

MINNESOTA STATE ACADEMIES

- **MINNESOTA STATE ACADEMY FOR THE BLIND**
 - **MINNESOTA STATE ACADEMY FOR THE DEAF**
-

Restrictive Procedures Plan

Updated: August 2018

615 Olof Hanson Drive
Faribault, Minnesota 55021

This document can be made available upon request in alternative formats by contacting the MSA Director of Student Support Services – Brittany.Thomforde@msa.state.mn.us or 507-384-6677.

Table of Contents

- I. Definitions
- II. Staff Training – Requirements and Activities
- III. Restrictive Procedures and Seclusion
- IV. Prohibited Procedures
- V. Documentation of Physical Holdings and/or Seclusion
- VI. Documentation of post-use Staff Debriefing Meeting
- VII. Documentation for an IEP
- VIII. Oversight Committee
- IX. Emergency Situations – Use of Restrictive Procedures
- X. Positive Behavior Interventions and Supports

Supporting Documents

- A. MSA Site Training Documentation
- B. Restrictive Procedures Training Attendance
- C. Staff Debriefing Meeting Form
- D. Oversight Committee Review Form
- E. Quarterly Summary of Use of Restrictive Procedures
- F. Annual Summary and Report on the Use of Restrictive Procedures
- G. IEP Meeting Agenda – (Restrictive Procedures used on 10 or more school days)
- H. IEP Meeting Agenda – (Twice in 30 days or when a pattern emerges)
- I. MSA Policy #532 – Use of Peace Officer and Crisis Teams to Remove Students with IEPs from School Grounds
- J. MSA Policy #543 – Crisis Prevention Intervention

In accordance with Minnesota Statute 125A.0941 and 125A.942, every school district is required to develop and make public a plan that discloses its use of restrictive procedures. The plan must specifically outline the list of restrictive procedures that the school intends to use, how the school will monitor and review the use of restrictive procedures, including post-use debriefing meetings and establishing an oversight committee, and a written description/documentation of the training that is provided that includes a list of staff that have completed the training.

The Minnesota State Academies (MSA) uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individual Education program (IEP), Positive Behavior Support Plan (PBSP), or Behavior Intervention Plan (BIP).

I. DEFINITIONS

The following terms are defined as:

“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.

“Physical Holding” means physical intervention intended to hold a child immobile or limit a child's movement, 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:

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

At MSA, the following types of physical holding are allowed and supported by training:

- **CPI Children's Control Position**
- **CPI Team Control Position**
- **CPI 1 or 2 Person Control Transport Hold**

“Positive Behavioral Interventions and Supports” means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

“Prone Restraint” means placing a child in a face-down position. At MSA, Prone Restraint is prohibited.

“Restrictive Procedures” means the use of physical holdings or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise punish a child.

“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. At MSA, the use of seclusion is prohibited.

**NOTE*: Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion. Supporting students’ ability to calm down from stressful situations and perform classwork in a “calm area” is not seclusion.*

II. STAFF TRAINING – REQUIREMENTS AND ACTIVITIES

REQUIREMENTS: Staff who design and use behavioral intervention, including paraprofessionals, will complete training in the use of positive approaches, de-escalation techniques, and restrictive procedures. MSA has selected the Crisis Prevention Institute (CPI) trainings to guide our approach to supporting students. Training records will identify the content of the training, the organization or professional that conducted the training, attendees, and training dates. MSA will compile a list of all CPI training and forward attendance records to the Oversight Committee on a quarterly basis. Records of all trainings will be maintained in the MSA Human Resources Office (see Appendix A and B for Site Training Records and Attendance Forms, respectively)

According to MSA Policy #543 – Crisis Prevention Intervention (CPI), all MSA employees who work directly with students (and contractors as assigned by MSA directors) are required to complete an initial 12-hour course on Nonviolent Crisis Prevention Intervention and follow-up 3-hour refresher classes each year. Thus, those employees are authorized and certified to use restrictive procedures. Examples of employees at MSA who are placed into this category are:

- Teachers
- Special Education Program Assistants (SEPA’s)
- School Social Worker, School Counselors, and School Psychologists
- Related Service Providers (i.e. Speech/Language, Occupational Therapy, Physical Therapy, Audiologist, Orientation and Mobility, etc.)
- School Nurses
- Residential Staff (Lead Residential Educators, Residential Educators)
- Instructional Department Administrators

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

- Positive behavioral interventions
- CPI training
- Classroom management techniques/strategies
- Communicative intent of behaviors
- Relationship building
- Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behaviors
- De-escalation techniques
- Standards for using restrictive procedures only in an emergency
- Obtaining emergency medical assistance
- Physiological and psychological impact of physical holding and seclusion
- Monitoring and responding to a child's physical signs of distress when physical holding is being used
- MSA policies and procedures for timely reporting and documenting each incident involving use of restrictive procedures, and
- School-wide programs on positive behavior strategies.

