

Restrictive Procedures Manual

AFSA Charter School K-12 #4074

In accordance with Minn. Stat. § 125A.0941 and § 125A.0942 every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request, a plan that discloses its use of restrictive procedures with special education students. The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures, the number of times a restrictive procedure is used schoolwide and for individual children the number and types of injuries, if any, resulting from the use of restrictive procedures, whether restrictive procedures are used in nonemergency situations, the need for additional staff training, and proposed actions to minimize the use of restrictive procedures; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

This document can be found at www.afsahighschool.com and at the Minnesota Department of Education website.

Restrictive Procedures

AFSA uses restrictive procedures only in emergency situations. “**Emergency**” means a situation where immediate intervention is needed to protect a student or other individuals from physical injury. “Emergency” does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person’s request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists. Restrictive procedures must not be used to punish or otherwise discipline a child.

- Restrictive Procedures Used: The restrictive procedure that authorized AFSA staff may use in an emergency situation is physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student’s movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury.

The physical holding must: (1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used; and (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.

- Restrictive Procedures Not Used: AFSA does not use the following restrictive procedures:

1. Seclusion: confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room or preventing the student from leaving the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion if the student is not confined alone in a room from which egress is barred.
2. Prone Restraint: placing a student in a face down position.
3. Mechanical Restraint: Physical holding does not include the use of mechanical restraints for transportation, sensory needs, or medical needs as these procedures are documented in the student's Individual Education Program (IEP). An example is the use of a seat belt on the bus.
4. In addition, AFSA staff will never engage in the following:
 1. require a child to assume and maintain a specified physical position, activity or posture that induces physical pain;
 2. totally or partially restrict a child's senses (vision or hearing) as a punishment;
 3. present an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
 4. deny or restrict a child's access to equipment or devices such as walkers, wheelchairs, hearing aids or communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is necessary to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment will be returned to the child as soon as possible;
 5. interact with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
 6. withhold regularly scheduled meals or water; and
 7. physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate, places pressure on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back or abdomen or results in straddling a child's torso.

Range of Positive Behavior Strategies Used at AFSA

Designated staff (including bus drivers, as needed) is trained in *Safety Care* with the purpose of maintaining a prevention and intervention culture versus a discipline culture.

In keeping with the practice of prevention and positive intervention, AFSA will only use physical holds in emergency situations. AFSA staff implements a range of positive behavior strategies as proactive approaches to teaching positive behavior skills to students, thereby reducing the need for the use of physical holds.

These positive behavior strategies include:

- Redirection
- Correction
- Allow student to go to safe place to relax/regroup
- Cross talk with Staff
- Cross talk with Peer

- Planned ignoring
- Conflict mediation
- Verbal de-escalation
- Process with Staff
- Exit other Peers
- Offer alternative activities
- Offer sensory tools
- Social stories
- Staff hand off
- Proximity control
- Reinforce expected behaviors

To obtain service or a referral to a service provider, the family should contact their primary care clinic, physician or insurance provider. Listed below are links to mental health resources:

- Ramsey County Children’s Mental Health Services
<https://www.ramseycounty.us/residents/health-medical/clinics-services/mental-health/child-mental-health>
- The Children’s Mental Health Division at the MN Department of Human Services
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/programs-services/>
- Minnesota Association for Children’s Mental Health <http://www.macmh.org>
- National Alliance on Mental Illness – MN Division <http://www.namihelps.org/>

Annual Professional Development

Staff members who use or who could potentially use restrictive procedures, based on the nature of the students with whom they work, shall complete training in the following skills and knowledge areas. Much of the following is a result Safety Care training. Additionally, AFSA conducts training in the following areas that all reinforce positive behavior interventions and approaches including Responsive Classroom and Restorative Practices:

1. positive behavior interventions;
2. communicative intent of behaviors;
3. relationship building;
4. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
5. de-escalation methods;
6. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
7. standards for using restrictive procedures only in an emergency;
8. obtaining emergency medical assistance;
9. the physiological and psychological impact of physical holding;
10. monitoring and responding to a student’s physical signs of distress when physical holding is being used; and

11. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;

AFSA will maintain records of all trainings and training participants to ensure that staff meet the eleven skill and knowledge areas described above. The agendas, sign-in sheets, calendars, etc. will be managed and maintained by the Special Education Supervisor.

Monitoring the Use of Restrictive Procedures at AFSA

Procedures When a Restrictive Procedure is used:

1. **Parent Notification:** School staff will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student. If the school is unable to provide same-day notice, notice is sent to the parent in a written or electronic format (e-mail) within two (2) days of the procedure being used or as otherwise indicated in the student's IEP. See Appendix C for proof of documentation.
2. **Reporting Use of Restrictive Procedure:** Either the staff person who implements the restrictive procedure or the staff person who oversees the use of a restrictive procedure shall inform the Director of Student Support and Special Education of the use of the restrictive procedure as soon as possible and shall complete the restrictive procedure report form no later than the next working day. (See reporting form in Appendix C). The restrictive procedures report form must include:
 1. a description of the incident that led to the use of the restrictive procedure;
 2. a description of why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
 3. the time the restrictive procedure began and the time the student was released from the hold; and
 4. a brief record of the student's behavioral and physical status during and after the use of the restrictive procedure.
3. **Staff Debriefing after Using a Restrictive Procedure:** The staff involved in using the restrictive procedure is required to debrief after every use of a restrictive procedure. This debriefing includes completing and discussing the requirements on the restrictive procedures reporting. Building administration or designee will be involved in the debriefing meetings.
4. **Including Plan for Use of a Restrictive Procedure in Student's IEP:** A student's IEP team may include a plan for using a restrictive procedure in the student's IEP but may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP, the IEP must also indicate how the parent wants to be notified when a restrictive procedure is used. The district must review use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.

5. **Use of Restrictive Procedure Twice in 30 Days:** If a restrictive procedure is used on two separate days within 30 calendar days or if a pattern of use of the restrictive procedure emerges and the student's IEP or behavior intervention plan does not provide for using restrictive procedures in an emergency, the district must hold an IEP meeting within ten (10) calendar days after district staff use the second restrictive procedure. This meeting can also be requested by the parent or the district after restrictive procedures have been used. At this meeting the team must:
 6. Review the student's Functional Behavior Assessment (FBA);
 - review other data connected to the behavior(s) that prompted the use of the restrictive procedure;
 - consider developing additional or revised positive behavioral interventions and supports;
 - consider actions that could be taken to reduce the use of restrictive procedures;
 - consider developing a Behavior Intervention Plan (BIP) or modifying an existing BIP or consider other revisions to the student's IEP;
 - review any known medical or psychological limitations, including any medical information the parent provided voluntarily, that contraindicate the use of a restrictive procedure; and
 - consider whether to prohibit a restrictive procedure and, if so, document any prohibition in the student's IEP.

If the IEP team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on 10 or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the student; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the student.

Who May Use Restrictive Procedures: Restrictive procedures may be used in emergency situations only by the designated staff listed below who have been properly trained in the skills and knowledge areas described in Minn. Stat. § 125A.0942, subd. 5, which are set out subsequently in this plan:
Based on Safety Care training principles, there are two types of physical interventions. The people who use each of the types will differ:

Type 1: Disengagement skills (a staff person getting themselves out of a physical contact, e.g., when the student pulls hair or grabs an arm). All staff are trained on these skills.

Type 2: Physical restraint or use of a restrictive procedure – only Safety Care trained staff will use these types of procedures. Trained restraint staff at AFSA include the following:

- Licensed Special Education Teacher(s)
- Licensed School Counselors
- Other licensed education professionals (e.g., administrators, interventionists)
- Designated Crisis Team Members
- Educational Assistants
- Behavior Specialists

Summary of When an IEP Team Meeting is Required: When an emergency procedure is used twice in 30 days – within 10 days of the 2nd incident, and whether the procedure is in the IEP or not.

