

Lakes International Language Academy Restrictive Procedures Plan and Training

This Use of Restrictive Procedures Plan is developed in compliance with Minnesota Statute 125A.0942 which states that "schools that intend to use restrictive procedures shall 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 that at least 1) lists the restrictive procedures the school intends to use; 2) describes how the school will implement a range of positive behavior strategies and provide link to mental health services; 3) describes how the school will monitor and review the use of restrictive procedures, including conducting post-use debriefings and convening and oversight committee to undertake a quarterly review; and 4) includes a written description and documentation of the training staff completed." Finally, schools annually must publicly identify oversight committee members who must at least include 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.

List of Restrictive Procedures:

"Restrictive procedures" means the use of physical holding or seclusion in an emergency.

Lakes International Language Academy uses physical holding in emergency situations with students whose Individualized Education Programs (IEP) include provisions for the use of such procedure or in emergency situations with students without IEPs or whose IEPs do not include the use of this procedure. This restrictive procedure is not used to punish or otherwise discipline a child. Lakes International Language Academy does not use seclusion.

"Emergency" means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency is never used for punishment.

"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. 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.

Monitor and Review of the Use of Restrictive Procedures

Whenever a restrictive procedure is used on a student, unless part of the student's IEP, staff report the use of that procedure in written form to the Director of Special Education within 24 hours of its use. In addition, each time physical holding is used, unless part of the student's IEP, the staff person who implements or oversees the physical holding documents the following information:

- a description of the incident that led to the physical holding.
- the physical holding was the least intrusive intervention that effectively responded to the emergency.
- 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.
- parents and the building principal were notified in a reasonable amount of time not to exceed 24 hours.

After each use of a restrictive procedure, unless part of the student's IEP, the special education director reviews the conditions under which the restrictive procedure was used. The District Restrictive Procedures Oversight Committee meets quarterly to review the data related to the use of restrictive procedures and to consider additional training needs. The committee consists of the a special education administrator, the dean of students, a special education teacher, a school psychologist, and/or a mental health professional and one paraprofessional representative.

Other Physical Contact

Physical contact between staff and students for purposes such as the following, is not considered physical holding:

- helping a child respond or complete a task.
- assisting a child without restricting the child's movement.
- administering an authorized health-related service or procedure; or
- physically escorting a child when the child does not resist or the child's resistance is minimal.

A teacher or principal may use reasonable force as needed to aid in the child's academic progress, peer and social relationships through learning and adhering to acceptable social norms, and emotional growth, while minimizing disruption to other students' rights to an education, including removal from a class or activity.

Description and Documentation of Staff Training

Restrictive procedures may be initiated and used only by a licensed special education teacher, school psychologist, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional or mental health professional who has completed the appropriate training program.

LILA staff members are initially certified through the Crisis Prevention Intervention (CPI) program and receive annual refreshers through the same program. 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 and seclusion;
- monitoring and responding to a child's physical signs of distress when physical holding is being used; and
- recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.

A list of CPI trained staff is on file.

IEP Team Response to the Use of Restrictive Procedures

When restrictive procedures are used twice in 30 days or when a pattern emerges and restrictive procedures are not included in a child's individualized education program or behavior intervention plan, the district holds a meeting of the individualized education program team within 10 days, to 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 modifies the individualized education program or behavior intervention plan as appropriate. At the meeting, the 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 individualized education program or behavior intervention plan.

An individualized education program team may plan for using restrictive procedures and may include these procedures in a child's individualized education program or behavior intervention plan; however, the restrictive procedures may be used only in response to behavior that constitutes an emergency. Physical holding or seclusion is never used to discipline a non-compliant child. The individualized education program or behavior intervention plan indicates how the parent wants to be notified when a restrictive procedure is used.

Positive Behavior Strategies:

The licensed faculties and paraprofessionals are trained on de-escalation strategies using the training material through Crisis Prevention Intervention. This is typically a 2-hour training offered to staff every few years. Special education and general education staff receive training on the use of visual supports and predictable schedules. In addition, Lakes International

Language Academy has ongoing school wide efforts to create a positive and supportive culture inside the school and uses Responsive Classroom as their behavior support method. Special education staff receive training on the function and communicative intent of behavior and how to respond to that behavior in a manner that facilitates learning and communication. In addition, they receive training on the use of visual supports and predictable schedules. Each student who needs to receive restrictive procedures has a behavior support plan, which is in the student's IEP.

Links to Mental Health Support

NAMI Minnesota: http://www.namihelps.org

Canvas Health Oakdale: http://www.canvashealth.org/location/oakdale/

PACER Center: http://www.pacer.org

MN Department of Human Services:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id 000162

Minnesota Department of Education: http://education.state.mn.us/mde/index.html



Lakes International Language Academy Emergency Use of Physical Holding Report Form

Stud			bility: Gender: Ag	1		`	/	
Date	Time the Restrictive Procedure Began	Time the Restrictive Procedure Ended	What happened before the incident? Antecedent	Describe the incident. Behavior	What happened after the incident? Consequence	Who observed the student during the restrictive procedure?		Staff Initials
l								
Describe the positive interventions attempted to de-escalate the behavior:								
Describe the student's post behavioral and physical status:								
Was the restrictive procedure used to protect the child or other children from injury?						Y	N	
Was the restrictive procedure the least intrusive intervention to effectively respond to the emergency?						Y	N	
Did the team review medical and psychological records for contraindication of the restrictive procedure?						Y	N	
Date of the last use of a restrictive procedure for this student: (hold an IEP meeting within 10 days if a restrictive procedure is not part								
of a student's IEP and the procedure has been used twice in 30 days).								
	` /	d: Date		Principal contacted: Date	Time			
			ng the Form:					
Report to Director of Special Education @ within 24 hours of the event.								