

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 and/or seclusion has been used;
3. A district Physical Restraint and/or Seclusion Incident Report must be completed the day of the incident 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 and/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 and/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 and witnesses if any;
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;
10. A summary of the debriefing meeting held;

11. The form will be filed with the District Safety Officer, one working day following the debrief meeting;
12. The District Safety Officer will periodically (quarterly or more often as needed) review with district and building administrators the data generated by the form;

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. Although parental agreement to the plan is encouraged, it is not required;
3. 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;
4. Prior to the implementation of any behavioral support plan that includes restraint and/or seclusion a functional behavioral assessment must be completed. The assessment plan must include an individual threshold for reviewing the plan;
5. When a behavior support plan includes restraint/seclusion the parents will/may be provided a copy of the district Physical Restraint and/or Seclusion policy at the time the plan is developed.

Restraint and/or Seclusion of Students Not on an IEP or Section 504 Plan:

Use of restraint and/or seclusion in an emergency by school administrator, staff (or volunteers under special circumstances, such as a field trip) is permitted to maintain order or prevent a student from harming his/herself, other students, school staff or property; 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.

COMPLAINT FORM
PHYSICAL RESTRAINT OR STUDENT SECLUSION

Person Initiating Complaint:

Phone:

Date Form Received:

Nature of Complaint:

District Employees with Whom You Have Discussed Complaint:

Your Desired Solution:

Other Pertinent Information:

Signature

Date

Resolution of Complaint Attached

**NORTH SANTIAM SCHOOL DISTRICT
PHYSICAL RESTRAINT AND/OR SECLUSION INCIDENT REPORT FORM**

A Physical Restraint and/or Seclusion Incident Report form shall be completed to document the use of any restraint/seclusion intervention used a student.

The definition of seclusion: The involuntary confinement of a student alone in a room from this the same student is prevented from leaving. Seclusion does not include "timeout," which means removing a student for a short period of 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 (1) (b&c)

Student Name: _____ Grade: _____ Age: _____

SSID#: _____ IEP _____ 504 plan _____ BIP _____ School: _____

Staff Member Administering Restraint/Seclusion: _____

Date of Incident: _____ Time of restraint/seclusion started: _____ (am/pm) Ended: _____

Location of restraint/seclusion: _____ Location of incident: _____

Detailed description of incident (describe the behavior in observable and measurable terms. Report only what was seen or heard. Avoid evaluation/judgment and/or opinions. Include description of physical intervention/restraint that was used. Describe student activity preceding incident that prompted restraint/seclusion (attach additional sheets if needed).

De-escalation methods used:

Did injury occur to staff? Yes No

If yes, complete required accident report(s). SAIF/Building Accident Report – See HR department for forms

Did injury occur to student? Yes No

If yes, complete building accident report/notify building administrator and district safety officer

Did property damage occur? Yes No

If yes, please notify building administrator and facilities director

Name of Parent/Guardian: _____ Notification method: _____

Date/Time of Notification: _____ Staff Contact: _____

Signature of Reporting Staff

Date

Copies of distributed to: 1) Student File/Principal 2) District Safety Officer 3) Instructional Student Services

**NORTH SANTIAM SCHOOL DISTRICT
PHYSICAL RESTRAINT AND/OR SECLUSION INCIDENT DEBRIEF FORM**

A physical restraint and seclusion incident debrief form is completed by the safety security officer, intervention coach or superintendent's designee.

Is the staff member OIS certified? Yes No

Was the restraint an OIS sanctioned move? Yes No

Is the student on an IEP? Yes No

Is there a current FBA? Yes No

Is there a current BSP? Yes No

Principal's reflection: _____

Staff member's reflection: _____

What is the plan to support the student in the future? _____

Recommendations: _____

Date of debrief: _____ Time: _____

Signature of person completing form: _____

Signature of staff member: _____

Copies of distributed to: 1) Student File/Principal 2) District Safety Officer 3) Instructional Student Services