

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 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 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 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/seclusion the parents will as soon as possible 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 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 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, 3.(a), (b), 9(c) and (d).

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:	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 restrain:	
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 deescalate and alternatives to physical restraint that were attempted:		
Restrain methodology used:	Physical restrain hold(s) used:	
Student’s behavior during restraint:	Student’s behavior after restraint:	

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)

This report has been prepared by:

(Name) (Position) (Date)

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 restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Time restraint ended: <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 restrain:
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 deescalate and alternatives to physical restraint 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	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

