

8451.1 Physical Restraint and Seclusion Guidelines

RESTRAINT OR OTHER SAFETY INCIDENT REPORT

Student: _____ NSSRS Number: _____ Today's Date: _____

Age: _____ Grade: _____ Racial Ethnicity Status: _____

IEP: ☐ Yes ☐ No If yes, case manager _____ Verified Disability _____

Section 504 Plan: ☐ Yes ☐ No Medical Diagnosis: _____

Positive Behavior Support Plan (PBSP) in Effect: ☐ Yes ☐ No
If NO, when will the plan be developed? _____

Date of Incident: _____ Time and Duration of Event (beginning/ending): _____

Setting and Location of Incident: _____

Person Preparing This Report: _____ List of staff who participated in the implementation, monitoring
and supervision of restraint or seclusion _____

Name of Parent/Guardian notified _____ Time: _____

Method of Contact: _____ Person making contact: _____

Original sent to Social Emotional Cognitive Learning Program Supervisor: _____

Originals uploaded to Synergy: ☐ Yes ☐ No

Copies sent to: Parent
Building Administrator
Program Coordinator (Skills Academy Only)
Social Emotional Cognitive Learning Coach

RESTRAINT OR INCIDENT REPORT

Examples and Clarification

Restraints are never permitted for non-compliance. There must be imminent danger to the student or other persons to justify a restraint. It must be applied by trained staff, and only when lesser interventions, such as removal of an audience, will not suffice to reduce safety risks. There must be one lead staff member authorizing the restraint. All restraints require a restraint and or incident report even if the student has received restraints in the past and methods of safely restraining are specified in a behavior plan. All students who have received two or more restraints in a setting should have a Positive Behavior Support Plan developed to address the triggers of problem behavior in the specific environment in which it occurred. *This form must be completed in ink with no white out. Staff may wish to record incidents in which a restraint may have resulted, but lesser interventions were used that reduced safety risk.*

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I certify that I have read the above: ☐ Yes ☐ No

I am currently certified in Mandt or De-escalation Procedures: ☐ Yes ☐ No Date Certified: _____

Printed name of person completing this form: _____

Signature of person completing this form _____ Date: _____

Describe the events leading up to the incident.

Describe any interventions used before the implementation of physical restraint or seclusion (distraction, redirection, visuals, breaks, etc.)

Describe the incident and/or student behavior that resulted in the use of physical restraint or seclusion (threat to self or others).

Describe the student's behavior during the physical restraint or seclusion (include any interaction between the student and staff).

Restraint Used: ☐ One Person Side Body Hug Restraint
☐ One Arm Standing Restraint
☐ Two Person One Arm Standing Restraint
☐ Other, Describe in detail

Describe any injuries to student(s) or staff, or property damage.

School Nurse Notified ☐ Yes ☐ No
Description of aid given.

Debriefing – Team Reviewed Event ☐ Yes ☐ No
Team Reviewed Student Plan and Schedule ☐ Yes ☐ No
Team Revised Plan ☐ Yes ☐ No

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If staff member was injured in any way, was an Injured Employees Incident Report Form completed and submitted to the Building Administrator or Program Supervisor?

Name(s) of staff member(s) injured: _____

☐ Yes, Form completed and submitted

☐ No, No injuries occurred, no form needed