



Rochester Beacon Academy

Restrictive Procedures Plan

The Rochester Beacon Academy (RBA) Use of Restrictive Procedures Plan is developed in accordance with Minnesota Statute §125A.0942, Subd. 1, and Minn. Stat. §125A.0942: “Schools that intend to use restrictive procedures are required to maintain and make publicly accessible in an electronic format on a school or district Web site or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities”

This plan includes the restrictive procedures the school intends to use; how the school will implement a range of positive behavior strategies and provide links to mental health services; how the school will monitor and review the use of restrictive procedures, including conducting post-use debriefings and convening an oversight committee; and written description and documentation of the training staff completed.

RBA uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a student’s Individualized Education Plan (IEP) or Behavior Intervention Plan (BIP).

Restrictive procedures may be used only by a licensed special education teacher, school social worker, school psychologist, National Behavior Analyst Board certified behavior analyst, a person with a master’s degree in behavior analysis, other licensed education professional, paraprofessional (Minn. Stat. §120B.363 (2016)), or mental health professional (Minn. Stat. §245.4871 Subd. 27 (2016)), who has completed the training outlined in this plan.

Definitions from Minn. Stat. §125A.0941

Restrictive procedures: the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.

Emergency: 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.

Functional behavioral assessment (FBA): means a process for gathering information to maximize the efficiency of behavioral supports. FBA includes a description of problem behaviors and the identification of events, times, and situations that predict the occurrence and nonoccurrence of the behavior. An FBA also identifies the antecedents, consequences, and reinforcers that maintain the behavior, the possible functions of the behavior, and possible positive alternative behaviors. An FBA includes a variety of data collection methods and sources that facilitate the development of hypotheses and summary statements regarding behavioral patterns.

Prior to using any restrictive procedure, the IEP team must conduct a FBA. The team must also document that it has ruled out any other treatable cause for the behavior, for example, a

medical or health condition, for the interfering behavior. (Minn. R. 3525.0210 (2016))

Mechanical restraint: the use of devices to limit a student's movement or hold a student immobile. The term does not mean mechanical restraints used to:

1. treat a student's medical needs;
2. protect a student known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness; or
3. position a student with physical disabilities in a manner specified in the student's plan of care.

Physical holding: 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:

1. helps a child respond or complete a task;
2. assists a child without restricting the child's movement;
3. is needed to administer an authorized health-related service or procedures; or
4. is needed to physically escort a child when the child does not resist or the child's resistance is minimal.

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.

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.

Description and Documentation of Staff Training

Staff who design and use behavioral interventions will complete training in the use of positive feedback and strategies as well as restrictive procedures.

Staff are certified through the Crisis Prevention Intervention program (CPI).

CPI addresses the state requirements for a restrictive procedure training program which includes training on:

- positive behavioral 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
- monitoring and responding to a child's physical signs of distress when physical holding is being used
- recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used

A database of CPI trained staff is kept on file electronically.

A Crisis Team is identified at RBA. The Crisis Team designs the emergency response plan and reviews it periodically.

Physical Holding, Seclusion and Prohibited Procedures

Physical Holding

Physical holding as defined above, may only be used in an emergency as defined above. A program that uses physical holding shall meet the following requirements:

1. it is the least intrusive intervention that effectively responds to the emergency;
2. physical holding is not used to discipline a noncompliant child;
3. physical holding ends when the threat of harm ends and the staff determines the child can safely return to the classroom or activity;
4. staff directly observes the child while physical holding is being used;
5. each time physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:
 - a. a description of the incident that led to the physical holding;
 - b. why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
 - c. the time the physical holding began and the time the child was released; and a brief record of the child's behavioral and physical status

RBA uses the following types of physical holding:

- Children's Control
- Team Control
- Standing Position Hold

Seclusion

RBA does not utilize seclusion.

Prone Restraint

RBA does not utilize prone restraint.

Prohibited Procedures

The following actions or procedures are considered prohibited by Minnesota Statute. Prohibited actions or procedures will not be used on student:

1. engaging in conduct prohibited under Minn. Stat. §121A.58;
2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. totally or partially restricting a child's senses as punishment;
4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
5. denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under Minnesota Statute 626.556;
7. withholding regularly scheduled meals or water;
8. denying access to bathroom facilities; and
9. physical holding that restricts or impairs a child'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.

Nothing in this section precludes the use of reasonable force under Minn. Stat. §121A.582; §609.06 subdivision 1; and §609.379.

Monitoring the Use of Restrictive Procedures

RBA will monitor the use of restrictive procedures through their direct and frequent contact with service providers. Service providers must document the use of restrictive procedures and submit this documentation to the coordinator within 24 hours of completion.

RBA will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice will be sent within two days by written or electronic means or as otherwise indicated by the child's parent.

Post-debriefing meetings will be held to review the required documentation:

1. a description of the incident that led to the physical hold or seclusion;
2. why a less restrictive measure failed or was determined by the staff to be inappropriate or impractical;
3. the time the physical holding or seclusion began and the time the child was released; and
4. a brief record of the child's behavioral and physical status.

IEP Team Response to the Use of Restrictive Procedures

When a restrictive procedure is used, staff must notify the parent/guardian on the same day, or if the school is unable to provide same-day notice, notice must be sent within two days by written or electronic means or as otherwise indicated by the child's parent/guardian. The IEP or BSP must indicate how the parent/guardian wants to be notified when a restrictive procedure has been used.

1. Document the parent/guardian notification in the student's communication log.
2. The Restrictive procedures form must be completed within 24 hours of the incident.
3. Team must convene within 48 hours for a debriefing of the incident. Members of the debriefing meeting include: any individuals involved in the situation, a licensed staff member, and a neutral party. The neutral party must facilitate the debriefing meeting.
4. The completed Restrictive Procedure Form and Restrictive Procedure Debriefing Form will be completed in the special education due process forms system.

The IEP Team will meet within ten (10) calendar days after a district staff use restrictive procedures on two separate school days within thirty (30) calendar days or a pattern of use emerges and the child's Individualized Education Plan (IEP) or behavior support plan (BSP) does not provide for using restrictive procedures in an emergency, or at the request of the parent.

The IEP team will conduct or review a functional behavior 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 BSP as appropriate. At this meeting the IEP team must review any known medical or psychological limitations that contraindicate the use of restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the IEP or BSP.

The IEP team must review the use of restrictive procedures at the student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency. The IEP or behavioral intervention plan shall indicate how the parent wants to be notified when a restrictive procedure is used.

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 or more school days during the same school year, the team, as appropriate, either must 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 whether to reevaluate the child.

District Oversight Committee

RBA shall convene an oversight committee to review quarterly the use of restrictive procedures based on patterns 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 program-wide 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.

The RBA Oversight Committee Members:

Beth Bruns, Executive Director

Dr. Lakisha Witter, Director of Special Education

Erin Volkart, Special Education Coordinator

Kate Gustafson, Assistant Director of Special Education

Karissa Wilson, School Social Worker

Denisse Vargas, Behavioral Strategist