

(Insert District Name & #)**Site Trainings**

To meet all of the requirements of 125A.0942 subd 1(3), staff who use restrictive procedures will complete training in the following skills and knowledge areas

Skills and Knowledge Areas	School Building	School Building	School Building
1. Positive behavioral interventions	• CPI •	• CPI •	• CPI •
2. Communicative intent of behavior	• CPI •	• CPI •	• CPI •
3. Relationship building	• CPI •	• CPI •	• CPI •
4. Alternatives to restrictive procedures	• CPI •	• CPI •	• CPI •
5. De-escalation methods	• CPI •	• CPI •	• CPI •
6. Standards for using restrictive procedures	• CPI •	• CPI •	• CPI •
7. Obtaining Medical Assistance	• CPI •	• CPI •	• CPI •
8. Psychological/Physiological impact of restrict and seclusion	• CPI •	• CPI •	• CPI •
9. Physical signs of distress during restraint	• CPI •	• CPI •	• CPI •
10. Recognizing symptoms of asphyxia during restraint	• CPI •	• CPI •	• CPI •

11. District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure	• CPI •	• CPI •	• CPI •	• CPI •
12. School-wide programs on positive behavior strategies	• CPI •	• CPI •	• CPI •	• CPI •

ISD # _____

Critical Incident Data Sheet for Restrictive Procedures

Student Name: _____ DOB: _____

Building: _____ Date of Incident: _____

Directions: Complete this form whenever a restraint (R) or seclusion (S) is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity.

***A debriefing meeting must be held within 2 school days of the incident and a Staff Debriefing Meeting form completed.**

Involved Staff: _____

Signature of person completing this form: _____

Description of incident that led to restrictive procedure:

Type R/S	Intervention Time		Location	Type of Restraint Used (options below)				Denied (Y/N) Water or Restroom
	Start	End		<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC	
				<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC	
				<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC	
				<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC	
				<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC	

Was seclusion conducted in a room other than a specially designed approved and registered time out room?

Yes ____ No ____ Room location _____

Description of child's behavior and physical status during intervention:

Any Clothing Removed? Shoes ____ Belt ____ Pocket Contents ____ Other _____

Was Meal Delayed? Yes ____ No ____ Explanation: _____

Describe emergency situation:

Intervention was used to protect child or others from physical injury? Yes ____ No ____

Positive and least restrictive interventions tried before use of restrictive procedure:

 Redirection, Correction, Verbal or Non-verbal Feedback Brief supervised removal – (another location for purposes of engaging in activities or discussion related to behavior, thoughts or feelings.) Safe place to relax/regroup (voluntary) Other: _____Description of why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical: _____

Parent(s) Notification: Parents must be notified the same day the procedure is used. A written or electronic notice must be sent within 2 days if unable to notify parents on same day as incident.

Date: _____ Time: _____

Parent Name: _____ By Whom: _____

Parent Comments: _____

Was law enforcement contacted? Yes ____ No ____ By Whom: _____

Outcome of call: _____



Student: _____ ID: _____ Date: _____
School: _____ Grade: _____ DOB: _____
Gender: _____ Primary Disability: _____

Part A. Is the student Hispanic/Latino? Yes No
Part B. What is the student's race? (Choose one or more)
 American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Directions: The staff person who implemented or oversaw a physical hold must complete this form each time a physical hold is utilized.

Staff involved: _____

Person completing this form: _____ Position: _____ Phone: _____
x x x

EMERGENCY

Was physical holding used to protect student or others from physical injury? Yes No

Description of the emergency situation:

Description of the incident that led to physical holding:

PHYSICAL HOLDING

Description of the physical holding and a brief description of the student's behavioral and physical status:

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

Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical:

Did the physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity? Yes No
Explain:

Did staff directly observe the child during the physical hold: Yes No
Explain:

Did staff sustain an injury as a result of the physical holding: Yes No

Did the student sustain an injury as a result of the physical holding:

Yes No

Time physical hold began:

Ended:

Total Time:

PARENT NOTIFICATION

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent:

Date: Time:

Notified by:

How notified:



Appendix E
Use of Restrictive Procedures: Seclusion

Student:

ID:

Date:

School:

Grade:

DOB:

Gender:

Part A. Is the student Hispanic/Latino? Part B. What is the student's race? *(Choose one or more)*

Yes No

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Directions: Complete this form whenever a seclusion is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity. A debriefing meeting must be held within two (2) days and a Staff Debriefing Meeting form completed.

Staff involved:

Name of Staff	Title

Signature of person completing this form:

Phone:

Position:

(_____)

EMERGENCY

Was seclusion used to protect student or others from physical injury?

Yes No

Description of the emergency situation:

Description of the incident that led to seclusion:

SECLUSION

Location of seclusion room:

- Did the room meet the requirements of a room used for seclusion? Yes No
- Was the room well lit, well ventilated, adequately heated and clean? Yes No
- Did the room contain objects that a student may use to injure themselves or others? Yes No

Brief description of the student's behavior and physical status during seclusion:

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

Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical:

Did the seclusion end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity: Yes No

Explain:

Did staff directly observe the child during the seclusion: Yes No

Explain:

Time seclusion began: Ended: Total Time:

PARENT NOTIFICATION:

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent: _____ Date: _____ Time: _____

Notified by:

How notified:

ISD # _____
Staff Debriefing Meeting

Student Name: _____ **DOB:** _____ **Building:** _____

Date of Debrief: _____ **Date of Incident:** _____

Student on an IEP: Yes _____ No _____ BIP in Place: Yes _____ No _____

Was IEP followed: Yes _____ No _____ Was BIP followed: Yes _____ No _____

If answered no, explain why:

Signatures of staff attending debrief (should include at least one person not involved in incident who has knowledge of behavior). Circle the Facilitator's signature:

Identify the antecedents, triggers and proactive interventions used prior to escalation. Briefly describe the impact of the less restrictive interventions. What behavior did the student exhibit to require a restrictive procedure? Was the intervention used in an emergency to protect child/others from injury? Describe student and staff behavior during the intervention.

What actions helped/what did not help?

Describe the procedure used to return the child to his/her routine activity, education setting, intervention, and/or site determined by the team, BIP and/or administrator.

Was restraint/seclusion used in an emergency?	Yes _____	No _____
Was the restraint/seclusion least intrusive?	Yes _____	No _____
Did restraint/seclusion end when threat of harm ended?	Yes _____	No _____
Is corrective action needed?	Yes _____	No _____
Is the behavior likely to occur again?	Yes _____	No _____
Staff directly observed child during restraint/seclusion?	Yes _____	No _____
Did injuries occur to student during restraint/seclusion?	Yes _____	No _____
Did injuries occur to staff during restraint/seclusion?	Yes _____	No _____
Was procedure used to discipline non-compliant child?	Yes _____	No _____
Was documentation completed correctly?	Yes _____	No _____
Did only appropriate staff use restrictive procedures?	Yes _____	No _____
Staff using restraint/seclusion appropriately trained?	Yes _____	No _____

Follow-up action (to prevent need for future restrictive procedures):

Behavior history:

Other restrictive procedures used in the last 4 weeks?	Yes _____	No _____
Any restrictive procedures used twice in 30 days?	Yes _____	No _____
Does the team see this as a pattern?	Yes _____	No _____
Does the child's IEP team need to meet?	Yes _____	No _____
Restrictive procedures used on 10 or more school days?	Yes _____	No _____

Place a copy of these forms in Student's Due Process File in Section 3.

Send copies to: case manager special ed coordinator building principal other _____



Date of Incident: _____

Date of Debriefing: _____

Student: _____

ID: _____

DOB: _____

School: _____

Grade: _____

Student was on an IEP: Yes No

Was IEP implemented correctly? Yes No

Was a BIP in place: Yes No

Was BIP implemented correctly? Yes No

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

Briefly describe the impact of these less restrictive interventions:

What behavior necessitated the use of a restrictive procedure?

Describe student and staff behavior during the incident:

What actions helped or didn't help?

Describe the procedure used to return the student to his/her routine activity:

Was the hold/seclusion the response to an emergency situation? Yes No

Was the hold/seclusion the least restrictive intervention? Yes No

Did the hold/seclusion end when the threat of harm ended? Yes No

Is corrective action needed? Yes No

Is the behavior likely to reoccur? Yes No

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

Behavior History:

Other restrictive procedures used in the last 4 weeks: Yes No

Restrictive procedures used twice in a month: 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 Debriefing (should include one individual not involved in the incident)

(Facilitator)

Insert District Name/Number
Building Oversight Committee Members
(2015-16 School Year)

The Building Oversight Committee will meet yearly to complete the Review Form (Appendix H) based on data provided in the Critical Incident Data Sheet/Use of Restrictive Procedures (Appendix E) and the Staff Debriefing Meeting (Appendix F) forms. The Committee will also complete the Annual Summary of Use of Restrictive Procedures form (Appendix I) and establish a plan for addressing Committee recommendations. The Building Oversight Committee may be called together at other times to address the inappropriate use of restraint and/or seclusion and determine and recommend training needs.

Oversight Committee Members

Oversight Committee Members

Oversight Committee Members

Building Oversight Committee Review Form

Student Name: _____ **Building:** _____ **Meeting Date:** _____
 Restrictive procedures are documented in the IEP or attached BIP: Yes No

Restraint: Disability: _____ Fed Setting: _____ Age: _____ Race/Eth: _____ Gender: _____ # Staff Injuries: _____ # Student Injuries: _____
Seclusion: Disability: _____ Fed Setting: _____ Age: _____ Race/Eth: _____ Gender: _____ # Staff Injuries: _____ # Student Injuries: _____

Date	Holds/Seclusion (check all that apply)						Total Duration of Restraint (R) or Seclusion (S)
	CC	TC	TE	IC	Secl		

Key: CC = Children's Control Hold, TC = Team Control, TE = Team Escort, IC = Interim Control, Secl = Seclusion

Summary of Critical Incident Data Sheet

Frequency of Use: Increase Decrease Same

Duration of Use: Increase Decrease Same

Were the positive interventions consistently used prior to use of a restrictive procedure? Yes No

Were parents routinely notified on the same day of the procedure or within 2 days via written or electronic notice Yes No

Summary of Staff Debriefing Meeting forms:

Is there a pattern of antecedents? Yes No Specify _____

Is there a pattern of behaviors? Yes No Specify _____

Is there a pattern of staff responses? Yes No Specify _____

Is there a pattern of interventions that helped return this student to his/her routine activities ASAP? Yes No Explain: _____

Is there a pattern of interventions that escalated student behaviors? Yes No Explain: _____

Were procedures routinely discontinued when threat of harm ended? Yes No

Were procedures routinely used only in an emergency? Yes No

Members of the Reviewing Team: _____

Restrictive Procedures Oversight Committee Agenda

Meeting Date: _____

District/Program: _____

The oversight committee has:

Comments:

Reviewed any Restrictive Procedures based on patterns or problems indicated by similarities in time of day, day of week, duration of use of a procedure, the individuals involved or other factors:

YES ___ NO ___

Reviewed the number of times a restrictive procedure was used school-wide and for individual children:

YES ___ NO ___

Reviewed the number and types of injuries resulting from the use of restrictive procedures:

YES ___ NO ___

Reviewed whether restrictive procedures are used for nonemergency situations:

YES ___ NO ___

Reviewed the need for additional staff training:

YES ___ NO ___

Reviewed proposed actions to minimize the use of Restrictive procedures:

YES ___ NO ___

Reviewed any Restrictive Procedures law updates:

YES ___ NO ___

The oversight committee has:

Comments:

Reviewed forms for completion:

YES ___ NO ___

Reviewed post-use debriefings:

YES ___ NO ___

Reviewed IEP meetings (if Restrictive Procedures were used 2 times in 30 days:

YES ___ NO ___

Reviewed any use of reasonable force as defined in MN Statute 121A.582 Subd. 1 (a)(b):

YES ___ NO ___

Reviewed district's practices regarding Restrictive Procedures:

YES ___ NO ___

Oversight Committee Member Signatures:

General Education Administrator

Special Education Administrator

Expert in Positive Behavioral Strategies

Mental Health Professional, School Psychologist, or School Social Worker

NON-VIOLENT CRISIS PREVENTION (CPI) PROCESS

GENERAL INFORMATION

- Your district will be assigned a Freshwater CPI Instructor
- Contact your CPI instructor throughout the course of the school year with any concerns about holds, needing feedback on crisis situations, or any other questions concerning the CPI information learned at the training

3 HOUR CPI REFRESHER COURSE

- **This workshop is intended for individuals who have previously been received the full 8 hour course Non-Violent Crisis Intervention through Freshwater Education District.** This training is based on materials from the Crisis Prevention Institute (CPI). CPI recommends that participants attend a refresher course if it has been more than a year since you had a refresher or an 8 hour training with holds.
- **If your team/school is using actual holds on students, Freshwater Education District recommends yearly refreshers and communication to your district CPI instructor with any CPI related questions.** *If it has been more than 2 years since you have had a refresher, Freshwater recommends the full course.*
- The instructor will train in or close to your district for the 3 hour refresher course (your district may partner with a neighboring district).
- To schedule a refresher course contact Tiffany at 218-894-2439, ext. 1066. Give advanced notice (at least one month) and a few dates that would work. Tiffany will then work with your assigned CPI instructor.
- The CPI refresher course will be offered on a ONCE a year basis per district.
- For refresher courses, the district will need to provide the space for the training, the necessary equipment and refreshments if you so choose. Freshwater will provide the books and the trainer.

8 HOUR FULL CPI COURSE

- **This workshop is intended for both teachers and paraprofessionals who have not had training before or have not attended a refresher in the 3 years since the 8 hour training with holds or had a six hour training with no holds.** This eight-hour certification course from the Crisis Prevention Institute provides introductory training on behavioral intervention with students. It includes training on both verbal and physical behaviors.
- The full 8 hour course (which includes physical holds used in restrictive procedures) will be offered 3 times a year in set locations - outside your district in most cases.
- Freshwater will provide food, beverages, space, equipment, books and the trainer