

Physical Restraint and Seclusion

Procedures:

1. When physical restraint and/or seclusion are used as part of a behavior support plan in the student's individual education program (IEP) or Section 504 plan, parent participation in the development of the plan is required.
2. The IEP team that develops the behavior support plan shall include knowledgeable and trained personnel, including someone knowledgeable of appropriate behavior support plans and a district representative who is knowledgeable about physical restraint training and practices in the district.
3. Prior to the implementation of any behavior support plan that includes physical restraint and/or seclusion, a functional behavior assessment must be completed.
4. When a behavior support plan includes physical restraint and or seclusion, the plan must include an individual threshold (number of incidents within a specific time period) for reviewing the plan.
5. Staff will continuously monitor a student's status during any physical restraint and/or seclusion.
6. A building and/or district administrator will be notified as soon as possible whenever physical restraint and/or seclusion is used.
7. A district Physical Restraint or Seclusion Incident Report must be completed and copies provided to those attending the debriefing meeting for review and comment.
8. 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 the incident occurred.
9. Parents will be provided written documentation of the incident within 24 hours that provide:
 - 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 the personnel of the public education program who administered the physical restraint or seclusion.
10. If the physical restraint or seclusion was administered by a person without training the district will provide the information along with the reason why a person without training administered the restraint or seclusion.

11. If the 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.

12. A documented debriefing meeting must be held within two school days after the use of physical restraint or seclusion; staff members involved in the restraint or seclusion must be included in the debriefing meeting. Parent or guardian must be given timely notification of the debriefing meeting and their right to attend the meeting. Copies of the Incident Report, including one copy filed for the annual review process, will be distributed to the appropriate personnel (IEP/504 case manager, building administrator, counselor, and others as determined by the district).

13. The completed Physical Restraint or Seclusion Report must include the following:
 - Name of the student
 - Name of the staff member(s) administering the physical restraint or seclusion;
 - Date of the incident and the time the restraint or seclusion began and ended;
 - Location of the restraint or seclusion;
 - A description of the restraint or seclusion;
 - A description of the student's activity immediately preceding the behavior that prompted the use of restraint or seclusion;
 - A description of the behavior that prompted the use of restraint or seclusion;
 - Efforts to de-escalate the situation and alternatives to restraint or seclusion that were attempted;
 - Information documenting parent contact and notification; and
 - A summary of the debriefing notes.

14. 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 the administrative regulation with the exception of those specific to plans developed in an IEP or 504 plan.

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.” The definition of “physical restraint” does not include the use of mechanical, chemical or prone restraint of a student as these methods are prohibited by Oregon law. *OAR 581-021-0062(1)(a). OAR 581-021-0550.*

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).*

A. Student Information			
Student Name:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP <input type="checkbox"/> ELL	Grade:
Gender: M F	Disability: () () .	Ethnicity: African American American Indian/Alaska Nat. Asian Hawaiian/Pacific Islander Hispanic White	

B. School Information	
School:	District:
Name and Position of Person Completing this Report:	

C. 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 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:	
Description of efforts made to deescalate and alternatives to physical restraint that were attempted:		

Restraint methodology used:	Physical restraint hold(s) used:
How restraint ended (<i>check all that apply</i>): <input type="checkbox"/> Determination by staff member that student was no long 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:
Did any injury result from the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, describe below (as per district policy, if injury occurred, complete.... in addition to this form):	

D. Staff administering/monitoring restraint				
<u>Name</u>	<u>Position</u>	<u>Prior Restraint Training</u>	<u>Certified</u>	<u>Role</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer

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

F. Notification¹		
Name of Building and/or District Administrator(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Document how Building and/or District Administrator(s) were contacted:	By Whom? <i>(include name and position)</i> :
Name of parent(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Document how parent(s) were contacted:	By Whom? <i>(include name and position)</i> :

Distribution: Staff Administering or Monitoring Restraint Building and/or District Administration Student Records
 Parent Other _____ Other _____

¹ Verbal or electronic 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)

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)*. Parent or guardian must be given timely notification of the debriefing meeting and their right to attend the meeting. 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.

G. Debriefing Notes	
Name and Position of Person Completing this Form:	
Date of Debriefing Meeting:	Time of Debriefing Meeting:
Debriefing Notes:	

H. Further Action To Be Taken:

I. Names of those attending the debriefing meeting	Position of members who were involved in the implementation of the physical restraint (district policy may require specific staff members attend the debriefing)

Distribution: Debriefing Participants Building and/or District Administration Student Records
 Annual Review File Parent Other _____

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 the removal of 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:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP <input type="checkbox"/> ELL	Grade:
Gender: M F	Disability: () () .	Ethnicity: African American American Indian/Alaska Nat. Asian Hawaiian/Pacific Islander Hispanic White	

B. School Information	
School:	District:
Name and Position of Person Completing this Report:	

C. Incident Description		
Date Incident Occurred:	Time seclusion began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time seclusion 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 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:	
Description of efforts made to deescalate and alternatives to seclusion that were attempted:		

<p>How seclusion ended (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Determination by staff member that student no longer required seclusion</p> <p><input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation</p> <p><input type="checkbox"/> Other (<i>describe</i>):</p>	
<p>Student's behavior during seclusion:</p>	<p>Student's behavior after seclusion:</p>
<p>Staff member(s) responsible for continuous monitoring of student's status during seclusion:</p>	<p>Location of seclusion room:</p> <p>Seclusion room meets the following criteria:</p> <p><input type="checkbox"/> Allow staff full view of the student in all areas of the room</p> <p><input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets</p>

<p>D. Observers</p>
<p><u>Staff members/other adult witnesses (<i>include name and position</i>):</u></p>

E. Notification²		
Name of Building and/or District Administrator(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Document how Building and/or District Administrator(s) were contacted:	By Whom? (<i>include name and position</i>):
Name of parent(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Documented attempts to contact parent if unable to contact (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):

Distribution: Staff Administering or Monitoring Seclusion Building and/or District Administration Student Records
 Parent Other _____ Other _____

² Verbal or electronic 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)

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)*. Parent or guardian must be given timely notification of the debriefing meeting and their right to attend the meeting. 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.

F. Debriefing Notes	
Name and Position of Person Completing this Form:	
Date of Debriefing Meeting:	Time of Debriefing Meeting:
Debriefing Notes:	

G. Follow-up Actions

H. Names of those attending the debriefing meeting	Position of members who were involved in the implementation of the physical restraint (district policy may require specific staff members attend the debriefing)

Distribution: Debriefing Participants Building and/or District Administration Student Records
 Annual Review File Parent Other _____

**PHYSICAL RESTRAINT & SECLUSION
STUDENT INCIDENT LOG FOR ANNUAL REVIEW**

Copies of Physical Restraint/Seclusion Incident Reports and Debriefing Reports are attached.

A. Student Information			
Student Name:		Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP <input type="checkbox"/> ELL
Grade:	Gender: M F	Disability: () () .	Ethnicity: African American American Indian/Alaska Nat. Asian Hawaiian/Pacific Islander Hispanic White

INCIDENT		
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion	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	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	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____	Staff Involved: