

# **Mayflower School District**

## **Student Restraint Guidelines**



**Mayflower School District**  
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**Mayflower, Arkansas 72106**

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## **Purpose**

The purpose of these guidelines is to ensure the safety of all students and staff. As restraint may cause harm to staff and students then:

- restraint should be avoided to the greatest extent possible without endangering the safety of students and staff; and
- physical restraint should not be used except in situations where the student's behavior poses imminent danger of serious physical harm to self or others, and it should be discontinued as soon as the imminent danger of serious physical harm to self or others has dissipated. Chemical and mechanical restraint should never be used in a school setting.

## **Prevention**

Safe, effective, evidence-based strategies are available to support children who display challenging behaviors in school settings. Staff training focused on evidence-based positive behavior supports, de-escalation techniques, and physical restraint prevention, can reduce the incidence of injury, trauma, and death. The effective implementation of school-wide positive behavior supports is linked to greater academic achievement, significantly fewer disciplinary problems, increased instruction time, and staff perception of a safer teaching environment. (*Keeping All Students Safe Act*, H.B. 1381 (2011))

## **Physical Restraint**

The Mayflower School District recommends that all schools use following guidelines:

- (1) Physical restraint should not be used except in situations where the student's behavior poses imminent danger of serious physical harm to self or others, and it should be discontinued as soon as the imminent danger of serious physical harm to self or others has dissipated.
- (2) School personnel should not impose the following on any student at any time:
  - (a) Mechanical restraint;
  - (b) Chemical restraint;
  - (c) Aversive behavioral interventions that comprise health and safety;
  - (d) Physical restraint that is life threatening, and
  - (e) Physical restraint that is medically contraindicated unless the student's behavior poses imminent danger of serious physical harm to self or others.

(3) Physical restraint should never be used:

- (a) As punishment or discipline;
- (b) As a means of coercion to force compliance;
- (c) As retaliation;
- (d) As a substitute for appropriate educational or behavioral support;
- (e) As a routine school safety measure;
- (f) As a planned behavioral intervention in response to behavior that does not pose imminent danger of serious physical harm to self or others;
- (g) As a convenience for staff; or

(4) Prone restraint or other restraints that restrict breathing should never be used because they can cause serious injury or death.

(5) When implementing a physical restraint, personnel should use only the amount of force reasonably believed to be necessary to protect the student or others from imminent danger of serious physical harm to self or others.

(6) The use of physical restraint should never be accompanied by any verbal abuse, ridicule, humiliation, taunting, or the equivalent, which could result in the emotional distress or trauma of the student involved.

(7) Restraint should only be used for limited periods of time and should cease immediately when the imminent danger of serious physical harm to self or others has dissipated or a medical condition occurs putting the student at risk of harm.

(8) School personnel should use the least restrictive technique necessary to end the threat of imminent danger of serious physical harm.

(9) A student's ability to communicate should not be restricted unless less restrictive techniques would not prevent imminent danger of serious physical harm to the student or others.

(10) If restraint is used, the student should be continuously and visually observed and monitored while he or she is restrained.

(11) School personnel administering physical restraint should use the safest method available and appropriate to the situation. Supine restraint (occurs when a student is restrained in a face up position on the student's back on the floor or other surface, and physical pressure is applied to the student's body to keep

the student in the supine position.) should only be used if the school personnel administering the restraint has received training.

(12) The use of physical restraint as a planned behavioral intervention should not be written into a student's Individualized Education Program (IEP), Section 504 Plan, BIP, individual student safety plan, or any other planning document for an individual student. Physical restraint may be considered as a crisis intervention, if appropriate for the student.

(13) A functional behavior assessment should be conducted following the first incident of restraint, unless one has been previously conducted for the behavior of issue.

(14) Physical restraint should only be implemented by assigned personnel appropriately trained to administer physical restraint when available.

(15) If an incident occurs where trained school personnel are not immediately available due to the unforeseeable nature of the emergency circumstance, the district should:

- (a) Reevaluate the district's staff availability,
- (b) Develop a plan to prevent future incidents, and
- (c) Contact local law enforcement

(17) The use of any technique that is abusive is illegal and should be reported to the Child Abuse Hotline and local law enforcement

### **School Responsibilities**

1. School personnel are to be made aware of these guidelines at staff professional development trainings.
2. When appropriate train school personnel according to student needs in the school.
3. When a restrain incident occurs in a school then:
  - a. The school administration is to be notified immediately
  - b. Parents are to be notified as soon as possible and within 24 hours.
  - c. Documentation (report attached) is to be completed.
  - d. A debriefing meeting is to be held to:
    - (a) Determine whether the procedures used during the incident were necessary;

- (b) Evaluate the staff's use of behavioral supports and de-escalation techniques prior to and during each incident; and
- (c) Evaluate the school district's positive behavioral support system and prevention techniques in order to minimize the future use of restraint.
- (d) Discuss appropriate actions to be taken to prevent and reduce the need for restraint and consider whether additional interventions and supports are necessary for the student or staff.

