



Restrictive Procedures Plan

Minnesota laws encourage the use of positive behavioral supports and strategies and seek to reduce the use of physical holding and seclusion (restrictive procedures). Schools may only use restrictive procedures in response to an emergency situation where immediate intervention is needed to protect a child or other individual 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 or 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 will not be used to punish or otherwise discipline a child.

Campbell-Tintah Public Schools intends to use:

Physical Holding – physical intervention intended to hold a child immobile or limit a child's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury.

- Specific physical holds that staff are trained to use:
 - CPI holds

Additional Information about the use of physical holds:

- The term physical holding does not mean physical contact that:
 - a) Helps a child respond or complete a task;
 - b) Assists a child without restricting the child's movement;
 - c) Is needed to administer an authorized health-related service or procedure; or

- d) Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
- A physical hold may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP, IFSP, or BIP.
 - An improper physical hold, a physical hold used by an unauthorized or untrained staff person and any reasonable force which intends to hold a child immobile or limit a child's movement where body contact is the only source of physical restraint will be reported as a physical hold.
 - Each time a physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:
 - a) a description of the incident that led to the physical holding;
 - b) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
 - c) the time the physical holding began and the time the child was released;
 - d) a brief record of the child's behavioral and physical status; and
 - e) a brief description of the post-use debriefing that occurred as a result of the use of the physical hold
- The school will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice will be sent within two days by written or electronic means or as otherwise indicated in the Student's IEP.
 - Immediate attention and consideration will be given to the need for an FBA (Functional Behavior Assessment) as well as a quarterly oversight committee will review all restrictive procedures.

Seclusion – confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room.

The district does not seclude nor have any registered seclusion rooms.

Prohibitions

Campbell-Tintah Public Schools staff are prohibited from using the following actions or procedures:

1. engaging in corporal punishment - conduct involving: (1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. totally or partially restricting a child'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 child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when the temporary removal of the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in chapter 260E;
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 restraint.
11. the use of seclusion on children from birth through grade 3 by September 1, 2024.

Implementation of a Range of Positive Behavior Strategies

Positive behavioral interventions and supports are interventions and strategies to improve the school environment by teaching children the skills to prevent problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

1. establishing, defining, teaching, and practicing three to five positively stated school wide behavioral expectations that are representative of the local community and cultures;
 - **Be respectful:** Respect the privacy and personal space of others and use positive words and body language
 - **Be responsible:** Take responsibility for your actions, and stop, think and make good choices
 - **Be kind:** Be cooperative, kind, and inclusive to everyone
 - **Be safe:** Report any danger or misbehavior to an adult
 - **Be mindful:** Respect property and seek an adult if you have a problem
 - **Be considerate:** Use good manners and appropriate language.
2. developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgment for students who display school wide behavioral expectations;
 - **Acknowledge appropriate behaviors** (Behavior that is reinforced is more likely to appear again)
 - **Provide consistent consequences** (Establish a fair and consistent set of consequences for both positive and negative behaviors)
 - **Use behavior-specific praise** (This technique has been shown to increase a student's social and academic performance)
 - **Focus on social and emotional competence** (This can increase children's self-perceptions, positive social behaviors, and academic achievement)
3. developing and implementing a consistent and specialized support system for students who do not display behaviors representative of schoolwide positive expectations;
 - Shared values, which translate into specific expectations for student and adult behavior
 - A clear process through which students and teachers can learn, practice, and reinforce common values and expectations through defined routines
 - Administrative support of rigorous implementation

4. developing a system to support decisions based on data related to student progress, effective implementation of behavioral practices, and screening for students requiring additional behavior supports;
 - Implementation of a multi-tiered system of support (MTSS) framework, heavily utilizing Positive Behavioral Interventions and Supports (PBIS) principles, which involves: regular screening of student behavior, collecting detailed data on behavioral incidents, analyzing trends, using that information to identify students needing additional support, and monitoring the effectiveness of interventions provided at different tiers; all while ensuring consistent implementation of positive behavioral practices across the school environment.
5. using a continuum of evidence-based interventions that is integrated and aligned to support academic and behavioral success for all students; and
 - The teacher follows the structure of the intervention/program accurately and delivers the intervention in a positive manner.
 - Routines. ...
 - Breaks. ...
 - Silent Signals. ...
 - Proximity. ...
 - Quiet Corrections. ...
 - Special Tasks. ...
 - Positive Phrasing. ...
 - Behavior Statements. ...
6. using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes.
 - For students, Team Based Learning allows for the application of learned knowledge while enhancing problem-solving skills within a group context through multiple self-assessments and revisions. This type of approach can increase engagement and self-assessment while developing a sense of accountability.

Mental Health Resources

To obtain mental health services or a referral to a mental health service provider, families should contact their primary care clinic, physician or insurance provider. Below is a list of additional mental health resources.

- [Children’s Mental Health Division of the Minnesota Department of Human Services \(DHS\)](#): administers policy and practice to ensure effective and accessible mental health services and supports for children and families in Minnesota. The division works together with many public and private partners across the state so that children and youth with mental health needs can develop and function as fully as possible in all areas of their lives. DHS is committed to making sure the right services are available at the right time for children with mental health needs and their families.
- Children’s Mental Health Crisis Response Services (CRS)
 - Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota. Text “MN” to 741741.
 - Call **CRISIS (**274747) from a cell phone to talk to a team of professionals who can help you.

NAMI Minnesota provides support by helping people connect with needed resources and information. An extensive list of resources was gathered to make it easier for people to locate possible sources of help as they navigate through various systems that interface with mental health. You can find that list on the [NAMI Information and Resources web page](#).

