

Use of Restraint and Seclusion

General Guidelines

1. Parents will be provided verbal or electronic notification by the school staff following the use of physical restraint or seclusion by the end of the day on which the incident occurred.
2. Parents will be provided written documentation of the incident within 24 hours that provides:
 - a. A description of the physical restraint and/or seclusion;
 - b. The date of the physical restraint or seclusion;
 - c. The time the physical restraint or seclusion began and ended, and the location;
 - d. A description of the student's activity that prompted the use of physical restraint or seclusion;
 - e. The efforts used to de-escalate the situation and the alternatives to physical restraint or seclusion that were attempted;
 - f. The names of personnel of the public education program who administered the physical restraint or seclusion;
 - g. A description of the training status of the personnel who administered the physical restraint or seclusion, including any information that may need to be provided to the parent or guardian; and
 - h. Timely notification of a debriefing meeting to be held and of the parent's or guardian's right to attend the meeting.
3. If the physical restraint or seclusion was administered by a person without training the district will provide that information along with the reason why a person without training administered the physical restraint or seclusion.
4. An administrator will be notified as soon as practicable whenever physical restraint and/or seclusion has been used.
5. If physical restraint or seclusion continues for more than 30 minutes the student must be provided with adequate access to bathroom and water every 30 minutes. If physical restraint or seclusion continues for more than 30 minutes, every 15 minutes after the first 30 minutes an administrator for the public education program must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason the physical restraint or seclusion must be continued. Whenever physical restraint or seclusion extends beyond 30 minutes, personnel of the district will immediately attempt to verbally or electronically notify a parent.

6. A district Physical Restraint and/or Seclusion Incident Report must be completed and copies provided to those attending the debriefing meeting for review and comment.
7. A documented debriefing meeting must be held within two school days after the use of physical restraint or seclusion; staff members involved in the intervention must be included in the meeting. The debriefing team shall include an administrator. Written notes shall be taken and a copy of the written notes shall be provided to the parent or guardian of the student.

The completed Physical Restraint and/or Seclusion Incident Report Form shall include the following:

1. Name of student;
2. Name of staff member(s) administering the physical restraint or seclusion;
3. Date of the physical restraint or seclusion, and the time the physical restraint or seclusion began and ended;
4. Location of the physical restraint or seclusion;
5. A description of the physical restraint or seclusion;
6. A description of the student's activity immediately preceding the behavior that prompted the use of physical restraint or seclusion;
7. Efforts to de-escalate the situation and alternatives to physical restraint or seclusion that were attempted;
8. Information documenting parent contact and notification; and
9. A summary of the debriefing meeting held.

Physical restraint/seclusion as a part of a behavioral support plan in the student's Individual Education Program (IEP) or section 504 plan.

1. Parent participation in the plan is required;
2. The IEP team that develops the behavioral support plan shall include knowledgeable and trained personnel, including a behavioral specialist and a district representative who is familiar with the physical restraint training practices adopted by the district;
3. Prior to the implementation of any behavioral support plan that includes physical restraint and/or seclusion a functional behavioral assessment must be completed. The assessment plan must include an individual threshold for reviewing the plan;
4. When a behavior support plan includes physical restraint/seclusion the parents will be provided a copy of the district Physical Restraint and/or Seclusion policy at the time the plan is developed.

Use of restraint and/or seclusion in an emergency by school administrator, staff or volunteer to maintain order or prevent a student from harming his/herself, other students, school staff or property:

Use of physical restraint and or seclusion under these circumstances with a student who does not have physical restraint and/or seclusion as a part of their IEP or 504 plan is subject to all of the requirements established by this administrative regulation with the exception of those specific to plans developed in an IEP or a 504 plan.



Fern Ridge School District 28J
Physical Restraint Incident Report (Option 1)

“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 (OAR 581-021-0550(3)(a-b)).

Physical restraints may also be used in the case of an emergency circumstance when trained personnel are not immediately available due to the unforeseeable nature of the emergency circumstance (ORA 581-021-0553(2)(B)(ii)).

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:	Time restraint ended:		
	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <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 de-escalate and alternatives to physical restraint that were attempted:				

<p>Restraint methodology used:</p>	<p>Physical restraint hold(s) used:</p>
<p>Why was the use of physical restraint necessary?</p>	<p>How restraint ended (check all that apply):</p> <p><input type="checkbox"/> Determination by staff member that student was no longer a risk to himself or others</p> <p><input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation</p> <p><input type="checkbox"/> Law enforcement personnel arrived</p> <p><input type="checkbox"/> Staff sought medical assistance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Student's behavior during restraint:</p>	<p>Student's behavior after restraint:</p>
<p>Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:</p>	<p>Description of any injury to student and/or staff and any medical or first-aid care provided. (As per district policy, if injury occurred, complete the Injury/Accident Report in addition to this form.)</p>

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
* If the staff member involved with the restraint is not trained in an approved restraint methodology, explain why not below:				
E. Observers				
Staff members/other adult witnesses (include name and position):		Student(s):		
F. Parent Notification¹				
Name of parent(s) contacted:		Documented attempt to contact parent if unable to contact verbally (describe):		
Phone number:		Contacted by the following staff member (include name and position):		
Date and time of contact:				
_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				

¹Verbal notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred; written notification is required within 24 hours [OAR 581-021-0556(2)(a&b)].

This report has been prepared by:	
Name:	Position:
Address:	Phone number:

G. Continuous Restraint or Seclusion Need After 30 minutes

	Administrator Signature and Justification:	Parent Contacted Immediately
Time:		Time/date: Staff member who contacted:
Time:		Attempted to contact, time/date:
Time:		<input type="checkbox"/> Electronic <input type="checkbox"/> Telephone <input type="checkbox"/> Direct
Time:		*Continue to attempt to contact even if voice mail message has been left



**Fern Ridge School District 28J
Seclusion Incident Report (Option 1)**

“Seclusion” means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving (OAR 581-021-0550(6)).

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 seclusion began:	Time seclusion ended:		
	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <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 seclusion:			
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 student or other students were engaged in immediately preceding use of seclusion:			
Thorough description of efforts made to de-escalate and alternatives to seclusion that were attempted:				

Why was the use of seclusion necessary?	How seclusion ended (check all that apply): <input type="checkbox"/> Determination by staff member that student was no longer required seclusion <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other (describe):
Student's behavior during seclusion:	Student's behavior after seclusion:
Staff member(s) responsible for continuous monitoring of student's status during the seclusion:	Location of seclusion room: Seclusion room meets the following criteria: <input type="checkbox"/> Allows staff full view of the student in all areas of the room <input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets
D. Observers	
Staff members/other adult witnesses (include name and position):	Student(s):

E. Parent Notification²		
Name of parent(s) contacted:	Documented attempt to contact parent if unable to contact verbally (describe):	
Phone number:	Contacted by the following staff member (include name and position):	
Date and time of contact:		
_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
This report has been prepared by:		
Name:	Position:	
G. Continuous Restraint or Seclusion Need After 30 minutes		
	Administrator Signature and Justification:	Parent Contacted Immediately
Time:		Time/date:
		Staff member who contacted:
Time:		Attempted to contact, time/date:
Time:		<input type="checkbox"/> Electronic <input type="checkbox"/> Telephone <input type="checkbox"/> Direct
Time:		*Continue to attempt to contact even if voice mail message has been left

²Verbal notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred; written notification is required within 24 hours [OAR 581-021-0556(2)(a&b)].