

Rush City School District #139

Restrictive Procedures Plan

In accordance with Minnesota Statute 125A.0942, Subd. 1, every school district is required to develop and make public a plan that discloses its use of restrictive procedures. The plan specifically outlines the list of restrictive procedures the school intends to use; how the school will monitor and review the use of restrictive procedures, including post use debriefings and convening an oversight committee; and a written description and documentation of the training and staff that have completed the training.

Rush City School District #139 uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individual Education Plan (IEP) or Behavior Support Plan (BSP).

1. Definitions

The following terms are defined as:

1. "Emergency" means a situation where immediate intervention is needed to protect a child or other individual from physical injury ~~to prevent serious property damage.~~
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.
2. "Physical holding" means 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, **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:
 - a. helps a child respond or complete a task;
 - b. assists a child without restricting the child's movement;
 - c. is needed to administer an authorized health-related service or procedure; or
 - d. is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
3. "Positive behavioral interventions and supports" means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.
4. **"Prone Restraint" means placing a child in a face down position. Rush City School District #139 does not use prone restraint.**
5. "Restrictive procedures" means the use of physical holding or seclusion in an emergency. **Restrictive procedures must not be used to punish or otherwise discipline a child.**
6. "Seclusion" means confining a child alone in a room from which egress is barred. **Egress may be barred by an adult locking or closing the door in the room or 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.

2. Staff Training - Requirements and Activities

Requirements

Staff who design and use behavioral interventions, **including paraprofessionals**, will complete training in the use of positive approaches as well as restrictive procedures. Training records will identify the content of the training, **the organization or professional that conducted the training**, attendees and training dates. St. Croix River Education District (SCRED) will maintain a list of all Crisis Prevention Institute (CPI) trainings and attendance records. This list will be updated on an ongoing basis and be available to all building administrators and school psychologists.

The following employee job classifications are authorized and certified to use restrictive procedures:

- 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
- Education paraprofessional
- Mental health professional

Activities

Personnel development activities will be provided to district staff and contracted personnel who have routine contact with students and who may use restrictive procedures in the following areas:

1. Positive behavioral interventions;
 - a. CPI Crisis Development Model, Verbal Intervention, Postvention
2. Communicative intent of behaviors;
 - a. CPI Crisis Development Model, Nonverbal & Paraverbal Communication
3. Relationship building;
 - a. Woven throughout CPI training but is addressed most directly in Empathic Listening and Integrated Experience
4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
 - a. Precipitating factors, Rational detachment, Integrated experience, Personal safety
5. De-escalation methods;
 - a. CPI addresses both verbal and nonverbal de-escalation strategies. Program focuses on strategies to de-escalate and prevent future occurrences
6. Standards for using restrictive procedures **only in an emergency**;
 - a. Nonviolent Physical Crisis and Team Intervention, Understanding the risks of restraints
7. Obtaining emergency medical assistance;
 - a. Nonviolent Physical Crisis Intervention and Team Intervention
8. Physiological and psychological impact of physical holding and seclusion;
 - a. Nonviolent Physical Crisis and Team Intervention, Understanding the Risks of Restraints, Crisis Development Model, Therapeutic Rapport
9. Monitoring and responding to a child's physical signs of distress when physical holding is being used;
 - a. Nonviolent Physical Crisis Intervention and Team Intervention

10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
 - a. Understanding the Risks of Restraints, Nonviolent Physical Crisis Intervention and Team Intervention
11. **District policies and procedures for timely reporting and documenting each incident involving use of restrictive procedures; and**
12. **School wide programs on positive behavior strategies.**

3. Restrictive Procedures

Restrictive procedures that may be used in emergency situations include physical holding and/or seclusion. The following requirements must be met when seclusion or physical holding is used:

- 1) **The physical holding or seclusion is the least intrusive intervention that effectively responds to the emergency;**
- 2) **Physical holding and seclusion will end when the threat of harm has ended and staff has determined that the student can safely return to the requested activity;**
- 3) **Physical holding or seclusion is not used to discipline a noncompliant child; and**
- 4) **Staff directly observes the child while physical holding or seclusion is being used.**

Physical Holding

Rush City Elementary School and Rush City High School intends to use the following types of physical holding: ***Children's Control, Team Control, Team Transport, Interim Control.***

Seclusion

Rush City Elementary School and Rush City High Schools do not use any locked time out rooms for seclusion.

4. Prohibited Procedures

Rush City School District #139 will never use the following prohibited procedures 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. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment.
4. Denying or restricting the student access to equipment and devices such as 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.

5. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse.
6. Totally or partially restricting a student's senses as punishment.
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.**

5. Documentation of Physical Holding and/or Seclusion

Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion shall document, as soon as possible after the incident concludes, the following information:

- A description of the incident that led to the physical holding or seclusion;
- Why a least restrictive intervention failed or was determined by staff to be inappropriate or impractical;
- The time the physical holding or seclusion began and the time the child was released; and
- A brief record of the child's behavioral and physical status.

