

Minnesota Valley Education District (MVED)

Policy and Procedures for the Use of Restrictive Procedures

(Revised September 6, 2016)

Minnesota Valley Education District (MVED) is committed to providing for the care, welfare, safety and security of both the students they serve and for the staff and all others who are a part of our programming. This is done through the promoting of positive approaches for behavioral interventions for all students, watching for early warning signs of distress and implementing strategies for early intervention and de-escalation to attempt to interrupt behaviors before individuals become a danger to themselves or others.

MVED staff are trained to identify levels of behavior in individuals in crisis, including children with disabilities, and to respond with appropriate approaches to meet their needs at each level, following the *Nonviolent Crisis Intervention* model. Restrictive procedures are only used in an emergency situation by MVED staff and as a last resort when staff have determined that an individual is a danger to themselves or others and that the risks of implementing restrictive procedures are less than the danger the individual presents. The use of restrictive procedures may include the use of physical holding and/or the use of seclusion. MVED will adhere to the standards and requirements of Minnesota Statutes *125A.094 Restrictive Procedures for Children with Disabilities*.

A. Definitions

The following terms have the meanings given to them:

1. **“Emergency”** means a situation where immediate intervention is needed to protect a child or other individual from physical injury.
2. **“Physical Holding”** means physical intervention intended to hold a child immobile or limit a child or individual’s movement and where body contact is the only source of physical restraint. The term *Physical Holding* does **not** mean contact that:
 - a. Helps a child 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. **“Physical Holds”** that will be used by MVED follow the *Nonviolent Crisis Intervention* model developed by *Crisis Prevention Institute*. Staff are trained to use the following restraint and procedures:
 - a. **CPI Children’s Control Position** is a physical hold that is designed to be used with a student that is smaller than the adult. Additional staff need to be present to assist the adult implementing the hold, monitor the safety of the student and staff and take other safety precautions as necessary.
 - b. **CPI Team Control Position** is a physical hold that is used to manage students who have become dangerous to themselves or others. Two staff

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hold the individual and additional staff assess the student and staff for signs of distress and take other safety measures as necessary.

- c. ***CPI Transport*** is a physical hold that is a temporary, upright position that is used when the student is calm and needs to be moved to a safer place. Two staff assist with this position, one on either side of the student, with additional staff support as needed.
- d. ***CPI Interim Control Position*** is a physical hold that is a temporary, upright position that allows staff to maintain control of both of the individual's arms for a short period of time. One staff is needed to implement this position, however additional staff are working as a part of the team to monitor and assist the student and staff with any other safety precautions.
4. ***"Seclusion"*** means confining a child alone in a room from which egress is barred. Removing a child from an activity to a location where the child cannot participate or observe the activity is not seclusion.
5. ***"Barring Egress"*** is defined as keeping a student in *Seclusion* by either physically blocking their exit or by threatening the student with consequences if they leave *Seclusion*.
6. ***"Restrictive Procedures"*** means the use of physical holding or seclusion in an emergency.

B. Positive Behavior Strategies

Minnesota Valley School uses the following positive behavior strategies to reduce the incidence of the need to use restrictive procedures:

1. All students have individual Positive Behavior Support Plans (PBSB) that are a part of their Individual Education Plans.
2. Daily mental health skills instruction for every student in a small group setting.
3. School wide celebration and acknowledgement of students successes on a quarterly basis.

C. Mental Health Services

Minnesota Valley Education District employs a full time therapist, Amy Johnson, L.I.C.S.W. Amy is available to meet directly with any parent or staff person servicing students who attend Minnesota Valley School. Amy can be reached at (507) 934-5420 or amyjohnson@mnved.org

Additional children's mental health services can be accessed through the child's county of residence including:

Blue Earth County: (507) 304-4444 or
<http://www.blueearthcountymn.gov/index.aspx?NID=273>

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Fairbault County: (507) 526-6225 or <http://www.fmchs.com/childrens-mental-health.php>

Le Sueur County: (507) 357-8228 or
http://www.co.lesueur.mn.us/departments/human_services/childrens_services/the_mental_health_needs_of_children_and_youth.php