III. RESTRICTIVE PROCEDURES

Restrictive procedures that may be used in emergency situations at MSA are physical holding techniques approved within CPI training. The following requirements must be met when physical holding is used:

- The physical holding is the least intrusive intervention that effectively responds to the emergency
- The physical holding ends when the threat of harm has ended and staff has determined that the student can safely return to the requested activity
- The physical holding is not used to discipline a non-compliant child, and
- Staff members directly observe the child while physical holding is being used.

Physical Holdings that are allowed/utilized at MSA are:

- CPI Children's Control Position
- CPI Team Control Position
- CPI 1 or 2 Person Control Transport Hold

MSA does not use any locked time-out rooms for seclusion.

IV. PROHIBITED PROCEDURES

The Minnesota State Academies will never use the following prohibited procedures on a student:

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 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 necessary 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. Totally or partially restricting a student's sense as punishment.
6. Withholding regularly scheduled meals or water.
7. Denying the student access to bathroom facilities.
8. 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, lungs, sternum, diaphragm, back or abdomen; or results in straddling a child's torso.
9. Placing a student in a prone restraint.
10. Placing a student in seclusion.

V. DOCUMENTATION

When restrictive procedures in emergency situations are utilized, proper documentation is required. Each time physical holding is used, the staff person who implements or oversees the physical holding shall document as soon as possible after the incident concludes, the following information:

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

The use of restrictive procedures in emergency situations must be documented through the use of the MSA Incident Report (Appendix 543-A – attached to MSA Policy 543, **AND** the MSA Use of Restrictive Procedures – Physical Holding Form (in SpEd Forms). A copy of each report must be sent to the MSA Director of Student Support Services and will be reviewed quarterly with the MSA Oversight Committee. Copies of all records will be placed in the student's central file. The director/assistant director of each campus must be notified immediately when restrictive procedures are used in emergency situations.

MSA shall make reasonable efforts to notify parent(s) 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). Parents may include documentation of how they prefer to be notified when a restrictive procedure is used in their child's IEP or BIP. Documentation of the parent contact must be included in the MSA Physical Intervention Report.

VI. DOCUMENTATION OF POST-USE STAFF DEBRIEFING MEETING(S)

Each time physical holding is used, the staff person who oversaw the physical holding shall conduct a post-use debriefing with involved staff within two school days. At least one staff member who was not involved in the incident and has knowledge of behaviors shall attend the debriefing meeting. The post-use debriefing will review the following requirements to ensure that the physical holding was used appropriately:

- Whether the physical holding was used in an emergency
- Whether the physical holding was the least intrusive intervention that effectively responded to the emergency
- Whether the physical holding was used to discipline a noncompliant child
- Whether the physical holding 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 was being used
- Whether the documentation was completed correctly
- Whether the parent(s) were notified properly
- Whether an IEP team needs to be scheduled
- Whether the appropriate staff used physical holding
- Whether the staff that used physical holding was appropriately trained
- Whether the physical holding was applied correctly
- Whether there are any needs for follow up action (i.e., if the physical holding was not used appropriately)

The Staff Debriefing Meeting Form (Appendix C) must be completed and forwarded to the child's case manager, MSA's Director of Student Support Services, the School Director, and a copy placed in the student's file.

The MSA Director of Student Support Services will maintain a comprehensive file of all restrictive procedures used and bring information to the Oversight Committee for review each quarter. (See Appendix D for a list of committee members)

If the post-use debriefing meeting reveals that the use of physical holding was not used appropriately, the Oversight Committee shall meet immediately to ensure corrective action is taken. The Oversight Committee will also review and evaluate all reports (Incident Report; Physical Intervention Report; and Staff Debriefing Form) to determine and recommend training needs.

VII. DOCUMENTATION FOR AN INDIVIDUAL EDUCATION PROGRAM (IEP)

The use of restrictive procedures in response to an emergency may be documented in the student's IEP or Positive Behavior Support Plan (PBSP) attached to the IEP.

