

SHARON CENTER SCHOOL

Incident Report of Physical Restraint/Seclusion

Note: Any use of physical restraint/seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record. An Incident Report is required and should be completed as soon after the incident as possible or within 24 hours of the incident. Parents/guardians must be notified in writing within 24 hours of the incident. Notification should include the information documented on the incident report. The Incident Report is to be completed by provider or assistant provider as defined by district procedures. If non-certified staff complete this form, certified staff must review it prior to submission. Submit to the Director of Pupil Services no later than the school day following the incident.

Seclusion: means the involuntary confinement of a student in a room, from which the student is physically prevented from leaving. "Seclusion" does not include an exclusionary time out. In a public school, seclusion does not mean any confinement where the child is physically able to leave the area of confinement including in-school suspension and time-out.

Physical Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs, or head, including, but not limited to, carrying or forcibly moving a person from one location to another. Physical Restraint does not include: (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts, and similar devices used to prevent self-injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

TYPE OF INCIDENT: PHYSICAL RESTRAINT
 SECLUSION

SCHOOL INFORMATION

School:	Date of Incident:	Date of Report:
Person Preparing the report:		
Start Time:	End Time:	Total Time:

*If the total length of the seclusion/restraint exceeds 15 minutes, attach the documentation of the required Administrator's (or designee) determination of the need for continuation of the restraint to prevent immediate or imminent injury to the student or to others.

STUDENT INFORMATION

Student's Name:	Grade:	DOB:	Gender:
Teacher/Classroom:			
<input type="checkbox"/> Student is a general Education Student			
<input type="checkbox"/> Student is being evaluated or considered for eligibility for Special Education Services			
<input type="checkbox"/> Student receives Special Education Services - Special Education category:			

STAFF INFORMATION

Name and title of staff administering seclusion/restraint:
Name and title of staff monitoring/witnessing seclusion/restraint:

SCHOOL ADMINISTRATOR INFORMED

Name:	Title:
Informed the same day: <input type="checkbox"/> YES <input type="checkbox"/> NO	Time informed:
If not informed the same day, date informed:	

JUSTIFICATION FOR USE OF SECLUSION/RESTRAINT (CHECK ALL THAT APPLY):

- Emergency to prevent immediate or imminent harm to self
- Emergency to prevent immediate or imminent harm to others
- Condition specified in IEP or BIP incorporated into IEP (specify condition):

STUDENT ACTIVITY/BEHAVIOR PRECIPITATING THE USE OF RESTRAINT/SECLUSION:

Describe the activity in which the student was participating immediately prior to the incident:

Describe risk of immediate or imminent injury to students or others that required use of seclusion/restraint

STAFF ACTIVITY/RESPONSE

Describe other steps taken including attempts at verbal de-escalation implemented to prevent the emergency which necessitated the use of seclusion/restraint.

TYPE OF SECLUSION USED:

- Open Door Seclusion
- Closed Door Seclusion

TYPE OF PHYSICAL RESTRAINT USED:

- Side-by-side parallel hold
- Standing basket hold
- Full security hold (lift and carry)
- Held in chair
- Floor control
- Other (description)

TOTAL TIME OF SECLUSION/RESTRAINT:

(Minutes)	(Hours)	Start:	End:
Extension approval provided by (trained team member):			

Did the student demonstrate physical distress during the seclusion/restraint? ___ YES ___ NO

RECORD OF EVALUATION FOR STUDENT PHYSICAL DISTRESS (MAXIMUM OF 5 MINUTE INTERVALS)

Time:	Status:	Time:	Status:
Time:	Status:	Time:	Status:
Time:	Status:	Time:	Status:
Time:	Status:	Time:	Status:
Time:	Status:	Time:	Status:
Time:	Status:	Time:	Status:

Status = safe/not safe

Attach additional sheets as necessary.

DESCRIBE THE DISPOSITION OF THE STUDENT FOLLOWING THE SECLUSION/RESTRAINT:

- ___ Student was under behavioral control and returned to regularly scheduled activities
- ___ Student was under control and was excluded further as a result of disciplinary action (specify consequence or discipline referral): _____
- ___ Student was turned over to custody of parent
- ___ Student was turned over to emergency personnel (specify): _____
- ___ Student was turned over to custody of law enforcement

MEDICAL STATUS EVALUATION.

- ___ Not necessary; (i.e. agitated vs. self-injurious) student did not exhibit behaviors in seclusion/restraint harmful to self/others
- ___ Performed by School Nurse
- ___ Performed by emergency personnel _____

Result:

Was the student injured during the emergency use of seclusion/restraint? ___ YES ___ NO

If "yes," complete and attach a report of injury

PARENTAL NOTIFICATION (VERBAL) WITHIN 24 HOURS:

Performed by:	Date:	Time:
Telephone number used: Parent reached. ___ Yes ___ No		

PARENTAL NOTIFICATION (WRITTEN) WITHIN 24 HOURS:

Sent by (Case Manager):	Date:	Time:
Type of Written Notification (mail, e-mail, etc.)	Parent received. ___ Yes ___ No	

EFFECT OF SECLUSION OR RESTRAINT ON IMPLEMENTATION OF EDUCATION PLAN:

- ___ No effect; student excluded for brief time and returned to regularly scheduled activities: _____
- ___ Moderate effect; student excluded for an extended period, unable to return to regularly scheduled activities on this date: _____

Is a *PPT meeting required to review/revise the IEP or discuss additional evaluation or the development/revision of an FBA and or BIP? ___ Yes ___ No

Is a *PPT meeting recommended to modify the IEP? ___ Yes ___ No *If "yes," indicate date:*

Is a *meeting required for this general education student? ___ Yes ___ No *If "yes," indicate date:*

*A PPT meeting or a meeting is required if this incident marks the 4th incident of restraint within a 20 school-day period.

Please complete when a student is secluded/restrained for a period exceeding 15 minutes.

Public Act 18-51 continues to require that an administrator, as defined in Section 10-144e of the general statutes, or such administrator's designee, a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion, shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every 30 minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.

Time seclusion/restraint was initiated: _____ a.m./p.m.

Time seclusion/restraint was terminated: _____ a.m./p.m.

15 minute determination of the necessity of continued seclusion/restraint: _____ a.m./p.m.

Signature of *qualified administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued seclusion/restraint: _____ a.m./p.m.

Signature of *qualified administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued seclusion/restraint: _____ a.m./p.m.

Signature of *qualified administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued seclusion/restraint: _____ a.m./p.m.

Signature of *qualified administrator, designee, school health or mental health professional

**NOTE: "Qualified" is defined as having received required training in the use of physical restraint.*