The use of restrictive procedures in emergency situations will be documented through the use of the appropriate Restrictive Procedures Reporting Form available in SpEd Forms.

6. Documentation of Staff Debriefing Meeting

Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a staff debriefing meeting with involved staff within two days after the restrictive procedure concludes. There will be at least one staff member attending the debriefing meeting who was not involved in the incident and has knowledge of behaviors. A copy of the Restrictive Procedures Reporting Form and the Staff Debriefing Meeting form on SpEd Forms will be sent to building principal and SCRED Social Behavior Collaborative Planner and a copy placed in the student's due process file. The building principal will keep a comprehensive file of all restrictive procedure forms to be used by the Building Oversight Committee (see Appendix B for list of committee members).

If the staff debriefing determines the physical holding or seclusion was not used appropriately, the district will ensure immediate corrective action is taken by providing review of this plan outlining appropriate use of restrictive procedures and determine if more training is needed for staff in the district.

7. Documentation for an IEP

The use of restrictive procedures in response to an emergency may be documented in the student's IEP or a behavior support plan attached to the IEP.

As required by MN Statute, the district will hold a meeting within 10 calendar days after district staff use restrictive procedures on 2 separate school days

within 30 calendar days or a pattern of use emerges and the child's individualized education program (IEP) or behavior support plan (BSP) does not provide for using restrictive procedures during an emergency, or at the request of a parent or the district after restrictive procedures are used. The district will review the use of restrictive procedures at a child's annual IEP meeting when the child's IEP provides for using restrictive procedures in an emergency. The IEP team must not delay this meeting. If the data demonstrates that the student is failing to make progress on the IEP goals, the team has the responsibility to address the lack of progress. At the meeting the team will review any known medical or psychological limitations, **including any medical information the parent provides voluntarily,** that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the IEP or BSP.

The (IEP) team will also review the Functional Behavioral Analysis (FBA) or consider conducting an FBA if none exists or the existing one does not address the presenting behaviors, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the IEP or BSP, as appropriate.

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, will consult with other professionals working with the child; 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 child.

Record retention will be in accordance with district policies on student records.

8. Building Oversight Committees

Rush City School District #139 will annually identify oversight committee members who must at least include:

- 1) A mental health professional, school psychologist, or social worker;**
- 2) An expert in positive behavior strategies;**
- 3) A general education administrator; and**
- 4) A special education administrator.**

The Building Oversight Committee will meet **quarterly** to review **the use of restrictive procedures. The committee will consider patterns or problems indicated by similarities in 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 situation; the need for additional staff training; and proposed actions to minimize the use of restrictive procedures.** Data will be provided to the committee using the Restrictive Procedures Reporting Form and the Staff Debriefing

Meeting form available in SpEd Forms. The Committee will complete the Building Oversight Committee Quarterly Review Form (see Appendix A). The Building Oversight Committee will make recommendations in regards to the District's Restrictive Procedures Plan and, if necessary, indicate training needs and establish a plan for addressing Committee recommendations.

9. Emergency Situations – Use of Restrictive Procedures

The ***Rush City School District #139*** shall make reasonable efforts to notify the parent on the same day when restrictive procedures are used in an emergency. If the school is unable to provide same-day notice, notice will be sent by written or electronic means or as otherwise indicated by the parent within 2 days. Documentation of how the parent wants to be notified when a restrictive procedure is used may be found in the IEP or BIP.

Building administrators will receive written notification when restrictive procedures are used in emergency situations. Records will be reviewed quarterly and summarized annually.

10. Positive Behavior Interventions and Supports

The District is committed to the use of positive behavioral supports. School environments that are positive, predictable and effective and provide a continuum of support are safer and have improved learning outcomes for all students.

The District will implement a range of positive behavior strategies by providing staff and administrators various professional development opportunities on the use of positive behavior strategies and interventions. All staff and administrators are also encouraged to participate in Crisis Prevention Institute trainings offered throughout the school year.

The following are links to public agencies or organizations who can connect students and families with mental health services:

Riverwood Centers
521 Broadway Ave N.
Braham, MN 55006
1-800-223-1513
320-396-3333

Lighthouse Child and Family Services
160 3rd Ave NW
Milaca, MN 56353
320-983-2335

114 N. Rum River Dr.
Suite 122
Princeton, MN 55371
763-389-7886

Therapeutic Services Agency
220 Railroad St. SE

Pine City, MN 55063
320-629-7600

Chisago County Human Services
6133 402nd Street
North Branch, MN 55056
651-213-5648

313 N. Main St.
Center City, MN 55012
651-213-5648

Pine County Human Services
315 Main St. South, Suite 200
Pine City, MN 55063
320-591-1570

130 Oriole St. East, Suite 1
Sandstone, MN 55072
320-216-4100

1610 Hwy 23 North
Sandstone, MN 55072
320-216-4140