1. If a pattern of use of the emergency procedure emerges, whether it is in the IEP or not.
2. If the procedure is used on 10 or more days during the year and the team must consider bringing in an expert (as identified in subsection under 6 above) or re-evaluate the student and conduct a new functional behavior assessment).
3. If the student is restrained or removed from a classroom, school building, or school grounds by a peace officer at the request of a school administrator or a school staff person during the school day twice in a 30-day period. The team must consider if the IEP is adequate or determine if additional evaluation is needed.

At least quarterly, AFSA will convene an oversight committee. The district will review the membership annually. Minimally, the oversight committee will include the following individuals:

- Special Education Supervisor
- School Administrator
- Special Education Teacher
- School Guidance Counselor or Social Worker
- Behavior Specialist

This oversight committee will review the aggregate data on the use of restrictive procedures in the District. Included in this review will be:

- examination of patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
- the number of times a restrictive procedure is used schoolwide and for individual children;
- the number and types of injuries, if any, resulting from the use of restrictive procedures;
- whether restrictive procedures are used in nonemergency situations;
- whether additional staff training on behavior interventions and restrictive procedures is needed; and
- proposed actions to minimize the use of restrictive procedures.

Nothing in this plan precludes the use of reasonable force as allowed under Minn. Stat. §§ 121A.582, 609.06, subd. 1, and 609.379.

AFSA is authorized by the Audubon Center of the North Woods (ACNW), which is responsible for providing oversight of our school.

For additional information about Audubon Center of the North Woods, please visit <http://www.audubon-center.org/>. The website will also provide you with names, phone numbers, and email addresses for additional information.

APPENDICES

Appendix A: Use of Restrictive Procedures Summary Sheet

If it becomes necessary to use physical holding to protect a student or other individual from physical injury or to prevent severe property damage (last resort and safest option for all):

1. Select the least intrusive intervention possible to reasonably react to the emergency situation.
2. Ensure that a staff member directly monitors the student to ensure that the student is safe.
3. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom, activity, intervention and/or site determined by the team, BIP, and/or administrator.
4. Seclusion should not be used.
5. Complete the *Restrictive Procedure Form* every time a restrictive procedure is conducted.
 - a. A copy of the *Restrictive Procedure Form* is available on the district webpage under Restrictive Procedures and is included in this manual.
6. Conduct a debriefing within 24 hours of the incident.
 - a. A copy of the debriefing form is included in the *Restrictive Procedure Form* available on the district webpage under Restrictive Procedures and included in this manual.
 - b. The debriefing process should involve all members of the team that were involved in the restrictive procedure.
7. Provide copies of the completed *Restrictive Procedure Form* to the Special Education Supervisor, Director of Student Support and the student's Special Education file.
8. Notify the parents the same day a restrictive intervention is used via phone, or their preferred method of communication.
 - a. Provide written or electronic notice within two days if unable to notify the parents the same day.
9. Hold a team meeting when a restrictive intervention is used twice in 30 days or when a pattern of behavior emerges.
 - a. In the case of a nondisabled student, the team should develop and intervention plan.
 - b. In the case of a student with an IEP, conduct or review a functional behavior analysis, review data, consider developing additional or revised behavior interventions and supports, consider actions to reduce the use of restrictive procedures, and consider modifying the IEP or BIP.

Appendix B: Definitions

Emergency – A situation where immediate intervention is needed to protect a child or other individual from physical injury.

Physical Holding – Physical intervention intended to hold a child immobile or limit a child's movement and where body contact is the only source of physical restraint. The term physical holding does not mean physical contact that:

- Helps a child respond or complete a task;
- Assist a child without restricting the child's movement;
- Is needed to administer an unauthorized health-related service or procedure; or
- Is needed to physically escort a child when the child does not resist or the child's resistance is minimal

Positive Behavioral Interventions and Supports - Interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

Restrictive Procedures – The use of physical holding or seclusion in an emergency.

