

RESTRICTIVE PROCEDURES PLAN

In accordance with Minnesota Statute 125A.0942, Subd.1, all Minnesota school districts are 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.

Fridley Public Schools uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individualized Education Plan (IEP) or Positive Behavior Support Plan (PBSP).

1. Definitions

The following terms are defined as:

- a. "Emergency" means a situation where immediate intervention is needed to protect a child or other individual from physical injury.
- b. "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:
 - i. helps a child respond or complete a task
 - ii. assists a child without restricting the child's movement;
 - iii. is needed to administer an authorized health-related service or procedure; or
 - iv. is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
- c. "Positive behavioral interventions and supports" means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

- d. “Restrictive procedures” means the use of physical holding or seclusion in an emergency.
- e. “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.

2. 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. Fridley Public Schools uses Nonviolent Crisis Intervention (CPI) training for these purposes. Training records will identify the content of the training, attendees and training dates. A database containing records of all trainings will be maintained using Teach Point.

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

- Licensed special education teachers
- Behavioral Analyst certified by the National Behavior Analyst Certification Board
- A person with a master’s degree in behavior analysis
- School psychologists
- Other licensed education professionals
- Special education paraprofessionals
- Mental health professional

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:

- a. Positive behavioral interventions;
- b. Communicative intent of behaviors;
- c. Relationship building
- d. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior.
- e. De-escalation methods;
- f. Standards for using restrictive procedures only in emergencies;
- g. Obtaining emergency medical assistance;
- h. Physiological and psychological impact of physical holding and seclusion;
- i. Monitoring and responding to a child's physical signs of distress when physical holding is being used; and
- j. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
- k. The district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure
- l. School wide programs on positive behavior strategies.

The district uses Ukeru & Nonviolent Crisis Intervention (CPI) to address all of the areas identified above.

3. Restrictive Procedures: Physical Holding and Seclusion

Restrictive procedures that may be used in emergency situations include physical holding only. Prone restraint and seclusion are not used in the district.

Physical holding will end when the threat of harm has ended and staff has determined that the student can safely return to the requested activity. Physical holding must be the least intrusive intervention that effectively responds to the emergency and cannot be used to discipline a noncompliant child. Staff must directly observe the child while physical holding is being used.

District staff use the following types of physical holding: Children's Control, Team Control, Transport, and Interim Control. Additional training and monitoring by a qualified CPI instructor will be provided to staff using these procedures.

Seclusion

None of the schools in the district use locked time out rooms for seclusion.

4. Prohibited Procedures

Fridley Public Schools does not authorize the use of the following prohibited procedures on a student:

- a. Corporal punishment which includes conduct involving:
 - i. Hitting or spanking a person with or without an object; or
 - ii. Unreasonable physical force that causes bodily harm or substantial emotional harm.
- b. Requiring the student to assume and maintain specified physical position, activity, or posture that induces physical pain.
- c. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment.
- d. Denying or restricting the students 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.
- e. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse.

- f. Totally or partially restricting a student's sense as punishment.
- g. Withholding regularly scheduled meals or water.
- h. Denying the student access to bathroom facilities.
- i. Physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
- j. prone restraint.
- k. the use of seclusion on children from birth through grade 3 by September 1, 2024

5. Documentation of Physical Holding

Each time physical holding or seclusion is used, the staff person who implements or oversees the restrictive procedure shall document, as soon as possible after the incident concludes, the following information via use of the *Restrictive Procedures: Physical Hold Report Form*:

- a. A description of the incident that led to the physical holding;
- b. Why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical;
- c. The time the physical holding or seclusion began and the time the student was released; and
- d. A synopsis of the student's behavioral and physical status.

Within two (2) school days following the use of the restrictive procedure, a staff member who implemented or oversaw the physical holding shall debrief the person(s) involved in the physical holding. The results of the debriefing will be documented using the *Debriefing Form for Restrictive Procedures: Physical Hold*.

During the debriefing the team shall determine the following.

- a. That the physical holding was used in an emergency;
- b. The physical holding was the least intrusive intervention that effectively responds to the emergency;
- c. That the physical holding ended when the threat of harm ended the staff determined that the child could safely return to the classroom or activity;
- d. That the staff directly observed the child while physical holding was being used;
- e. Whether the documentation was completed correctly;
- f. When the parents were notified;
- g. Whether an IEP meeting needs to be scheduled;
- h. Whether the appropriate staff used physical holding; and
- i. Whether the staff that used physical holding was appropriately training.

A copy of the completed the *Restrictive Procedures: Physical Hold Report Form* and the *Debriefing Form for Restrictive Procedures: Physical Hold* will be sent to:

- a. The student's IEP case manager for placement in the student's due process file,
- b. The building principal who will place a copy of the reports in the students cumulative record file, and
- c. The Director of Student Support Services (who will maintain a comprehensive file of all restrictive procedures forms to be used later by the District Oversight Committee).

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

6. Documentation for an IEP

The use of restrictive procedures in response to an emergency will be documented in the student's IEP or a behavior intervention plan attached to the IEP. In accordance with MN law 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 PBSP or at the request of the parent after restrictive procedures are used the district will hold a meeting of the IEP team within ten (10) calendar days after the most recent incident. 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 PBSP as appropriate. At the meeting the team will review any known medical or psychological limitations that contraindicate the use of a restrictive procedure in the IEP or PBSP.

The IEP team must review the use of restrictive procedures at a child's annual IEP meeting when the child's IEP provides for using restrictive procedures in an emergency. If the IEP team determines that the existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on ten (10) or more school days during the school year, the team will consult with other professionals working with the child or experts in behavior analysis, mental health, communication or autism. The team will also consult with culturally competent professionals, review existing evaluations, resources and successful strategies or consider to reevaluate the child. At the meeting the team will review any known medical or psychological limitations that contraindicate the use of a restrictive procedure in the IEP or PBSP.

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

7. District Oversight Committee

The District Oversight Committee will meet quarterly to review data summarized in the *Restrictive Procedures: Physical Hold Report Form* and the *Debriefing Form for Restrictive Procedures: Physical Hold*. The Committee will complete the District Oversight Committee Review form. The District Oversight Committee will also complete the *Annual Summary of Use of Restrictive Procedures* form provided by the Minnesota Department of Education. 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 recommendation. The District Oversight Committee consists of:

- a. Principal
- b. Director of Student Support Services
- c. Special Education Coordinator
- d. School Psychologist or Behavior Specialist

If a post-use debriefing meeting reveals that the use of physical holding 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: Physical Hold Report Form* and the *Debriefing Form for Restrictive Procedures: Physical Hold* to determine and recommend training needs.

8. Monitoring the Use of Restrictive Procedures

The school will monitor and review the use of restrictive procedures by:

- Conducting post-use debriefings following the use of a restrictive procedure

- Convening an oversight committee to review the use of restrictive procedures each quarter. The oversight committee will identify and address patterns or problems indicated by:
 - similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
 - the number of times a restrictive procedure is used schoolwide and for individual children;
 - the number and types of injuries, if any, resulting from the use of restrictive procedures;
 - whether restrictive procedures are used in non-emergency situations;
 - the need for additional staff training;
 - proposed actions to minimize the use of restrictive procedures;
 - any disproportionate use of restrictive procedures based on race, gender, or disability status;
 - the role of the school resource officer or police in emergencies and the use of restrictive procedures; and
 - documentation to determine if the standards for using restrictive procedures as described Minnesota Statutes 125A.0941 and 125A.0942 have been met.

9. Implementation of a Range of Positive Behavior Strategies

Positive behavioral interventions and supports are interventions and strategies to improve the school environment by teaching children the skills to prevent problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

The district uses the following positive behavioral intervention strategies:

- PBIS
- Ukeru
- Counseling
- Meeting with School Social Worker

- Nonviolent Crisis Intervention (CPI)
- CTSS Therapy
- Advisory programs at Fridley Middle School and Fridley High School
- School Wide AVID
- Small group counseling dealing with social skills, friendship, conflict resolution, anger management at Hayes Elementary and Stevenson Elementary
- Peer Mediation program at Fridley Middle School and Fridley High School

Mental Health Resources

To obtain mental health services or a referral to a mental health service provider, families should contact their primary care clinic, physician or insurance provider. Below is a list of additional mental health resources.

[Children's Mental Health Division of the Minnesota Department of Human Services \(DHS\)](#): administers policy and practice to ensure effective and accessible mental health services and supports for children and families in Minnesota. The division works together with many public and private partners across the state so that children and youth with mental health needs can develop and function as fully as possible in all areas of their lives. DHS is committed to making sure the right services are available at the right time for children with mental health needs and their families.

- Children's Mental Health Crisis Response Services (CRS)
 - Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota. Text "MN" to 741741.
 - Call **CRISIS (**274747) from a cell phone to talk to a team of professionals who can help you.



NAMI Minnesota provides support by helping people connect with needed resources and information. An extensive list of resources was gathered to make it easier for people to locate possible sources of help as they navigate through various systems that interface with mental health. You can find that list on the [NAMI Information and Resources web page](#).

[Alexandra House, Domestic Violence](#) – (763) 780-2330

- 24-hour helpline for those who experience domestic and sexual violence.

[United Way, Resource Specialist for State of MN](#) – Call 211 or (800) 543-7709

- 24-hour helpline that offers information about food, housing, employment, transportation, health services, eldercare, and other crisis hotlines.

[Fraser Hope Line](#) - (612) 446-HOPE (4673)

- Get help supporting your student's social-emotional health, incorporating sensory supports into the home environment, accessing care coordination and other community resources, and managing parent mental health

Staff Training on De-Escalation

The school ensures that staff are trained to identify and appropriately address the needs of all students. Staff who may respond to emergencies are specifically trained in the following skills and knowledge 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 by utilizing Ukeru
5. de-escalation methods through Ukeru & CPI
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. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
12. schoolwide programs on positive behavior strategies.

The school maintains documentation of staff training by utilizing Teach Point.