Nicollet County: (507) 386-4528 or
<http://www.co.nicollet.mn.us/214/Child-Family-Services>

Sibley County: (507) 237-4000 or http://www.co.sibley.mn.us/public_health_and_human_services/mental_health_services.php

D. Personnel Development Activities

Professional development activities and training will be provided to MVED staff and contracted personnel who have routine contact with students who may require the use of Restrictive Procedures in the following areas:

1. Positive behavioral interventions;
2. Communicative intent of behaviors;
3. Relationship building;
4. Alternatives to Restrictive Procedures, including techniques to identify events and environmental factors that may escalate behavior;
5. De-escalation methods;
6. Standards for using Restrictive Procedures;
7. Obtaining emergency medical assistance;
8. Physiological and psychological impact of Physical Holding or Seclusion;
9. Monitoring and responding to an individual's physical signs of distress when Physical Holding is being used; and
10. Recognizing the symptoms of and interventions that may cause positional asphyxia when Physical Holding is used; and
11. District policies and procedures for accurately documenting and reporting in a timely manner each incident involving the use of restricted procedures; and
12. Schoolwide programs on positive behavior strategies and programming.

E. Staff Training Requirements

Staff are trained in *Nonviolent Crisis Intervention* with an initial minimum of eight (8) hours of training and an annual refresher of a minimum of three (3) hours of training. Staff who design and use behavioral interventions, as well as staff who are members of the crisis response team or have routine contact with students who may require the use of Restrictive Procedures, will complete annual 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 and will be maintained by the CPI instructor.

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In addition to annual formal training, staff should review and practice the skills necessary to respond effectively and safely in an Emergency situation. CPI instructors are available to meet, re-train and consult with all MVED staff throughout the school year.

New staff will be trained within 60 days of employment. Staff who are unable or unwilling to successfully pass certification in *Nonviolent Crisis Intervention* may face re-assignment or termination of employment.

F. Restrictive Procedures and Prohibited Procedures

Restrictive Procedures that may be used in Emergency situations include Seclusion and Physical Holding as described above.

Prohibited procedures include the following:

1. Corporal Punishment which includes conduct involving: (a) hitting or spanking a person with or without an object; or (b) 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 under Section 626.556;
6. Totally or partially restricting a student's senses as punishment;
7. Withholding regularly scheduled meals or water;
8. Denying the student access to the bathroom facilities;
9. Physical Holding that restricts or impairs a student's ability to breathe or compromises their safety in any way, including the use of floor restraints;
10. Use of tasers or threatened use of tasers;
11. The use of physical interventions for which staff have not been trained or physical interventions not specifically authorized by MVED will be grounds for disciplinary action.

G. Developmental Considerations and Use of Restrictive Procedures

Staff will consider the developmental stage a student is in when determining if Restrictive Procedures are necessary. Some learners, due to young chronological age,

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and/or developmental delays (including physical, emotional, social, behavioral and/or cognitive delays) may be acting out in an 'age appropriate' manner. Staff should respond to tantrums and physical acting out of young children or those with delays with care so as not to make what may be normal patterns of behavior dysfunctional by over-responding and using Restrictive Procedures designed for older acting out students. A student's IEP should guide the responses of younger and/or developmentally delayed students in how to best respond to physically acting out behavior.

H. Use of Rooms for Seclusion

Any rooms used for the purpose of seclusion will meet the following requirements:

1. Only rooms that have been registered with MDE and certified as safe by the Fire Marshal (every three years) will be used as seclusion rooms.
2. The room must be well-lighted, well-ventilated, adequately heated, and clean.
3. It will be at least six feet by five feet or substantially equivalent to these dimensions to allow the student to stand, stretch their arms and lie down.
4. The room must have tamper proof fixtures and doors that open out and a viewing window.
5. The ceiling of seclusion rooms will be immobile. The use of 'hold down clips' should be in place prior to use in rooms with acoustic tiles in the ceiling.
6. Students must be able to be viewed at all times while in seclusion.
7. The room cannot contain any objects that a child may use to injure themselves or others and the electrical switches must be located immediately outside the door.

I. Time Away Procedures

Time away procedures may be used in any situation that warrants the removal of a student from their regular school activities (if egress is not barred). If a student becomes verbally aggressive, threatening, disruptive to the educational environment or refuses to follow staff directives or participate appropriately in the school setting, they may be removed from normal class activities and isolated to a location within the building that limits their disruption to the rest of the students. St. Peter Police will be notified if the disruption or threats reach a level determined to warrant the filing of a police report (i.e.- Disorderly Conduct, Disturbing the Peace, Terroristic Threats, etc).

If a student is isolated in time away the following procedures will be followed:

- Staff will not verbally engage with the student. At such time they sit quietly as directed, they will complete a resolution process. Only one staff should communicate with the student while they are in the time away area.
- Staff will make the determination when a student is able to resume normal activities after the completion of the resolution process and a plan for returning has been agreed upon by both student and staff.

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J. Documentation Procedures

The use of Restrictive Procedures in Emergency situations will be documented in the District's Restrictive Procedure Log. The District will monitor and review the use of Restrictive Procedures, including conducting post-use debriefings and convening and oversight committee (comprised of the Lead Staff of the MVED Cooperative, see description in section H).

The use of Restrictive Procedures in Positive Behavior Support Plans (PBSP) will be documented in the learner's file. This documentation will include:

1. Positive behavioral supports, de-escalation procedures, instruction on appropriate behavior and other preventative measures.
2. Why the use of Restrictive Procedures are the least restrictive effective intervention and the frequency and severity of the target behaviors for which the regulated intervention is being considered; and anticipated criteria for returning the student to the routine activities and education environment if the intervention is used.
3. That the physical health and psychological assessments determined that Seclusion and or Physical Holding is not contraindicated because of psychological or physical health reasons.
4. Include how the parent wants to be notified if the Restrictive Procedure is used.

Reviews will be conducted in accordance with the plan. In the case of a student with a disability, due process and documentation requirements will be followed:

Documentation of Restrictive Procedures – Physical Holding or Seclusion will include:

1. Document date, type of intervention, starting and ending time and location.
2. Summarize the student's behavioral and physical status during the intervention.
3. Record names of staff present and involved in the intervention.
4. Record removal of shoes, belt and contents of pockets if applicable.
5. Provide an explanation if scheduled meals were delayed.
6. Record the date and time of parent notification as well as who made the contact and brief summary of parent comments.
7. Record if Law Enforcement was contacted regarding the incident, who called and the outcome of the call.

Complete a Restrictive Procedure Debriefing form including:

1. Attendees, date and time of debriefing.
2. Who was facilitating the debriefing and if student is on the IEP and or PBSP.
3. Completely describe the incident.
4. Describe specific actions that both helped the situation and did not help the situation.

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5. Describe the procedure used to return the student to his/her routine or routine activities, education setting, intervention and/or site determined by the team.
6. Note if the behavior is likely to occur again.
7. Note if the PBSP was followed and if not, what circumstances prevented it.
8. Describe the action plan to assist in the prevention of future incidents.
9. Note if Restrictive Procedures have been used in the last for weeks.

Additional information for documentation:

1. IEP meetings need to be held after two incidents of Physical Holding and/or Seclusion within 30 calendar days or a pattern. If a student is restrained and then in seclusion or retrained twice even as a part of a single incident, this is considered two incidents and an IEP meeting should be held.
2. Two incidents of police needing to remove or restrain a student within 30 calendar days also necessitates the need for an IEP meeting.
3. If a student has been involved in any incident's needing Restrictive Procedures or if the team feels that the student is at risk, these procedures are outlined below and need to be documented in a student's PBSP under the "Crisis Intervention Plan" at the bottom. Sample statement:

Regulated procedures of seclusion and/or physical restraint will be used in an emergency situation. If (Student's name) becomes aggressive, assaultive, is endangering himself or others (or attempts to leave the instructional area/school building without permission), he will be physically restrained and escorted to the time-out room by staff or the School Liaison Officer. The door will remain closed until he can demonstrate that he is calm for two minutes. He will remain in the time-out room until he demonstrates calm with the door open for an additional two minutes and completes a resolution process. The student's parents will be notified by phone on the same day any of these procedures are implemented.

K. Emergency Situations – Use of Restrictive Procedures

There are inherent risks associated with the use of physical interventions and they will only be employed in an Emergency situation when all other less restrictive options have been exhausted, non-physical interventions are always preferred. The use of Restrictive Procedures should never be used to punish or coerce, should never be used as a convenience for staff and all Physical Holding authorized by the MVED is intended to be pain free. In addition, staff will consider the age, physical and emotional development of a child and should not over-react to developmentally appropriate behavior in young children by using Physical Holds when other less restrictive means can be used when a young child is physically acting out.

If an Emergency situation arises and staff must use Restrictive Procedures the following protocol will be observed:

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1. Only staff who are trained in Nonviolent Crisis Intervention will use Physical Holds;
2. Staff will only employ the use of physical interventions that are outlined in this policy;
3. Staff must closely monitor the individual being restrained to ensure their physical well being;
4. Following the use of Restrictive Procedures, all notification and documentation outlined by this policy will be completed within 24 hours of the incident.
5. Following the use of Physical Holding, the individual should be assessed for injury or psychological distress and monitored for 24 hours following the incident.
6. While safety is the priority, preserving the dignity of the individual should also be considered, staff will make a reasonable effort to minimize the emotional risks to the individual being restrained or secluded.
7. The least amount of force necessary should be used, and for the least amount of time necessary to keep the individual safe.
8. Physical intervention should be combined with other approaches that will help the individual learn more adaptive behavior (minimizing the need for physical intervention in the future).

In addition, MVED staff are directed to use a team approach to ensure the best care, welfare, safety and security of all involved in the Emergency situation. This includes a team leader who will be the first person on the scene. That individual may delegate leadership to the person with the most experience or the best rapport with the student, but this will be communicated verbally prior to another person taking control of the situation. Auxiliary team members will follow the directions given by the team leader and only the team member should communicate directly with the student or give that responsibility to another staff person.

Law Enforcement, including the School Liaison Officer will be contacted if the situation is not able to be contained by staff through the use of Restrictive Procedures or if staff determine that there is an additional threat that necessitates the need for additional support.

MVED staff will make reasonable efforts to notify the parent on the same day by phone when Restrictive Procedures are used in an Emergency. If the school is unable to provide same-day notification, notice will be sent by written or electronic means or as otherwise indicated by the parents.

Any time there is an incident involving the use of Regulated Procedures the following needs to occur:

1. A report of the incident will be documented in SpEd Forms by the student's Case Manager or other designated individual using the appropriate form. For incidents involving the use of Physical Restraint (CPI trained procedures) and the use of

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Seclusion (when egress is barred and student is keep isolated from his/her classmates) the incident must be reported and all staff involved must meet with a facilitator and complete the Staff Debriefing form which is also found in SpEd forms. Both forms will then be finalized.

2. **Both the forms (Physical Restraint or Seclusion and Staff Debriefing) should then be forwarded as a hard copy to Bob Vaadeland, Director of Special Education and Melissa Wagner, Special Education Coordinator at MVED. (801 Davis Street, St. Peter, MN 56082 or bvaadeland@mnved.org and mwagner@mnved.org)**
3. These incidents will be reviewed and reported to MDE on a quarterly basis: November, February, April and June and should be submitted to the above staff within one week of the incident.
4. All incidents will also be documented in the Restrictive Procedure Log in the Special Education Coordinator's office. These incidents will also be reviewed by the Lead Staff, who have been identified as the Oversight Committee for Restrictive Procedures, each quarter.

L. Oversight Committee

MVED has established an Oversight Committee for itself and its member districts that is composed of the Lead Staff for the member districts. This includes members with training in behavioral analysis, educational personnel and mental health staff. The purpose of the Oversight Committee is to promote school district level review and monitoring of district practices regarding the use of aversive and deprivation procedures. The Committee will, at a minimum, annually, discuss and review training needs of staff and review aggregate data regarding the use of aversive and deprivation procedures in the district, including any juvenile facilities and facilities for care and treatment of youth with disabilities located within the districts. The Committee will submit annual report to the MVED to be incorporated into its annual report.