Staff Training on De-Escalation

The school ensures that staff are trained to identify and appropriately address the needs of all students. Staff who may respond to emergencies are specifically trained in the following skills and knowledge areas:

1. positive behavioral interventions;
 - ACES training, CPI training, trauma training through Infinitec, Special Education Cooperative training related to core disabilities, attend professional training when requested, suicide training and prevention strategies, child study meetings to support student progress and successes, student specific behavior support plan training
2. communicative intent of behaviors;
 - CPI training related communication, training on the signs that someone is upset and that something is not right, examples of communicative intent in behaviors of students with disabilities include: pointing at an object to request it, vocalizing or making sounds to get attention, hitting or pushing to express frustration, looking away to indicate refusal, hand flapping to express excitement, or using a picture card to communicate a need or desire
3. relationship building;
 - Suicide Prevention training including relationships with students, staff training on relationship building;
 - Topics: Educator-student relationships are key to student success at school: in order to build relationships, educators must take an intentional approach to ensure all students feel heard and seen in their classroom; Strong educator-student relationships are practices that create positive classroom environments; Positive educator-student relationships are paramount when working with student trauma; Having trusting relationships between adults and students can increase student motivation, encourage self-efficacy, and improve academic achievement
4. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
 - CPI Training
 - Training on and implementation of sensory breaks

5. de-escalation methods;

- CPI Training: a de-escalation training and resources for staff to use with students. Some of the de-escalation methods include:
 - Empathetic listening: Give the person your full attention and try to understand their perspective.
 - Nonjudgmental: Avoid judging the person's words or actions, and instead focus on their feelings.
 - Respect personal space: Maintain a safe distance and be aware of your position and posture.
 - Use non-threatening nonverbal communication: Keep your body language and tone of voice neutral, and use calm, open gestures.
 - Avoid overreacting: Stay calm and rational and avoid raising your voice.
 - Focus on feelings: Address the emotions behind the person's behavior, such as fear, frustration, or sadness.
 - Allow silence: Allow time for reflection and give people space to make choices.
 - Set limits: Establish clear boundaries and be selective about what issues to press.
 - Identify escalating behaviors: Recognize when to call for help.

6. standards for using restrictive procedures only in an emergency;

- CPI training;
 - Emergency: The situation must require immediate intervention to prevent physical injury. For example, a child's behavior could result in physical injury.
 - Least intrusive: The intervention must be the least intrusive way to respond to the emergency.
 - Not for discipline: Restrictive procedures cannot be used to punish or discipline a child.
 - Ends when safe: The intervention should end when the threat of harm ends, and the child can safely return to their activity or classroom.
 - Staff observation: A staff member must directly observe the child during the intervention.
 - Documentation: The staff member must document the incident as soon as possible after it ends.
 - Plan: The school must have a Restrictive Procedures Plan (RPP) that outlines the district's plan for using restrictive procedures. The RPP should be available to the public.
 - Notification: The school should notify the child's parent on the same day or within two days of using a restrictive procedure.

7. obtaining emergency medical assistance;

- staff contact administration when there is an emergency

8. the physiological and psychological impact of physical holding and seclusion;

- NCI (CPI) Non-violent Crisis Intervention, Intent to calm student & therapeutic rapport is implemented with student once tension reduction occurs

9. monitoring and responding to a child's physical signs of distress when physical holding is being used;
 - Training in suicide prevention strategies, NCI (CPI) Non-violent Crisis Intervention Team approach is used during physical holds for staff to continually monitor breathing and the physical appearance of the student, CPI approved holds will be implemented by trained staff to prevent injury and monitor for signs of distress
10. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;
 - NCI (CPI) Non-violent Crisis Intervention: Staff will not use their own bodies in ways that restrict the restrained person's ability to breathe, Students will not be placed in prone position or restrained in a bent over at the waist position that could interfere with breathing and oxygen intake
11. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
 - NCI (CPI) Non-violent Crisis Intervention, Restrictive Procedure Form/Physical Holding forms and Restrictive Procedures, Debriefing form will be reviewed by Special Education Cooperative, Mandated Reporting training
12. schoolwide programs on positive behavior strategies;
 - Trained in Building-Wide initiatives include Responsive Classroom; above, below, and bottom line behavior; proactive behavioral strategies and incentives; building opportunities; social skill groups; peer mentoring; small group counseling; Social Skills groups for regular education and special education students, Bullying Prevention training to all staff, ACES Training to identify at-risk students, Staff review BIP of special education students

The school maintains documentation of staff training by district staff development records and Special Education Cooperative tracking.

Monitoring the Use of Restrictive Procedures:

The school will monitor and review the use of restrictive procedures by:

- Conducting post-use debriefings following the use of a restrictive procedure...
- Convening an oversight committee to review the use of restrictive procedures each quarter. The oversight committee will identify and address 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 procedure 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;
 - proposed actions to minimize the use of restrictive procedures;
 - any disproportionate use of restrictive procedures based on race, gender, or disability status;
 - the role of the school resource officer or police in emergencies and the use of restrictive procedures; and
 - documentation to determine if the standards for using restrictive procedures as described Minnesota Statutes 125A.0941 and 125A.0942 have been met.
- The oversight committee includes the below members, which are updated annually:
 - Ali Braukmann, Director of Special Education
 - Sandy Kitzman, Special Education Administrator
 - Stacy Haugen-McAllister, Special Education Administrator
 - Courtney Peterson, M.Ed, LPCC, BCBA, LBA, Clinic Manager at Solutions Behavioral Health
 - Joel Bartholomay, Licensed School Psychologist, CPI Trainer
 - Emily Mertes, ASD & DCD Consultant
 - Eliza Robertson, Licensed Special Education Teacher
 - Heather Dewey, Regular Education Teacher