4. School policy as outlined in the student handbook, 504 handbook or special education handbook is to be utilized in the event of a parent complaint.

5. Each school is to review restraint data, including frequency, to adjust to student and staff needs in relation to student restraints annually or as needed.

John Gray  
Superintendent  
Mayflower School District

**Mayflower School District**  
 PHYSICAL RESTRAINT/SECLUSION INCIDENT RECORD<sup>1</sup> and DEBRIEFING REPORT

A. Student Information		School:	
Name:	UID#:	Date of Birth:	Grade:
<input type="checkbox"/> IEP* <input type="checkbox"/> 504 Plan <input type="checkbox"/> In referral process	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No  Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander	English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Eligible Disability:			
Migrant Status:			

B. Incident Description	
Date incident occurred:      /      / <input type="checkbox"/> PHYSICAL RESTRAINT <input type="checkbox"/> SECLUSION:	Locked Room <input type="checkbox"/> Y <input type="checkbox"/> N
Time <b>restraint/seclusion</b> began (circle type):	Location of incident: <input type="checkbox"/> Classroom: Teacher _____
Time <b>restraint/seclusion</b> ended (circle type):	<input type="checkbox"/> Playground <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____
What dangerous behavior(s) did the student exhibit that resulted in restraint/seclusion? (check all that apply)	
<input type="checkbox"/> Hitting <input type="checkbox"/> Biting <input type="checkbox"/> Running <input type="checkbox"/> Pushing <input type="checkbox"/> Choking <input type="checkbox"/> Spitting <input type="checkbox"/> Cutting <input type="checkbox"/> Using objects as weapons <input type="checkbox"/> Other _____	
Behavior(s) directed at <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	
Behavior(s) the student exhibited prior to incident: <input type="checkbox"/> Yelling/calling out <input type="checkbox"/> Throwing objects <input type="checkbox"/> Out of seat/wandering <input type="checkbox"/> Cursing <input type="checkbox"/> Shutting down/refusing to complete task <input type="checkbox"/> Other _____	
Objectively describe the incident:	
Intervention(s)/effort(s) attempted to de-escalate student prior to or during physical restraint/seclusion (explain/describe):	
Type/method of restraint used (i.e. supine, standing)?	
Describe what occurred after student was restrained/secluded?	

<sup>1</sup> To be completed as soon as possible following the incident. Parents and administration are to be notified of the incident.

Did the incident result in any injuries? <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Name of injured:	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
Name of injured:	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
Was medical treatment sought for the student as a result of the use of physical restraint: <input type="checkbox"/> No <input type="checkbox"/> Yes, by district <input type="checkbox"/> Yes, by parent(s) (if known to district)	

C. Staff administering the physical restraint/seclusion				
Staff: (Print Name)	Position:	Received training prior to restraint:	If yes, restraint Program:	Certified:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Staff observing the incident	
Staff: (Print Name)	Position:

E. Administrator Notification			
(A building administrator should be notified as soon as possible but no later than the end of the school day on which the incident occurred.)			
Name and position of administrator contacted:	Date:	Type of notification: <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic <input type="checkbox"/> Written	Staff member who contacted administrator:
	Time of contact:		

F. Parent Notification			
(Parent(s) should be verbally or electronically notified as soon as possible but no later than the end of the day on which the incident occurred, or written communication sent within 48 hours of the incident.)			
Name of parent(s)/ guardian(s) contacted:	Date:	Type of notification: <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic <input type="checkbox"/> Written	Staff member who contacted parent(s)/ guardian(s):
	Time of contact:		

Parent(s) received a copy of the Incident Record on \_\_\_\_\_, \_\_\_\_\_  
Date Parent Signature

**G. Debriefing Information**

(To be completed within 2 school days of the incident by all district personnel present before and/or during the incident.)

Date of debriefing meeting:

Time:

Location:

Debriefing for **restraint/seclusion (circle type)**:

Consideration of:

- What is the student's social/medical history?
- What are the results of any of the student's Functional Behavioral Assessment(s)?
- What is outlined in the student's Behavior Intervention Plan and was it implemented?
- What are the Special Factors listed in the student's Individualized Education Program (IEP)?
- What are the training needs of the staff relative to restraint/seclusion?
- What are the parent's concerns?
- How often has the student been restrained/secluded (frequency/duration)?

What actions need to be taken to prevent and reduce the need for restraint/seclusion?

District Personnel \_\_\_\_\_

Student \_\_\_\_\_

Parent \_\_\_\_\_

Printed name of those attending debriefing meeting	Signature of those attending debriefing meeting	Position

This report has been prepared by **(Name / Position / Date)**: