



# **Restrictive Procedures**

## **Plan**

**October 2018**

**Hennepin Schools**  
***RESTRICTIVE PROCEDURES PLAN***

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This *Restrictive Procedures Plan* is developed in compliance with Minnesota Statute 125A.0942 which states that “schools that intend to use restrictive procedures shall maintain and make publicly accessible in an electronic format on a school or district web site or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities that at least 1) lists the restrictive procedures the school intends to use; 2) describes how the school will implement a range of positive behavior strategies and provide links to mental health services; 3) describes how the school will monitor and review the use of restrictive procedures, including conducting post-use debriefings and convening an oversight committee to undertake a quarterly review ....; and 4) includes a written description and documentation of the training staff completed. Finally, schools annually must publicly identify oversight committee members who must at least include a mental health professional, school psychologist or school social worker; an expert in positive behavior strategies; a special education administrator and a general education administrator.”

**Restrictive Procedures Definitions:**

"Restrictive procedures" means the use of physical holding or seclusion in an emergency.

"Emergency" means a situation where immediate intervention is needed to protect a child or other individual 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. Emergency is never used for punishment.

"Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury. The term physical holding does not mean physical contact that helps a child respond or complete a task, assists a child without restricting the child's movement, is needed to administer an authorized 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.

“Seclusion” means confining a child alone in a room from which egress is barred. Egress is barred when an adult locks or closes a door, leaving a child in the room alone and preventing the child from leaving the room. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.

**District Restrictive Procedures Intent**

Hennepin Schools uses physical holding in emergency situations with students whose *Individualized Education Program (IEP)* includes provisions for the use of such procedures in an emergency or in emergency situations for students whose IEPs do not include the use of this procedure. Restrictive procedures are not used to punish or otherwise discipline a child.

Hennepin Schools *does not use seclusion in emergency situations*. Hennepin Schools *does not have any locked time out/seclusion rooms*. Hennepin Schools *does not use seclusion with any student at any time*.

Hennepin Schools **prohibits** the following actions or procedures from being used on a child:

1. Corporal Punishment which includes conduct involving: (a) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. Requiring the student to assume and maintain specified physical position, activity, or posture that induces physical pain.
3. Totally or partially restricting a child's senses as punishment.
4. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment.
5. Denying or restricting the student access to equipment and devices such as walkers, wheelchairs, hearing aids or communication boards that facilitate the student's functioning except when temporarily removing the equipment or device is needed to prevent injury to the student, others, or serious damage to the equipment or device, in which case the equipment or device shall be returned to the student as soon as possible.
6. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse.
7. Withholding regularly scheduled meals or water.
8. Denying the student access to bathroom facilities.
9. Physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.

### **Mental Health Resources**

Children's Mental Health Resources – Hennepin County

<http://www.hennepin.us/residents/health-medical/childrens-mental-health-services>

Washburn Center for Children

<https://washburn.org>

Minnesota Association for Children's Mental Health

<http://www.macmh.org>

Fraser

<http://www.fraser.org>

### **District Restrictive Procedure Plan**

Whenever a restrictive procedure is used on a student, staff will report the use of that procedure in written form to the Executive Director and the Director of Special Education within 24 hours of its use. The form is attached to this plan and includes evidence that:

1. The physical holding was the least intrusive intervention that effectively responded to the emergency.
2. The physical holding ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity.
3. The staff directly observed the child while physical holding was being used.
4. Parents and the building principal were notified in a reasonable amount of time not to exceed 24 hours.

In addition, each time physical holding is used; the staff person who implements or oversees the physical holding will document the following information in Sped Forms:

1. A description of the incident that led to the physical holding.
2. Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical
3. The time the physical holding began and the time the child was released
4. A brief record of the child's behavioral and physical status.

After each use of a restrictive procedure, the Executive Director, Elementary Director and/or Middle School Director will hold a post-debriefing meeting with the team, preferably within 1-2 days, to review the conditions under which the Restrictive procedures was used and consider alternatives to future use.

