Verndale District #818
Restrictive Procedures Plan

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In accordance with Minnesota Statute 1125A.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; describes how the school will implement a range of positive behavior strategies; describes how the school will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee; and written description and documentation of the training and staff who completed the training.

The plan is publicly accessible on a school website or a paper copy upon request. There are links on the website with mental health resources for families. The following link to Northern Pines Mental Health Center may also be used to access mental health resources: https://www.npmh.org/

Verndale District #818 uses restrictive procedures only in response to behavior(s) that is defined as an emergency, even if written into a child's Individual Education Plan (IEP) or Behavior Intervention Plan (BIP).

A. 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. 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 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. "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.
5. "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.

B. Staff Training – Requirements and Activities

Requirements

Staff who design and use behavioral interventions will complete training in the use of positive approaches as well as restrictive procedures. Training records will identify the content of the training, attendees, and training dates.

Verndale District #818 will compile a list of all Crisis Prevention Institute (CPI) trainings and forward attendance records to the district quarterly. Prior to the start of each school year, District administration and CPI trainers will complete an annual review of data indicating CPI trained staff to ensure staff have received annual CPI refresher trainings, along with full CPI trainings every 3 years and upon being newly hired in the district. Staff who have routine contact with students who may require the use of restrictive procedures will be identified by district administration and placed on a bi-annual rotation to receive CPI training. District administration will also identify newly hired staff who require CPI training and ensure they attend the required training. The district will maintain records of additional training provided within the district. Records of all trainings will be maintained with the restrictive procedures plan. See Appendix A and B for Site Trainings and Attendance Forms, respectively. (Hard copies of training attendance forms, including names of staff that have been trained, are available at the school office upon request.)

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
- Highly qualified education paraprofessional
- Mental health professional

Activities

Personnel development activities will be provided to district staff, including paraprofessionals and contracted personnel who have routine contact with students and who may use restrictive procedures. The district has an assigned Crisis Prevention Intervention (CPI) trainer. CPI courses are offered each year for district staff, including 3-hour refresher courses and 8-hour full CPI courses. (See Appendix J) The CPI courses include information in the following areas:

1. Positive behavioral interventions;
    - CPI Crisis Development Model, Verbal Intervention
2. Communicative intent of behaviors;
    - CPI Crisis Development Model, Preventative Techniques
3. Relationship building;
    - CPI – Preventative Techniques

4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
    - CPI – Precipitating Factors, Rational Detachment, Integrated Experience
5. De-escalation methods:
    - CPI Crisis Development Model
6. Standards for using restrictive procedures only in an emergency;
    - CPI Nonviolent Physical Crisis and Teach Intervention, Understanding Risk of Restraints
7. Obtaining emergency medical assistance;
    - CPI – Nonviolent Physical Crisis Intervention and Team Intervention
8. Physiological and psychological impact of physical holding and seclusion;
    - CPI – Nonviolent Physical Crisis Intervention and Teach Intervention, Understanding Risk of Restraint, Crisis Development Model
9. Monitoring and responding to a child's physical signs of distress when physical holding is being used; and
    - CPI – Nonviolent Physical Crisis Intervention and Team Intervention
10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
    - CPI – Understanding Risks of Restraints
11. District policies and procedures for timely reporting and documenting each incident involving the use of a restricted procedure;
    - Review of District Restrictive Procedures Plan
    - Review of Restrictive Procedures law updates
    - Review of District Restrictive Procedures reporting forms.
12. School-wide programs on positive behavior strategies
    - Review of District school-wide positive behavior strategies
    - Review of individual positive behavior intervention plans with IEP teams

In addition to CPI Nonviolent Crisis Intervention training, staff will be provided with updates annually regarding law changes and how such changes impact current school practices. Staff will also be trained annually 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 rule. These additional trainings will be provided to member districts of Freshwater Education District via the following:

- Annual Special Education Update workshop
- Annual Disability Update Meetings
- District-level child study meetings with Special Education Program Specialist
- Individual student-based training within the IEP servicing team
- File reviews

Training records will identify the content of training, attendees, and training dates.

C. Restrictive Procedures and Seclusion

Restrictive procedures that may be used in emergency situations include physical holding and seclusion. Physical holding and seclusion will end when the threat of harm has ended and staff determine the student can safely return to the requested activity.

Physical Holdings

Verndale District #818 intends to use the following types of physical holding:
low, medium, and high seated child control, low, medium and high child standing control positions, low, medium, and high seated control positions, and low, medium, and high standing control positions.

Seclusion

Verndale District #818 does not use any rooms for seclusion.

D. Prohibited Procedures

Verndale District #818 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 a 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's 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 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.
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.

E. 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 documents, 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 Critical Incident Data Sheet for Restrictive Procedures/Use of Restrictive Procedures form (see Appendix E).

F. Documentation of Post-use 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 post-use debriefing with involved staff ***within 2 school days of the incident*** 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 with knowledge of behavior. ***On any occasion when the building principal is unable to attend the debriefing meeting, the principal will be notified as soon as possible that a restrictive procedure was used.***

The post-use debriefing will review the following requirements to ensure the restrictive procedure was used appropriately:

- Whether the physical holding or seclusion was used in an emergency
- Whether the physical holding or seclusion was the least intrusive intervention that effectively responds to an emergency
- Whether the physical holding or seclusion was used to discipline a non-compliant child
- Whether the physical holding or seclusion ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity
- Whether the staff directly observed the child while physical holding or seclusion was being used
- Whether the documentation was completed correctly
- Whether the parents were properly notified
- Whether an IEP team meeting needs to be scheduled
- Whether appropriate staff used physical holding or seclusion
- Whether the staff used physical holding or seclusion was appropriately trained

A copy of the Critical Incident Data Sheet for Restrictive Procedures/Use of Restrictive Procedures form (see Appendix E) and the Staff Debriefing Meeting form (see Appendix F) will be sent to: ***child's case manager, the district's special education director, the district oversight committee,*** and a copy will be placed in the student's due process file. The Building Oversight Committee will keep a comprehensive file of all restrictive procedure forms to be used by the committee.

If the post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Critical Incident Data Sheet for Restrictive Procedures/Use of Restrictive Procedures form (see Appendix E) and the Staff Debriefing Meeting form (Appendix F) to

determine and recommend training needs. **The building administrator will contact the special education director to review the incident.**

G. Documentation for an IEP

The use of restrictive procedures will be documented in the student's IEP or a behavior intervention plan attached to the IEP. **Reviews will be conducted** in accordance with MN Statute which requires the district must hold the meeting; within ten calendar days after district staff use restrictive procedures on two separate school days within 30 calendar days or a pattern of use emerges and the child's IEP or behavior intervention plan does not provide for using restrictive procedures in an emergency; or at the request of a parent or the district after restrictive procedures are used. The team will conduct or review a functional behavioral analysis, 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 BIP as appropriate. 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 BIP.

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

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

H. Building Oversight Committees

The Building Oversight Committee will meet quarterly in conjunction with a child study meeting to review data provided in the Critical Incident Data Sheet for Restrictive Procedures/Use of Restrictive Procedures form (Appendix E) and the Staff Debriefing Meeting form (see Appendix F). The Committee will complete the Building Oversight Committee Review Form (see Appendix H). The committee will look for any patterns of behavior, building or environmental factors, policies or procedures affecting behavior, or any other items that may influence the use of restrictive procedures. Annually, the Building Oversight Committee will also complete the Annual Summary of Use of Restrictive Procedures form (Appendix I). The Building Oversight Committee will make recommendations regarding the District Restrictive Procedures Plan, if necessary, and indicate training needs to establish a plan for addressing the Committee recommendations. **Each district submits the Annual Summary of Use of Restrictive Procedures to the Freshwater Education Special Education Director by June 30th of each school year.**

Required team members are: a mental health professional, school psychologist, or school social worker; an expert in positive behavior strategies; a special education administrator; and a general education administrator. (See Appendix G for the oversight committee sample form). A hard copy of the list of oversight committee members is available at the school office upon request.

Oversight Committee members are:

- Katie Bolland
- Tracy Kj Mastin
- Cari Grenier
- Geneva Cabello
- Cortney Cardini
- Heidi Brandsma

Additional oversight committee meetings will occur if a post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately. If an inappropriate use occurs, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Critical Incident Data Sheet for Restrictive Procedures/Use of Restrictive Procedures form (see Appendix E) and the Staff Debriefing Meeting form (Appendix F) to determine and recommend training needs.

I. Emergency Situations – Use of Restrictive Procedures

The ***Verndale District #818*** shall make reasonable efforts to notify the parent by phone 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.

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

J. Positive Behavior Interventions and Supports

The district is committed to using positive behavioral interventions and supports. Positive behavior interventions and supports (PBIS) means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

Verndale District #818 uses the following practices and procedures to teach expected behaviors and provide additional positive supports to students requiring further intervention:

- Catalyst Approach
- Use of 5 point scale for positive teaching universal expectations for student behavior
- Use of the behavior matrix
- Pirate Pride
- Classwide/Small Group lunch bunch group for social skills
- Big Buddy Program
- I - Can Program
- School counselor in classes for social skills
- Structured alternative recess for students
- Verndale School Instructional Model
- Elementary Lunch Bunch