Appendix C: Restrictive Procedure/Debriefing Form



RESTRICTIVE PROCEDURE FORM

Student: _____ Grade: _____ DOB: _____
Primary Disability: _____ Sec. _____ Male Female
Race/Ethnicity of Student: American Indian Asian Black Hispanic
White Other

Section 1: Behavior Incident Form

Date of Incident: _____ Date of Debriefing: _____
Incident Start Time: _____ End Time: _____
Student was on an IEP: Yes No Was the IEP implemented correctly? Yes No
Was a BIP in place: Yes No Was the BIP implemented correctly? Yes No
Incident Location: _____

Identify the antecedents, triggers and proactive interventions used prior to escalation:

Briefly describe the behaviors witnessed:

Describe the incident:

Did the behavior incident result in in-school or out of school suspension? Yes No

Section 2: DIRS (Student is suspended due to severe behavior)

Action Taken:

In School Suspension: <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Suspension:
Removal (Out of School Suspension): <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Suspension:
No school response, explain:	No school response, referred to police, explain:

Type of Incident: (Please select below)

<input type="checkbox"/> Assault	<input type="checkbox"/> Bullying	<input type="checkbox"/> Computer	<input type="checkbox"/> Cyber Bullying	<input type="checkbox"/> Disruptive / Disorderly Conduct	<input type="checkbox"/> Fighting
<input type="checkbox"/> Harassment	<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Threat	<input type="checkbox"/> Tobacco / E-Cig	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Weapon	Other:			

Section 3: Restrictive Procedure / Debriefing Information

1. Information on use of restrictive procedure

Names of all persons involved in the restrictive procedure:

Behaviors resulting in emergency procedures

Protection from: Physical injury to self Physical injury to others

EMERGENCY: Was the procedure used to protect the student/others from physical injury? Yes No

Type of procedure:

- | | | |
|--|--|--|
| <input type="checkbox"/> Elbow Check | <input type="checkbox"/> Safety Stance | <input type="checkbox"/> Supportive |
| Guide | | |
| <input type="checkbox"/> Protective Shuffle | <input type="checkbox"/> Shoulder Check | <input type="checkbox"/> Wrist Release |
| <input type="checkbox"/> Stripping a Grab | <input type="checkbox"/> Front Hair Pull Release | <input type="checkbox"/> Front Choke |
| Release | | |
| <input type="checkbox"/> Bite Release | <input type="checkbox"/> 1-Person Stability Hold | <input type="checkbox"/> 2-Person |
| Stability Hold | | |
| <input type="checkbox"/> Floor Drop Transition | <input type="checkbox"/> Floor Seated Stability Hold | <input type="checkbox"/> Forward |
| Transport | | |
| <input type="checkbox"/> Reverse Transport | <input type="checkbox"/> Chair Stability Hold | <input type="checkbox"/> Leg Wrap |
| <input type="checkbox"/> Other _____ | | |

Physical status and behavior of student during the procedure: _____

Physical Holding

Duration: _____

Was physical holding the least intrusive intervention to effectively respond to the emergency? Yes No

Explain why a less restrictive measure failed or was determined impractical: _____

Did the physical holding end when the threat of harm ended? Yes No
Was the student continuously monitored? Yes No
Was the BIP followed? Yes No If no, why? _____

(Check one) All involved staff (did / did not) have up to date certification in Safety-Care.

If not, please explain: _____
(Check one) All procedures used correctly / Some procedures used incorrectly.
If incorrectly, please describe: _____

Follow-up actions to prevent the need for future use of restrictive procedures: _____

Behavior History

Have restrictive procedures been used twice in a 30 day period? Yes No
Does the team see this as a pattern? Yes No
Does the child's IEP team need to meet? Yes No

Staff Attending Briefing

Parent/Guardian Notification

Method of notification: <input type="checkbox"/> phone <input type="checkbox"/> writing <input type="checkbox"/> email <input type="checkbox"/> in-person Date/Time: _____
By whom? _____
Were police called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No

Were any staff injured during the restraint or seclusion? Yes No

Was the student injured during the restraint or seclusion? Yes No

(If yes, attach injury report.)

Report Reviewed by:
