

Use of Physical 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. The efforts used to de-escalate the situation and the alternatives to physical restraint or seclusion that were attempted;
 - e. The names of personnel of the public education program who administered the physical restraint or seclusion.
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 restraint or seclusion.
4. An administrator will be notified as soon as practicable whenever physical restraint and/or seclusion has been used.
5. If 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 restraint and/or seclusion; staff members involved in the intervention must be included in the meeting. The debriefing team shall include an 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;
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 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 restraint or seclusion the parents will be provided a copy of the district Use of Restraint and 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 restraint and or seclusion under these circumstances with a student who does not have restraint and/or seclusion as a 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 504 plan.

**Port Orford-Langlois School District
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, or 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 581-021-0062 (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"/> AM <input type="checkbox"/> PM	Time restraint 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 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:		
Restraint methodology used:	Physical restraint hold(s) used:	

Why was the use of physical restraint necessary?	How restraint ended (<i>check all that apply</i>): <input type="checkbox"/> Determination by staff member that student was no longer a risk to himself 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 (<i>describe</i>):
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 (<i>as per district policy, if injury occurred, complete....in addition to this form</i>).

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

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

F. Parent Notification¹		
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 (<i>describe</i>)	Contacted by the following staff member (<i>include name and position</i>):

This report has been prepared by

(Name) (Position)

Address: _____ Phone # _____

¹Verbal 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)

Port Orford-Langlois School District
PHYSICAL RESTRAINT INCIDENT DEBRIEFING NOTES

Within two (2) 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 # _____

Port Orford-Langlois School District 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 (1)(b&c)

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 Report		
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:		
Why was the use of seclusion necessary?	How seclusion ended (<i>check all that apply</i>): <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 (<i>describe</i>):	
Student's behavior during seclusion:	Student's behavior after seclusion:	

Staff member(s) responsible for continuous monitoring of student's status during 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.
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D. Observers	
Staff members/other adult witnesses (<i>include name and position</i>):	Student(s):

E. Parent Notification²		
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 (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):

This report has been prepared by _____ (Name) _____ (Position)

Address: _____ Phone # _____

²Verbal or written notification of parents or guardians following the use of seclusion is required by the end of the day the incident occurred. *OAR 581-021-0062 (2)(g)*.

Port Orford-Langlois School District
SECLUSION INCIDENT DEBRIEFING NOTES

Within two (2) school days of the use of seclusion, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion. *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 Seclusion 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. Follow-up Activities

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

This report has been prepared by _____
(Name) (Position)

Address: _____ Phone # _____

**Port Orford-Langlois School District
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:

Port Orford-Langlois School District
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 or 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)*.

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 restraint began <input type="checkbox"/> AM <input type="checkbox"/> PM	Time restraint 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 restraint:	
Behavior(s) directed at <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Other: _____	Description of activity in which the restrained student or other students were engaged in immediately preceding use of restraint:	
Thorough description of efforts made to de-escalate and alternatives to physical restraint that were attempted:		
Restraint methodology used:	Physical restraint hold(s) used:	
Student’s behavior during restraint:	Student’s behavior after restraint:	
Why was the use of physical restraint necessary?	How restraint ended (<i>check all that apply</i>): <input type="checkbox"/> Determination by staff member that student was no longer a risk to himself 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 (<i>describe</i>):	

Port Orford-Langlois School District
PHYSICAL RESTRAINT INCIDENT DEBRIEFING NOTES

Within two (2) 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		

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

This report has been prepared by _____
(Name) (Position)

**Port Orford-Langlois School District
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 (1)(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 (<i>check all that apply</i>): <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 (<i>describe</i>):	
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)

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Parent Notification⁴		
Name of parent(s) contacted:	Documented attempts to contact parent if unable to contact (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):
Phone #:		
Date and time of contact:		
<input type="checkbox"/> AM <input type="checkbox"/> PM		

This report has been prepared by _____
 (Name) (Position)

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

⁴Verbal or written notification of parents or guardians following the use of seclusion is required by the end of the day the incident occurred. *OAR 581-021-0062 (2)(g)*.