

Use of Physical 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. 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 the 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. A description of the behavior that prompted the use of restraint or seclusion;
8. Efforts to de-escalate the situation and alternatives to physical restraint or seclusion that were attempted;
9. Information documenting parent contact and notification;
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 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 physical 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 or school staff.

Use of physical restraint and/or seclusion under these circumstances with a student who does not have physical restraint and/or seclusion as part of their IEP or Section 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.

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 within 24 hours to document the use of any physical restraint or seclusion intervention used on a student. Timely notification of the time and place of a debriefing meeting and of the parent's or guardian's right to attend shall be provided.

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 Physical Restraint/Seclusion: _____

Date of Incident: _____ Time of Physical Restraint/Seclusion started: _____ (am/pm) Ended: _____

Location of Physical 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/physical restraint that was used. Describe student activity preceding incident that prompted physical 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

A summary of the debriefing (form and notes) with a copy of this form will be delivered to:
1) Student File/Principal; 2) District Safety Officer; 3) Instructional Student Services; and 4) Parent/Guardian

**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 physical 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 this form with any additional notes to be distributed to:
1) Student File/Principal; 2) District Safety Officer; 3) Instructional Student Services; and 4) Parent/Guardian**