

Estacada School District 108

Code: **JGAB-AR(2)**
Revised/Reviewed: 8/15/07; 8/10/16
Orig. Code(s): JGAB-AR(2)

Physical Restraint Incident Report

Physical restraint means “the restriction of a student’s movement by one or more persons holding the student or applying physical pressure upon the student” and “does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity.” OAR 581-021-0062(1)(a)

Physical restraints may also be used in “an emergency by a school administrator, teacher, school employee, but not volunteer, as necessary to maintain order or to prevent a student from harming him/herself, other students, and school staff or property in accordance with OAR 581-021-0061(2).” OAR 581-021-0062(2)(a)(B).

A. Student Information				
Student Name:	SSID#:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:
B. School Information				
School:	Address:	District:		
C. Incident Description				
Date Incident Occurred:	Time restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Time restraint ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint:			
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity in which the restrained student or other students were engaged in immediately preceding use of physical restraint:			
Thorough description of efforts made to deescalate and alternatives to physical restraint that were attempted:				

Restraint methodology used:	Physical restraint hold(s) used:
Why was the use of physical restraint necessary?	How restraint ended (check all that apply): <input type="checkbox"/> Determination by staff member that student was no longer a risk to him/herself or others <input type="checkbox"/> Intervention by designated staff to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe):
Student's behavior during restraint:	Student's behavior after restraint:
Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:	Description of any injury to student and/or staff and any medical or first aid care provided.

D. Staff Administering Restraint

Name:	Position:	Certified to administer restraints:	Name of approved restraint methodology:	Received prior restraint training:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Observers	
Staff members/other adult witnesses (include name and position):	Student(s):

F. Parent Notification¹		
Name of parent(s) contacted: Phone number: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Documented attempt to contact parent if unable to contact verbally (describe):	Contacted by the following staff member (include name and position):

This report has been prepared by:

Name

Position

Address:

Phone

¹Oral or written notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred. OAR 581-021-0062(2)(g)

Physical Restraint Incident Debriefing Notes

Within two school days of use of physical restraint, a documented debriefing by appropriate staff, including staff involved in the restraint, must occur. OAR 581-021-0062(2)(h) The purpose of the debriefing is to review the incident and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Physical Restraint Report documenting the incident.

A. Student Information				
Student Name:	SSID#:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:
B. School Information				
School:	Address:	District:		
Date of debriefing:	Time of debriefing meeting:	Location:		
C. Debriefing Notes				

D. Further Action To Be Taken:

Signatures of those attending the debriefing meeting:

Position

Teacher

Principal or Administrator

Case Manager

This report has been prepared by:

Name

Position

Address:

Phone

Physical Restraint and Seclusion Student Incident Log

Copies of Physical Restraint/Seclusion Incident Reports and Debriefing Reports are attached.

Student Name:	SSID#:	Date of Birth:	School Year:
School:	Grade:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavior Support Plan	
Incident			
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____	Staff Involved:	
Incident			
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____	Staff Involved:	

Incident		
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____	Staff Involved:

Incident		
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____	Staff Involved: