

Alexandria Public Schools District 206 Restrictive Procedures Plan

In accordance with Minn. Stat. §§ 125A.094 and 125A.0942 as amended effective 7/1/13, every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request a plan that discloses its use of restrictive procedures with special education students. The plan must:

- 1. list the restrictive procedures that the school district intends to use;*
- 2. describe how the school district will implement a range of positive behavior strategies and provide links to mental health services,*
- 3. describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the 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 non emergency situations, the need for additional staff training, and proposed actions to minimize the use of restrictive procedures; and*
- 4. includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.*

Restrictive Procedures

Alexandria Public Schools, ISD 206, uses restrictive procedures only in emergency situations.

“Restrictive procedures” means the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used as punishment or discipline.

“Emergency” means a situation where immediate intervention is needed to protect the child or other individuals 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 Used in Alexandria Public Schools

The restrictive procedure that Alexandria Public Schools may use in an emergency situation is **physical holding**.

“Physical holding” is a physical intervention intended to hold a student immobile or limit a student’s movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a child or other individual from physical injury.

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;
- Is needed to physically escort a child when the child does not resist or the child’s resistance is minimal.

The physical holding must:

1. Be the least intrusive intervention that effectively responds to the emergency;
2. Not be used to discipline a noncompliant student;
3. End when the threat of harm ends and the staff determines the child can safely return to the classroom or activity;
4. Be observed directly by staff while the physical holding is being used; and
5. Be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.

Restrictive Procedures Not Used in Alexandria Public Schools

The Alexandria Public Schools does not use the restrictive procedures of **prone restraint** or **seclusion**.

“Prone restraint” means placing a child in a face down position.

“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.

Prohibited procedures

District employees, contracted personnel, and volunteers are prohibited from using the following actions or procedures:

1. Engaging in corporal punishment which is defined by Minnesota statute to be conduct involving: (1) 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 a student to assume and maintain a specified physical position, activity, or posture that induces physical pain as punishment;
3. Total or partial restriction of auditory or visual senses (not to include study carrels when used as an academic intervention);
4. Use of intense sound, light or other sensory stimuli using smell, taste, substance or spray as punishment;
5. Denying or restricting a student’s access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the student’s functioning, except when the temporary removal of the equipment or device is needed to prevent injury to the student or 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 as those terms are defined in Minn. Stat. § 626.556;
7. Withholding regularly scheduled meals or water;

8. Denying access to bathroom facilities; and
9. Physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.

Nothing in this plan precludes the use of reasonable force as allowed under Minn. Stat. §§ 121A.582, 609.06, subd. 1, and 609.379

The Monitoring and Review of the Use of Restrictive Procedures

A restrictive procedure may be used in an emergency when immediate intervention is needed to protect a child or other individual from physical injury or to prevent serious property damage; and less intrusive or non-physical interventions would not be effective; and a behavior intervention plan has been developed for the student and the student has failed to respond to those reinforcement techniques. The staff who implements or oversees the restrictive procedure shall inform the administration of any use of a restrictive procedure as soon as possible and complete the "Use of Restrictive Procedures: Physical Hold" no later than the next working day. In addition, teams will complete the "Staff Debriefing Meeting" form within 48 hours of a hold. The Director of Student Support Services will maintain an ongoing record of all reported uses of restrictive procedures. Four times per year, the District will convene an oversight committee which will consist of the Director of Student Support Services and/or an Assistant Director of Student Support Services, minimum of one building principal, a school psychologist and a school social worker with expertise in behavior analysis. This oversight committee will review aggregate data, monitor the use of procedures and arrange additional training, as needed.

A. Those authorized to use restrictive procedures

The following employee job classifications are authorized to use restrictive procedures, with required training:

- Licensed special education teachers
- Licensed school social workers
- Licensed school psychologists
- Staff with a master's degree in behavior analysis
- Other licensed educational professionals
- Mental health professionals
- Paraprofessionals

B. Requirements for Notification and Documentation if restrictive procedure is used

Parent Notification

School staff shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student. If same day notification is not possible, notice is sent to the parent within two days of the procedure being used by written or electronic means or as otherwise indicated in the student's IEP.

Reporting of Use of Restrictive Procedure

Each time a restrictive procedure (physical holding) is used the staff person who implements or oversees the use of a restrictive procedure must inform the building administration and the student's

IEP manager as well as complete, as soon as possible, the restrictive procedure report form. The report form must include:

1. A description of the incident that led to the use of the restrictive procedure;
2. A statement of why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
3. Documentation of the time the restrictive procedure began and the time the student was released from the hold; and
4. A brief record of the student's behavioral and physical status during and after the use of the restrictive procedure.

Staff Debriefing after Use of Restrictive Procedure

The staff person who implements the restrictive procedure, the staff who observed during the procedure and the student's IEP Manager (if different) are expected to debrief and review the process. A follow-up debriefing may occur with the Director of Student Support Services, Assistant Director of Student Support Services or the Social worker with expertise in behavior analysis.

Including Plan for Use of a Restrictive Procedure in Student's IEP

A student's IEP team may include a plan for using a restrictive procedure in the student's IEP but may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP it must include a written description of how the parent wants to be notified when a restrictive procedure is used. The district must review use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.

Expectations for IEP Team Meetings

The District must hold an IEP team meeting:

1. Within ten (10) calendar days after district staff use, restrictive procedures on two separate school days within thirty (30) calendar days,
2. a pattern of use emerges and the child's IEP or behavior intervention plan (BIP) does not provide for use of restrictive procedures in an emergency, or
3. at the request of a parent or the district after restrictive procedures are used.

The IEP team must review use of restrictive procedures at a child's annual IEP meeting when the child's IEP provides for using restrictive procedures in an emergency.

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 ten (10) or more school days during the same school year, the team, as appropriate, must:

1. consult with other professionals working with the student;
2. consult with experts in behavior analysis, mental health, communication, or autism;
3. consult with culturally competent professionals;
4. review existing evaluations, resources, and successful strategies; or
5. Consider whether to reevaluate the student.

Oversight Committee:

At least quarterly, the District will convene an oversight committee which will include the following individuals:

- Director or Assistant Director of Student Support Services
- A minimum of one Principal or Assistant Principal
- District's behavior analyst/ social worker with expertise in behavioral analysis

- School psychologist

The District will annually publicly identify oversight committee members.

The oversight committee will review:

1. The use of restrictive procedures based on patterns or problems indicated by similarities in the 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 non emergency situations
5. The need for additional staff training; and
6. Proposed actions to minimize the use of restrictive procedures.

Description of Staff Training in the Use of Restrictive Procedures

Staff are initially certified through the Crisis Prevention Intervention (CPI) program and then receive annual refresher training through the same program.

The CPI training, paired with supplemental training components, addresses the state requirements for a restrictive procedure training program which includes training on:

- Positive behavior 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
- 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 that may cause positional asphyxia when physical holding is used
- Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
- District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure
- School-wide programs on positive behavior strategies

The District maintains a list of CPI trained staff at the District Office (Special Education/ Teaching and Learning) and with the district's CPI training team as well as a list of trainings offered each year to staff to meet the twelve (12) skill and knowledge areas described above.

Positive Behavior Strategies

A variety of Positive Behavior Strategies are used in each building. Each elementary and secondary school has a plan for implementation of Positive Behavior Strategies through the Multi-tiered Systems of Support. In addition, K-1 classroom teachers and assistants are trained in Teacher Child Interaction Training (TCIT).

Designated staff have been provided training on de-escalation strategies using the training materials through Crisis Prevention Intervention (CPI).

The district provides training on specific programs targeted towards Positive Behavior Strategies: Zones of Regulation, Social Stories, and SuperFlex.

Links to Mental Health Support

The Director of Student Support Services participates on the Local Mental Health Collaborative which identifies needs in Douglas County and allocates funding for specific needs in the school, community and social services. In addition, Alexandria Public Schools contracts with a mental health professional to assist in implementing Alternative Delivery of Specialized Instructional Services (ADSIS).

Other resources available:

- National Alliance on Mental Illness (NAMI): <http://www.namihelps.org/>
- Minnesota Association for Children's Mental Health (MACMH): <http://www.macmh.org/>