



Twin Cities Academy Restrictive Procedures Policy
Updated 8/2019

In accordance with Minn. Stat. §§ 125A.094 and 125A.0942, every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request a plan that discloses its use of restrictive procedures with special education students. Twin Cities Academy chooses to provide this information via paper copy upon request.

The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems 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 procedures is used schoolwide 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; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

Restrictive procedures

Twin Cities Academy uses restrictive procedures only in emergency situations, even if written into a child's Individual Education Plan or Behavior Intervention Plan. "Emergency" means a situation where immediate intervention is needed to protect the student or other individuals 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. Restrictive procedures must not be used to punish or otherwise discipline a child.

Restrictive Procedures Used

The restrictive procedure that Twin Cities Academy staff may use in an emergency situation is physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury. The physical holding must: (1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used; and (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.

Restrictive Procedures Not Used

Twin Cities Academy does not use the restrictive procedures of:

Seclusion – confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room or preventing the student from leaving the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion.

Mechanical Restraint: Physical holding does not include the application of mechanical restraints for bus transportation, sensory needs, or medical needs as these procedures are documented in the IEP.

Twin Cities Academy will Implement a Range of Positive Behavior Strategies and Links to Available Mental Health Services

Twin Cities Academy staff will implement a range of positive behavior strategies as a proactive approach to teaching positive behavior skills to students, thereby reducing students exhibiting challenging behaviors and the need for the use of physical holds. Additional positive behavior strategies include: redirection, correction, staff escort to breakout space, allow student to go to a safe place to relax/regroup, planned ignoring, conflict mediation, verbal de-escalation, process with staff, exit other peers, offer alternative activities, offer sensory tools, social stories, staff hand off, proximity control. Add curriculum that the school uses (maybe MS and HS) as pre-referral intervention training (i.e. PBIS)

To obtain service or a referral to a service provider, the family should contact their primary care clinic, physician or insurance provider. Set out below are links to mental health resources:

Hennepin County Child Crisis Services:

http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=500_9e5d0820a3210VgnVCM10000049114689RCRD

National Alliance on Mental Illness (NAMI): <http://www.namihelps.org/>

Minnesota Association for Children's Mental Health (MACMH): <http://www.macmh.org/>

List of Mental Health/Family Support/Youth Development Agencies:

- Canvas Health 2550 University Ave W. St. Paul, MN 55114 (651) 379-5157 Centro 1915 Chicago Ave. Minneapolis, MN 55404 (612) 874-1412 Change, Inc. 227 Colfax Ave. N., Suite 130 Minneapolis, MN 55405 (612) 759-8789
- Family Innovations, Inc. Anoka: (763) 421-5535 Eden Prairie: (952) 224-2282 Maplewood: (651) 748-5019
- Guadalupe Alternative Programs 381 E. Robie St. Saint Paul, MN 55107-2415 (651) 222-0757
- Headway Emotional Health Services (formerly Storefront) 6425 Nicollet Ave. S. Richfield, MN 55423 (612) 861-1675
- Helena Family Support 13537 Windyhill Rd. Minnetonka, MN 55305 (952) 484-4885
- Hoistad and Associates/Natalis Counseling St. Paul and Shoreview locations: 2550 University Ave. W., Suite 314N St. Paul, MN 55114 (651) 379-5157
- Lutheran Social Service of Minnesota 2485 Como Ave. St. Paul, MN 55108 (651) 642.5990 1-800-582-5260
- NorthPoint Health and Wellness Center 1313 Penn Ave. N. Minneapolis, MN 55411 (612) 543-2500
- POR Emotional Wellness (formerly Power of Relationships) 7380 France Ave. S., Suite 209 Edina, MN 55435 (952) 835-6540
- The Family Partnership 414 S. 8th St. Minneapolis, MN 55404 (612) 339-9101
- The Mental Health Collective (Watercourse) 3548 Bryant Ave S. Minneapolis, MN 55408 (612) 822.8227
- Washburn Center for Children 2430 Nicollet Ave. S. Minneapolis, MN 55404 (612) 871-1454

Twin Cities Academy will monitor and review the use of restrictive procedures by Twin Cities Academy staff

Who may use restrictive procedures - Restrictive procedures may be used in emergency situations only by the following staff who have been properly trained in the skills and knowledge areas described in Minn. Stat. § 125A.0942, subd. 5, which are set out subsequently in this plan: Twin Cities Academy trained a team of 30 licensed staff including: licensed special education teachers, school social worker, school principal, school psychologist, other licensed education professional, trained paraprofessionals, as described in Minn. Stat. § 120B.363, and mental health professionals covered by Minn. Stat. § 245.4871, subd. 27.

Procedures to follow if a restrictive procedure is used

1. Parent Notification: School staff shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student, or if the school is unable to provide same-day notice, notice is sent to the parent by written or electronic means within two days of

the procedure being used or as otherwise indicated in the student's IEP. (See Parent Notice form in Attachment C.)

2. Reporting of Use of Restrictive Procedure: Either the staff person who implements or the staff person who oversees the use of a restrictive procedure shall inform the administration of the use of the restrictive procedure as soon as possible and shall complete the restrictive procedures report form no later than the next working day. (See reporting form in Attachment B.) The restrictive procedures report form must include: a. a description of the incident that led to the use of the restrictive procedure; b. state why a less restrictive measure failed or was determined by staff to be inappropriate or impractical; c. state the time the restrictive procedure began and the time the student was released from the hold; and d. give a brief record of the student's behavioral and physical status during and after the use of the restrictive procedure.

3. Staff Debriefing after Use of Restrictive Procedure: The building administrator or his/her designee and the staff involved in the use of the restrictive procedure are expected to debrief after every use of a restrictive procedure. This debriefing will include completion and discussion of the restrictive procedures reporting and debriefing form.

4. Including Plan for Use of a Restrictive Procedure in Student's IEP: A student's IEP team may include a plan for using a restrictive procedure in the student's IEP but staff may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP, the IEP must also indicate how the parent wants to be notified when a restrictive procedure is used. The district must review use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.

5. Use of Restrictive Procedures on Two School Days in 30 Calendar Days: If restrictive procedures are used on two separate school days within 30 calendar days or if a pattern of use of the restrictive procedure emerges and the student's IEP or behavior intervention plan does not provide for using restrictive procedures in an emergency; the district must hold an IEP meeting within ten calendar days after district staff use the restrictive procedures on the second day. This meeting can also be requested by the parent or the district after restrictive procedures have been used. At this meeting the team must: a. review the student's Functional Behavior Assessment (FBA); b. review other data connected to the behavior(s) that prompted the use of the restrictive procedure; c. consider developing additional or revised positive behavioral interventions and supports; d. consider actions that could be taken to reduce the use of restrictive procedures; e. consider developing a Behavior Intervention Plan (BIP) or modifying an existing BIP or consider other revisions to the student's IEP; f. review any known medical or psychological limitations, including any medical information the parent provided voluntarily, that contraindicate the use of a restrictive procedure; and g. consider whether to prohibit a restrictive procedure and, if so, document any prohibition in the student's IEP. 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 10 or more school days during the same school year, the team, as appropriate, either must consult with other

professionals working with the student; 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 student.

6. Oversight Committee: At least quarterly, the District will convene an oversight committee which will include the following individuals: Special Education administrator, expert in positive behavior intervention, mental health professional and general education administrator. This oversight committee will review the aggregate data on the use of restrictive procedures in the District looking: for patterns or problems 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; at the number of times a restrictive procedure is used school wide and for individual students; at the number and types of injuries, if any, resulting from the use of restrictive procedures; at whether restrictive procedures are used in non-emergency situations; at whether additional staff training on behavior interventions and restrictive procedures is needed; and at proposed actions to minimize the use of restrictive procedures.

Description of Staff Training

Staff members who use restrictive procedures shall complete training in the following skills and knowledge areas: 1. positive behavior 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 only in an emergency; 7. obtaining emergency medical assistance; 8. the physiological and psychological impact of physical holding and seclusion; 9. monitoring and responding to a student's physical signs of distress when physical holding is being used; 10. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used; 11. district policies and procedures for timely reporting and documenting each incident involving the use of a restricted procedure; and 12. school wide programs on positive behavior strategies. The District will keep a list of the trainings offered in the District each year to staff to meet the twelve skill and knowledge areas described above. The District will also keep documentation of the staff members who attend those trainings.

Prohibited Procedures

District staff members are prohibited from using the following actions or procedures: 1. engaging in corporal punishment under Minnesota statute 121A.58. 2. requiring a student to assume and maintain a specified physical position, activity, or posture that induces physical pain; 3. totally or partially restricting a student'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 student's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the student's functioning, except when the

temporary removal of 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; 6. interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in Minn. Stat. § 626.556; 7. withholding regularly scheduled meals or water; 8. denying access to bathroom facilities; 9. physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and 10. prone restraints.



Twin Cities Academy Restrictive Procedure Reporting and Debriefing Form

Restrictive Procedure Form: This form is completed whenever a restrictive procedure is used, as described in Minn. Stat. § 125A.0942. This form is to be filed in the Student's Due Process file.

Student Name: _____ Grade: ___ Age: ___ ID No.: _____
Student's Disability: Primary: _____ Secondary _____ Gender: F /
M Race/Ethnicity of student: ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White
___ Other ___ Date restrictive procedure used: _____ Time: _____
Person(s) using the hold: _____ Job Title: _____
_____ Job Title: _____
Person completing reporting form: _____ Date form completed: _____

Was person using hold trained in CPI? **Yes No**

If not, was the person using the hold acting under their lawful authority and was there a need for the use of reasonable force to prevent bodily harm or death to another?

Yes No

Description of the incident that led to the physical hold.

Did an emergency exist to warrant this physical hold? Please Describe.

Was the use of physical holding the least intrusive intervention to effectively respond to the emergency?

Was the physical holding used to discipline a non-compliant student?

Did the physical holding end when the threat of harm ended and the staff determined that the student could safely return to the classroom or activity?

Area of school student was in at the time of the behavior that resulted in the hold:

Classroom Computer Lab Gym Hallway Alternative Instruction Room
 Lunchroom Bathroom Office School Entryway Breakout Room
Other _____

Description of behavior(s) that preceded the decision to use a physical hold:

Assault on Student Fighting Assault on Staff Self-injurious behavior
Running from the building Other _____

Less restrictive measures tried to address student behavior(s) prior to the use of a physical hold: Redirection Correction Staff Escort to breakout space Allow student to go to safe place to relax/regroup Planned Ignoring Conflict Mediation

Verbal De-escalation Process with Staff Exited other Peers Offer alternative activities Offer sensory tools Social stories Staff hand off Proximity control
Other: _____

Less restrictive measure that failed or was determined by staff to be inappropriate or impractical:

Description of the physical hold used.

Type of physical hold:

Single Person Control Team Control (Two Person) Transport Position (Two Person)

Time hold began: _____ **Time hold released:** _____ **Total time of hold:** _____

Student's behavioral and physical status during hold: Talking Shouting
 Screaming Crying Grunting Sweating Spitting Grimacing
Complains of pain in _____

Skin coloring: Normal Coloring Flushed Blotchy Bluish lips/nail beds
Pallor (pale/white) Breathing: Regular Breathing Rapid Breathing Labored Breathing
Other (Describe): _____

Student's behavioral and physical status after release from hold: Regular Breathing
 Normal Coloring Calm Appearance Sleepy Crying Re-escalating
Other (Describe): _____

Who witnessed this incident of physical holding?

Did the physical hold result in an injury to the student? **No Yes**

Describe: _____

[If circled Yes, Student Accident Report form has been completed and submitted.]

Did the physical hold result in an injury to a staff member? **No Yes**

Describe: _____

[If circled Yes, Employee Notice of Injury form has been completed and submitted.]

Parent/Guardian notified on (date): _____ **by** _____ phone email Notebook
 Other method agreed upon by parent and included in student's IEP: _____

Were parents properly notified of this incident of physical holding?

If not, provide details.

Written Notice sent to parent on _____.

Building Administrator/Designee notified of use of restrictive procedure on:
_____ at _____ a.m./p.m.

Name of Building Administrator/Designee notified: _____

Debriefing of use of restrictive procedure held on: _____

Attended by:

What incidents led up to the use of the hold?

Why were less restrictive measures determined inappropriate or impractical?