When restrictive procedures are used on two separate school days within 30 days or when a pattern of use emerges and restrictive procedures are not included in a child's individualized education program or behavior intervention plan, the district will hold a meeting of the individualized education program team within 10 calendar days. The district must hold the IEP meeting to conduct or review a functional behavior assessment, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the individualized education program or behavior intervention plan as appropriate. At the IEP meeting, the team must review any known medical or psychological limitations that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the individualized education program or behavior intervention plan.

An individualized education program team may plan for using restrictive procedures and may include these procedures in a child's individualized education program or behavior intervention plan; however, the restrictive procedures may be used only in response to behavior that constitutes an emergency. Physical holding or seclusion is never used to discipline a noncompliant child. The individualized education program or behavior intervention plan will indicate the parents' preference for notification when a restrictive procedure is used.

The District Restrictive Procedures Oversight Committee will *meet three times per year* to review the data related to the use of restrictive procedures and consider training needs. The committee consists of a District Administrator, the Director of Special Education, the School Psychologist, the Special Education Teacher and the School Social Worker.

### **Description and Documentation of Staff Training**

Restrictive procedures will be implemented only by a licensed special education teacher, school social worker, school psychologist, behavior analyst certified by the National Behavior Analyst Certification Board, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional or mental health professional who have completed the appropriate training program.

All Hennepin Schools staff that directly work with special education students will be initially certified through the Crisis Prevention Intervention (CPI) program and receive annual refreshers through the same program. CPI addresses the state requirements for a restrictive procedure training program which includes training on:

- ❖ Positive behavioral interventions

- ❖ Communicative intent of behaviors
- ❖ Relationship building
- ❖ Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
- ❖ De-escalation methods
- ❖ Standards for using restrictive procedures only in an emergency
- ❖ Obtaining emergency medical assistance
- ❖ The physiological and psychological impact of physical holding and seclusion
- ❖ Monitoring and responding to a child's physical signs of distress when physical holding is being used and
- ❖ Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.

A list of CPI trained staff is kept on file in the Hennepin Schools main office.

Staff will also be provided training on Hennepin Schools policies and procedures for timely reporting and documenting each incident involving the use of restrictive procedures.

### **Positive Behavior Strategies**

All Hennepin Schools licensed special education staff and special education para-professionals are trained on de-escalation strategies. New special education staff will complete a 2-day Crisis Prevention Intervention course and teachers and para-professionals are provided a 3-hour refresher training on a yearly basis. Specific Positive Behavior Support strategies are discussed and agreed upon at individual IEP meetings. Hennepin Schools has school wide efforts to create a positive and supportive culture.

### **Restrictive Procedure – Step by Step**

1. Student is physically held due to an emergency situation.
2. Adult staff member directly observes the student while he/she is physically held.
3. Student is released from hold as soon as the threat of harm has ended.
4. Student returns to activity or classroom.
5. Executive Director is notified that a physical hold was used with a student.
6. Parents of student are notified that a physical hold was used with their child and the event(s) precipitating the hold.
7. Staff will complete the Use of Restrictive Procedures: Physical Holding Form.
8. The Executive Director, Elementary School Director or Middle School Director will schedule and hold a de-briefing meeting within 1-2 days.
9. If a student is held on two separate school days in 30 days, the IEP manager will convene an IEP meeting within 10 calendar days of the 2<sup>nd</sup> physical hold.
  - a. The student's functional behavior assessment (FBA), IEP and positive behavior intervention plan (PBIP) will be reviewed and revised if necessary.
  - b. If the student does not have a functional behavior assessment, one will be completed.
  - c. The IEP team will review any known medical or psychological limitations that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the individualized education program or behavior intervention plan.
  - d. The IEP will be revised and a positive behavior intervention plan will be developed if appropriate.
10. If the IEP is revised, parents will be sent a Prior Written Notice and revised IEP no later than 14 days after the IEP meeting.
11. If the IEP is not revised, parents will be sent a Prior Written Notice no later than 14 days after the

**IEP meeting.**

Any questions regarding this Restrictive Procedures plan should be directed to the district's Special Education Director.