



RESTRICTIVE PROCEDURES Q & A FROM MDE

1. What are Restrictive Procedures?

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

2. What is physical holding?

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.

3. What is not considered physical holding?

- Helping a student respond or complete a task.
- Assisting a child without restricting the child's movement.
- Administering authorized health-related services or procedures
- Physical contact that is needed to physically escort a child when the child does not resist or the child's resistance is minimal.

4. What is seclusion?

Confining a child alone in a room from which exit is barred.

5. What is not considered seclusion?

Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.

6. What constitutes an "emergency"?

Emergency means a situation where immediate intervention is needed to protect a child or other individual from physical injury or to prevent serious property damage.

7. Can restrictive procedures be written into a child's IEP or Behavior Intervention Plan (BIP)?

- The IEP team may plan for using restrictive procedures and may include these procedures in a child's IEP or BIP; however, the restrictive procedures may still only be used in response to behavior that constitutes an emergency.
- The IEP or BIP shall indicate how the parent wants to be notified when a restrictive procedure is used.

8. What do schools have to do when they use restrictive procedures?

- The physical holding or seclusion must be the least intrusive intervention that effectively responds to the emergency;
- Physical holding or seclusion must end when the threat of harm ends and the staff determines that the child can safely return to the classroom or activity;
- Staff must directly observe the child while physical holding or seclusion is used;

- Each time a physical holding or seclusion is used, the staff person who implements or oversees it shall document, as soon as possible after the incident concludes.

9. What needs to be documented after the use of the restrictive procedures?

Using the form provided on SPED forms, as soon as possible after the incident the following must be documented:

- * Description of the incident that led to the procedure;
- * Description of why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
- * Time of the procedure and the time the child was released from the procedure;
- * A brief record of the child's behavioral and physical status.

10. When does the school need to contact the parent following the use of a restrictive procedure?

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

11. When must the school hold an IEP team meeting?

When restrictive procedures are used twice in 30 days or when a pattern emerges and restrictive procedures are not included in a child's IEP or BIP, the district must hold a meeting of the IEP team, conduct or review a functional behavior assessment (FBA), 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 BIP as appropriate.

At the meeting, the team must review any known medical or psychological limitations that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the IEP or BIP.

12. Who can use restrictive procedures?

May be used only by a licensed special education teacher, school social worker, school psychologist, behavior analyst, other licensed education professional, paraprofessional or mental health professional who has completed a training program.

13. What training is required for staff who use restrictive procedures?

Staff who use restrictive procedures shall complete training in the following skills and knowledge areas:

- Positive behavioral interventions;
- Communicative intent of behaviors;
- Relationship building;
- Alternative 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 used; and
- Recognizing the symptoms of and interventions that may cause positional asphyxia when

physical holding is used.