of all restrictive procedure forms to be used by the Building Oversight Committee (see Appendix G for list of committee members).

If the post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Restrictive Procedures Reporting Form (see Appendix E) and the Staff Debriefing Meeting form (Appendix F) to determine and recommend training needs.

G. Documentation for an IEP

The use of restrictive procedures in response to an emergency may be documented in the student's IEP or a behavior intervention plan attached to the IEP. Reviews will be conducted in accordance with MN Statute which requires when restrictive procedures are used twice in 30 days or when a pattern emerges and restrictive procedures are not included in a child's IEP or BIP, the district will hold a meeting of the IEP team. The team shall conduct or review a functional behavioral analysis, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the IEP or BIP as appropriate. At the meeting the team will review any known medical or psychological limitations that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the IEP or BIP.

When the use of restrictive procedures is included in the child's IEP or BIP and when restrictive procedures are used twice in 30 days or a pattern emerges, the IEP team is also required to meet. The IEP team must not delay this meeting. If the data demonstrates that the student is failing to make progress on the IEP goals, the team has the responsibility to address the lack of progress.

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

H. District Oversight Committee

The District Oversight Committee will meet yearly to review data provided in the Restrictive Procedures Reporting Form (Appendix E) and the Staff Debriefing Meeting form (see Appendix F). The Committee will complete the Building Oversight Committee Review Form (see Appendix H). The special education director will complete the Annual Summary of Use of Restrictive Procedures form (Appendix I). The District Oversight Committee will make recommendations in regards to the District's Restrictive Procedures Plan and, if necessary, indicate training needs and establish a plan for addressing Committee recommendations.

If a post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the District Oversight Committee will convene immediately to ensure corrective action is taken. The District Oversight Committee will review and evaluate the Restrictive Procedures Reporting Form (see Appendix E) and the Staff Debriefing Meeting form (Appendix F) to determine and recommend training needs.

I. Emergency Situations – Use of Restrictive Procedures

The District shall make reasonable efforts to notify the parent on the same day 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. Documentation of how the parent wants to be notified when a restrictive procedure is used may be found in the IEP or BIP.

Case managers will send the *Emergency Use of a Conditional Procedure* form to the parents. The form can be found in SPED Forms. A copy will be placed in the student's due process file.

Building administrators will receive written notification when restrictive procedures are used in emergency situations. Records will be reviewed and summarized annually.

Mental Health Resources:

Sanford Behavioral Health, Thief River Falls, MN

<http://www.sanfordhealth.org/locations/sanford-thief-river-falls-behavioral-health-center>

Northwestern Mental Health Center, Crookston, MN

<http://www.nwmhc.org>

National Alliance on Mental Health (NAMI)

<http://www.nami.org>

Minnesota Association for Children's Mental Health (MACMH)

<http://www.macmh.org>