

Use of Restraint and Seclusion

General Guidelines

1. Parents will be provided verbal or written 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. A building administrator will be notified as soon as practicable whenever physical restraint or seclusion has been used;
3. A district Physical Restraint or Seclusion Incident Report must be completed and copies provided to those attending the debriefing meeting for review and comment;
4. A documented debriefing meeting must be held within two school days after the use of restraint or seclusion; staff members involved in the intervention must be included in the meeting. The debriefing team shall include a building administrator.

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

1. Name of the student;
2. Name of staff member(s) administering the physical restraint or seclusion;
3. Date of the restraint or seclusion, and the time the restraint or seclusion began and ended;
4. Location of the restraint or seclusion;
5. A description of the restraint or seclusion;
6. A description of the student's activity immediately preceding the behavior that prompted the use of restraint or seclusion;
7. A description of the behavior that prompted the use of restraint or seclusion;
8. Efforts to de-escalate the situation and alternatives to restraint or seclusion that were attempted;
9. Information documenting parent contact and notification; and
10. 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 restraint 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 restraint/seclusion the parents may be provided a copy of the district Physical Restraint or Seclusion policy at the time the plan is developed.

Use of restraint 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 restraint or seclusion under these circumstances with a student who does not have restraint 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.

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 himself/herself or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe)
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 (as per district policy, if injury occurred, complete...in addition to this form.)

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

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

Parent notification ¹		
Name of parent(s) contacted Phone # Date and time of contact <input type="checkbox"/> AM <input type="checkbox"/> PM	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	Date
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¹ Verbal 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.

Debriefing Information		
Date of debriefing	Time of debriefing meeting	Location
Debriefing notes		
Further action(s) to be taken		

Signature of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Case manager

This report has been prepared by _____
Name Position

Seclusion Incident Report

Seclusion means the involuntary confinement of a student alone in a room from which the student is prevented from leaving. Seclusion does not include “time out” which means removing a student for a short time to provide the student with an opportunity to regain self-control, in a setting from which the student is not physically prevented from leaving. OAR 581-021-0062(b&c).

Student name	SSID#	Date of birth
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:	School:

Incident Description		
Date incident occurred	Time seclusion began <input type="checkbox"/> AM <input type="checkbox"/> PM	Time seclusion ended <input type="checkbox"/> AM <input type="checkbox"/> PM
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"/> 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:		
Student’s behavior during seclusion	Student’s behavior after seclusion	
Location of seclusion room: Seclusion room meets the following criteria: <input type="checkbox"/> Allow 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.	How seclusion ended (check all that apply): <input type="checkbox"/> Determination by staff member that student no longer required seclusion <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other (describe):	
Staff member(s) responsible for continuous monitoring of student’s status during seclusion:		

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

Parent Notification ²		
Name of parent(s) contacted Phone # Date and time of contact: <input type="checkbox"/> AM <input type="checkbox"/> PM	Documented attempts to contact parent if unable to contact (describe)	Contacted by the following staff member (include name and position)

This incident report form has been prepared by:

Name	Position	Date
Debriefing information		
Date of debriefing	Time of debriefing meeting	Location
Debriefing notes		
Further action(s) to be taken		

Signatures of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Case manager

²Verbal 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).