As required by MN Statute, MSA will hold an meeting within 10 days if MSA staff use restrictive procedures on two separate school days within 30 calendar days, or if a pattern of use emerges and the child's IEP or PBSP does not provide for using restrictive procedures during an emergency. Parents may also request a meeting after the use of restrictive procedures with their child. MSA will review the use of restrictive procedures at a child's annual IEP review when the child's IEP incorporates the use of restrictive procedures in an emergency. At this meeting, the IEP team will review any known medical or psychological limitations, including any medical information that the parents provide voluntarily, that contraindicate the use of a restrictive procedure; consider whether to prohibit that restrictive procedure; and document any prohibitions or limitations on the student's IEP or PBSP. The IEP team will also review the Functional Behavior Analysis (FBA) and/or Behavior Intervention Plan (BIP) if they are included in the IEP. If not, the team should consider the need for a FBA to address the presenting behaviors, data, revised behavioral interventions/supports, and/or other actions to reduce the use of restrictive procedures.

If the IEP team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or if MSA has used restrictive procedures on a student on 10 or more school days during one school year, the team may 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 re-evaluation of the child. Records will be maintained in accordance with MSA's record retention schedule and policies on student records.

VIII. OVERSIGHT COMMITTEE

The Minnesota State Academies will annually identify oversight committee members. The committee must include, at a minimum, the following:

- A) Directors/Assistant Directors of each campus
- B) Director of Student Support Services
- C) Dorm Directors for each campus
- D) One mental health professional, school psychologist, or school social worker

Currently, the people on the oversight committee are:

- A) Superintendent: Terry Wilding
- B) MSAB Director: John Davis
- C) MSAD Director: Anne Grace Donatucci
- D) MSA Director of Student Support Services: Brittany Thomforde
- E) MSAD Assistant Director: Jody Olson
- F) MSAB Dorm Director: Jessica McBurnett
- G) MSAD Dorm Director: Ronda Jo Donatucci
- H) MSA Social Worker: Micki O' Flynn
- I) MSA Counselor: Lisa Wasilowski
- J) MSA Psychologist: Shannon Swank

The oversight committee will meet quarterly (October, January, March, and June) to review the data provided in the Restrictive Procedures Reporting Forms and the Staff Debriefing Forms (if any). The committee will complete the Oversight Committee Review Form (Appendix G) quarterly and at the end of each school year, complete the Annual Summary of the Use of Restrictive Procedures (Appendix H). The Annual Summary must be shared with the MSA Board during our annual report in August. Within the annual summary, the committee will determine and recommend training needs for the following school year. The director of student support services will also utilize the annual summary data for annual submission to the MDE by required deadlines (Currently July 15th of each year)

The oversight committee will review the following during quarterly review sessions:

- The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration and use of restrictive procedures, the individuals involved, or other factors associated with each incident
- The number of times a restrictive procedure is used school-wide and for individual children
- The number of 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
- Proposed actions to minimize the use of restrictive procedures

If the post-use debriefing meeting reveals that the use of physical holding was not used appropriately, the oversight committee will meet immediately to ensure corrective action is taken.

IX. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

The Minnesota State Academies are committed to using positive behavior interventions and supports. Positive behavior interventions and supports mean interventions and strategies to improve the school environment and teach students the skills to behave appropriately.

At MSA, the following practices and procedures are utilized to teach expected behaviors and provide additional positive supports to students requiring further intervention:

- Access to school counselors, social worker, and psychologists for daily support as needed
- Positive Behavior Interventions
- Routines and Expectations for Behavior
- Individualized Staff Support as appropriate
- Verbal Praise
- Social Skills Instruction (Character Counts and Second Step curriculums)
- Student Recognition (i.e., Student of the Month, etc.)

MSA also supports connections to resources for mental health services, including the following:

- Volunteers of America (VOA) mental health services on our campuses
<https://www.voamnwi.org/>
- Rice County Social Services – School Wide workshops and trainings
<https://www.co.rice.mn.us/340/Social-Services>
- Fernbrook Mental Health Services for selected students
<http://fernbrook.org/>
- Connections to student’s home county services, based on need

X. REQUIREMENTS FOR PUBLIC NOTICE

The Minnesota State Academies will post this Restrictive Procedures Plan on the MSA website. Parents may also request paper copies or accessible formats from the Director of Student Support Services.