Restrictive Procedures Plan 9-28-18

Restrictive procedures mean the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child. An 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. Restrictive procedures may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP or BIP

I. **Hancock Public Schools intends to use the following restrictive procedures:**
   a. Physical holding
      i. Physical holding means physical intervention intended to hold a child immobile or limit the child's movement and 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.
      ii. The term physical holding does not mean physical contact that:
         1. Helps a child respond to or complete a task;
         2. Assists a child without restricting the child's movement;
         3. Is needed to administer an authorized health related service or procedure; or
         4. Is needed to physically escort a child when the child does not resist or the child's resistance in minimal.
      iii. Hancock Public School intends to use the following types of physical holding:
         1. CPI Team Control Position
         2. CPI Children's Control Position
         3. CPI Seated Level 2
         4. CPI Seated Level 3
         5. CPI Standing Level 2
         6. CPI Standing Level 3

II. **Hancock Public School is committed to using positive behavioral interventions and supports.**
   a. Positive behavioral interventions and supports:
      i. Positive behavioral interventions and supports means interventions and strategies to improve the school environment and teach children the skills they need to behave appropriately. Teachers within the Hancock Schools are trained in positive behavior support techniques. The training for this system takes place on an

ongoing basis. In addition, teachers are trained in the basic principles of positive behavioral supports at least once every three years. Web-based training is also available on an ongoing basis.

ii. Hancock Schools strive to create an environment that supports students and their positive behavior and where all students can feel safe and successful.

iii. Hancock Schools provides links to mental health services by working collaboratively with parents, human services, and mental health providers. Specifically, Hancock Schools works in close collaboration with children's mental health case managers made available through Stevens County Human Services. This linkage allows increased access to mental health services for students in need of such services. Hancock also employs a school counselor to support students and to make referrals to outside agencies when necessary.

III. **Hancock Public School Staff participating in the use of restrictive procedures received training in the following skill and knowledge areas:**

a. Positive behavioral interventions
    i. Annual CPI and restrictive procedures training

b. Communicative intent of behaviors
    i. Annual CPI and restrictive procedures training

c. Relationship building
    i. Annual CPI and restrictive procedures training

d. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior.
    i. Annual CPI and restrictive procedures training

e. De-escalation methods
    i. Annual CPI and restrictive procedures training

f. Standards for using restrictive procedures
    i. Annual CPI and restrictive procedures training

g. Obtaining emergency medical assistance
    i. Annual CPI and restrictive procedures training

h. The physiological and psychological impact of physical holding and seclusion
    i. Annual CPI and restrictive procedures training

i. Monitoring and responding to a child’s physical signs of distress when physical holding is being used

i. Annual CPI and restrictive procedures training

j. Recognizing the symptoms of interventions that may cause positional asphyxia when physical holding is used
    i. Annual CPI and restrictive procedures training

k. District policies and procedures for timely reporting and documenting each incident involving the use of restrictive procedures
    i. Annual CPI and restrictive procedures training

l. Training will include the specific school wide positive behavior strategies implemented within the school district.
    i. Annual CPI and restrictive procedures training
    ii. training on accommodating, modifying, and adapting curricula, materials, and strategies to appropriately meet the needs of individual students and ensure adequate progress toward the state's graduation standards

IV. **Hancock Public Schools will monitor and review the use of restrictive procedures in the following manner:**

a. Documentation
    i. Each time physical holding or seclusion is used, the staff person who implements or oversees the holding or seclusion shall document, as soon as possible after the incident concludes, the following information:
        1. A description of the incident that lead to the physical holding or seclusion;
        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; and
        4. A brief record of the child's behavioral and physical status

b. Post-use debriefings, consistent with documentation requirements:
    i. Each time physical holding or seclusion is used; the staff person who implemented or oversaw the physical holding or restraint shall conduct a post-use briefing.

c.
    i. The post-use debriefing will review the following requirements documented on the restrictive procedures forms to ensure the physical holding or seclusion was used appropriately:
        1. Whether the physical holding or seclusion was used in response to an emergency.

2. Description of the incident that led to the physical holding or seclusion.
3. Description of the physical holding or seclusion and the student's physical and behavioral status.
4. Was the physical holding or seclusion the least intrusive intervention to effectively respond to the emergency?
5. Whether the physical holding or seclusion ended when the threat of harm ended, and staff determined that the student could safely return to the classroom or activity?
6. Did staff directly observe the student during physical restraint or seclusion?
7. Length of time of the physical holding or seclusion.
8. Were parents notified?
9. Were correct forms filled out?
10. Was appropriate staff used during physical holding or seclusion?
11. Whether the staff that used physical holding or seclusion was appropriately trained?
12. Whether an IEP team meeting needs to be scheduled?
13. Whether the physical holding or seclusion was used to discipline a noncompliant child?

ii. If the post-use debriefing reveals that physical holding or seclusion was not used appropriately the district will ensure immediate corrective action is taken, such as the retraining of staff.

d. Oversight Committee
   i. The oversight committee consists of the following individuals:
      1. Todd Travis, Director of Special Education, and expert in positive behavior strategies
      2. Wendy Van Batavia, Assistant Director of Special Education, and expert in positive behavior strategies
      3. Garrett Dalhoff, School Psychologist,
      4. Amanda O'Neill, School Psychologist
      5. Shane Monson, Morris Area Elementary Principal, or other general education administrator

   ii. The oversight committee will meet in October, December, February, and April.
   iii. The oversight committee will monitor the following:
      1. Review all restrictive procedures based on patterns or problems indicated by similar or the same time of day, day of the week, duration of the use of a restrictive procedure, the individuals involved, or other factors associated with the use of restrictive procedures;

2. The number of times a restrictive procedure is used school wide and for individual children;
3. The number and types of injuries, if any, resulting from the use of restrictive procedures;
4. Whether restrictive procedures are used in nonemergency situations;
5. The need for additional staff training; and
6. Proposed actions to minimize the use of restrictive procedures.

V. **Hancock School staff who use restrictive procedures, including paraprofessionals, received training in the following skill areas:**

a. Positive behavior interventions
    i. Staff are trained utilizing CPI materials, which incorporate foundational skills in A-B-C (antecedent-behavior-consequence) to better understand the student's behavior and determine an appropriate intervention. Crisis Development Model is an integrated experience that allows staff to determine the level of intervention to best shape and shift student behavior, while providing positive supports to allow the child to remain successful.
    ii. Keys to Setting Limits (CPI) allows staff to provide clear, reasonable and enforceable expectations without being confrontational.

b. Communicative intent of behaviors
    i. Throughout CPI training materials behaviors are described, as well as the identification of antecedents, and then behaviors are identified. Once staff are able to determine what the behavior is indicating, staff can appropriately choose a response. For example, if a kindergarten student is tearful/crying on the first day of school staff may likely determine the child is anxious. Based on this information, staff would intervene in a supportive manner. Their proxemics, kinesics and para verbal communication are aligned to this intervention.

c. Relationship building
    i. CPI training of the COPING Model to debrief with the student and later staff members involved in de-escalation or restrictive procedure is utilized to re-establish your relationship with the student. Strategies that allow the student to assist in making future plans of action related to behavior, return of control all go to support the relationship between staff and student.

d. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
    i. CPI strategies include consideration of precipitating factors that may have escalated the student's behavior. Some of the factors

staff may consider include physiological, psychological and environmental situations.

e. De-Escalation methods
    i. CPI utilizes verbal de-escalation strategies based on specific verbal behaviors including: questioning, refusal, release, intimidation and tension reduction. Based upon the identified behavior, staff are able to intervene in an effort to de-escalate the behavior. Strategies may include providing a simple response for a question, setting limits for refusal, allow the student to vent when releasing, and re-establishing communication when the student is in tension reduction.
f. Standards for using restrictive procedures only in an emergency
    i. CPI training and guidance indicates restrictive procedures are implemented *As a Last Resort*. De-escalation should be attempted and until the child or other person is in imminent danger of harm, restrictive procedures should be used as a last resort.
g. Obtaining emergency medical assistance
    i. CPI training references the theory behind the development of restraints, as well as high risk positions for restraint related positional asphyxia. In addition, staffs are trained to monitor students for discoloration, breathing rate, and education as to the needs of the student. It is noted that some students, based on their psychological history should not be restrained. This is often at the recommendation of a mental health provider or other medical professional.
    ii. During this training, staff discusses options for emergency medical care including school nurse, public health, first responders and calling 911.
h. Physiological and psychological impact of physical holding and seclusion
    i. CPI training reviews the psychological impact of restraint on students who have had previous traumatic experiences. Training dictates the team must discuss the use of restraints or seclusion and make a determination as to the appropriateness of them.
    ii. Additionally, during CPI training we discuss various medical conditions (physiological impacts) students may have making it inappropriate to implement restraint. Again, it is necessary for teams to discuss the appropriateness of physical restraint.
i. Monitoring and responding to a child's physical signs of distress when physical holding is being used
    i. CPI training incorporates multiple team members when incorporating restrictive procedures. An auxiliary team member duties include, monitoring of the student to ensure distress is noted and appropriately addressed by staff or medical professionals.
j. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used

i. CPI training includes discussion of and diagrams of various restraints that have been known to cause positional asphyxiation. Further, training describes what occurs when pressure is applied to the chest cavity and the impact on the body to inhale adequately. Symptoms of asphyxiation are also reviewed.

k. District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure
   i. This was address in Section IV.

VI. **Hancock Public School will never use the following prohibited procedures on a child**:

a. Engaging in conduct prohibited under section 121AA.58 (corporal punishment);
b. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
c. Totally or partially restricting a child's senses as punishment;
d. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
e. Denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device in which case the equipment or device shall be returned as soon as possible;
f. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of the maltreatment of minors);
g. Withholding regularly scheduled meals or water;
h. Denying access to bathroom facilities; and
i. Physical holding that restricts or impairs a child'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.