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## Restrictive Procedures Plan

In accordance with Minnesota Statute 125A.0942, Subd. 1, every school district is required to develop and make public a plan that discloses its use of restrictive procedures. The plan specifically outlines the list of restrictive procedures the school intends to use; how the school will monitor and review the use of restrictive procedures, including post use debriefings and convening an oversight committee; and a written description and documentation of the training and staff that have completed the training.

The Cannon Valley Special Education Cooperative uses restrictive procedures only in response to behaviors that constitute an emergency, even if written into a child's Individual Education Plan (IEP), Behavior Intervention Plan (BIP), or Positive Behavior Support Plan (PBSP). Restrictive procedures are not used to punish or otherwise discipline a child.

### I. Definitions:

**Restrictive Procedures:** The use of physical holding or seclusion in an emergency. Restrictive procedures are not used to punish or otherwise discipline a child.

**Emergency:** A 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; 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.

**Physical Holding:** Physical intervention is intended to hold a child immobile or limit a child's movement by using body contact as the only source of physical restraint. The term physical holding does not mean physical contact: that helps a child respond or complete a task; assists a child without restricting the child's movement; is needed to administer an authorized health-related service or procedure; used to physically escort a child when the child does not resist or the resistance is minimal.

**Seclusion:** Confining a child alone in a room from which egress is barred. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.

### II. **The Cannon Valley Special Education Cooperative Intends to Use the Following Restrictive Procedures:**

#### A. **Physical Holding:**

1. Physical holding means 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. The Cannon Valley Special Education Cooperative does not use physical holding with students in the prone (face down) or supine (face up) positions.
2. 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

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- d. Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
  3. The Cannon Valley Special Education Cooperative intends to use the following types of physical holding:
    - a. Safety-Care Crisis Prevention Training One Person Stability Hold.
    - b. Safety-Care Crisis Prevention Training Two Person Stability Hold.
    - c. Safety-Care Crisis Prevention Training Forward Transport.
    - d. Safety-Care Crisis Prevention Reverse Transport.

**B. Seclusion:**

The Cannon Valley Special Education Cooperative does not use any locked time out rooms for seclusion.

**III. The Cannon Valley Special Education Cooperative Will Implement a Range of Positive Behavior Strategies and Provide Links to Mental Health Services:**

**A. Positive behavioral interventions and supports** means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

**B. The Cannon Valley Special Education Cooperative implements the following positive behavior strategies:**

1. A positive approach to teaching and learning which emphasizes social, emotional, and academic growth in a strong and safe school community. The approach consists of classroom and schoolwide practices for deliberately helping children build academic and social-emotional competencies.
2. Through the evaluation process, The Cooperative will determine strengths and weaknesses of individual students and include, as appropriate, positive behavior strategies, replacement skills building, and/or social skills training into the Individual Education Plan (IEP).

**C. The Cannon Valley Special Education Cooperative provides the following links to mental health services:**

1. Rice County Social Services – Mental Health Services: 507-332-6115/ 507-645-4723
2. South Central Human Relations Center: 507-451-2630
3. Minnesota Prairie County Alliance: 507-431-5725
4. Mobile Crisis Service: 877-399-3040

**IV. The Cannon Valley Special Education Cooperative Will Provide Training on Deescalation Techniques.**

**A. The Cannon Valley Special Education Cooperative provides the following training on using positive behavior interventions:**

1. Training on the applicable Minnesota State Statutes involving restrictive procedures.
2. Safety-Care Crisis Prevention Training: Understanding Behavior, providing a positive environment.
3. Safety-Care Crisis Prevention Training: Behavior Analysis, the A-B-C's of behavior.
4. Safety-Care Crisis Prevention Training: Avoiding power struggles and behavior traps.
5. Safety-CareCrisis Prevention Training: Incident Prevention.
6. Safety-Care Crisis Prevention Training: Effective Praise.
7. Safety-Care Crisis Prevention Training: Staff Behavior, voice and proximity.
8. Safety-Care Crisis Prevention Training: Positive safety habits.
9. Safety-Care Crisis Prevention Training: Deescalation; help, wait, and prompt strategies.

**B.** The Cannon Valley Special Education Cooperative provides training on accommodating, modifying, and adapting curriculum, materials, and strategies to appropriately meet the needs

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of individual students and ensure adequate progress toward the state's graduation standards. This training is offered in a variety of ways including Due Process training, technology training, and disability specific training.

- V. Cannon Valley Special Education Cooperative will monitor and review the use of restrictive procedures in the following manner:**
- A. Documentation:**
1. Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion documents, as soon as possible after the incident concludes, documents the following information:
    - a. A description of the incident that led to the physical holding or seclusion;
    - b. Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
    - c. The time the physical holding or seclusion began and the time the child was released; and
    - d. A brief record of the child's behavioral and physical status.
  2. The Cannon Valley Special Education staff will use the electronic version of the state-model forms to document the use of physical holding or seclusion. These forms are found in the SpEd Forms program used by The Cooperative for all Due Process.
- B. Post-use debriefings, consistent with documentation requirements:**
1. Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a post-use debriefing with the staff involved and the building administrator as soon as possible after the incident concludes.
  2. The post-use debriefing will review the following requirements to ensure the physical holding or seclusion was used appropriately:
    - a. Whether the physical holding or seclusion was used in an emergency.
    - b. Whether the physical holding or seclusion was the least intrusive intervention that effectively responds to the emergency.
    - c. Whether the physical holding or seclusion was used to discipline a noncompliant child.
    - d. Whether the physical holding or seclusion ended when the threat of harm ended, and the staff determined that the child could safely return to the classroom or activity.
    - e. Whether the staff directly observed the child while physical holding or seclusion was being used.
    - f. Whether the documentation was completed correctly.
    - g. Whether the parents were properly notified.
    - h. Whether an IEP team meeting needs to be scheduled.
    - i. Whether the appropriate staff used physical holding or seclusion.
    - j. Whether the staff that used physical holding or seclusion was appropriately trained.
  3. If the post-use debriefing determines the physical holding or seclusion was not used appropriately, The Cannon Valley Special Education Cooperative will ensure immediate corrective action is taken, by reviewing the Restrictive Procedures Plan set forth by The Cooperative.
- C. Oversight Committee:**
1. The Cannon Valley Special Education Cooperative 6094-52, publicly identifies the following oversight committee members:

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- a. Executive Director - Sarah McGuire
  - b. Special Education Coordinators - Ryan Korolewski, Shari Qual
  - c. Safety-Care Trainers - Neil Smith, Amber Allen
  - d. Mental Health Professionals - Jeff Phiefer, Taylor Scott
2. The Cannon Valley Special Education's oversight committee meets quarterly to review restrictive procedures used in the previous quarter.
  3. The Cannon Valley Special Education Cooperative's oversight committee will review the following:
    - a. The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of week, duration of the use of a restrictive procedure.
    - b. The number of times a restrictive procedure is used school wide and for individual children.
    - c. The number and types of injuries, if any resulting from the use of restrictive procedures.
    - d. Whether restrictive procedures are used in non-emergency situations.
    - e. The need for additional staff training.
    - f. Proposed actions to minimize the use of restrictive procedures.

**VI. The Cannon Valley Special Education staff who use restrictive procedures, received training in the following skills and knowledge areas:**

**A. Positive behavioral interventions:**

1. Life Space Crisis Intervention: Trauma informed classroom, this training works to use positive language to work with students that have experienced trauma in their lives.
2. Safety-Care Crisis Intervention Training: Positive Reinforcement and staff behaviors.

**B. Communicative intent of behaviors:**

1. Safety-Care Crisis Intervention Training: Identifying triggers and signals.
2. Life Space Crisis Intervention: Training on how students communicate needs through their behavior.

**C. Relationship building:**

1. Safety-Care Crisis Intervention Training: The training provides techniques to set up a classroom that meets both the physical needs and social needs of students.

**D. Alternatives to restrictive procedures:**

1. Safety-Care Crisis Intervention Training: Using the least restrictive intervention. Personal safety.

**E. De Escalation methods:**

1. Safety-Care Crisis Intervention Training: Help strategy, wait strategy, and prompt strategy.
2. Life Space Crisis Intervention: This training works with staff to affirm students feelings during the drainoff stage of the interventions.

**F. Standards for using restrictive procedures only in an emergency:**

1. Safety-Care Crisis Intervention Training: During the safety care training, staff were tested and discussed different scenarios on whether or not they constituted an emergency and how to handle those situations.

**G. Obtaining emergency medical assistance:**

1. Safety-Care Intervention Training: As part of the safety care training, participants were trained to identify in the post intervention phase if students needed a call for medical assistance and to monitor students during restrictive procedures for medical issues.

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- H. **The physiological and psychological impact of physical holding and seclusion:**
    - 1. Safety-Care Intervention Training : Before, during, and after a physical hold or seclusion is used and how that impacts both students and staff.
  - I. **Monitoring and responding to a child’s physical signs of distress when physical holding is being used:**
    - 1. Safety-Care Intervention Training trains participants to use biofeedback and the use of an observer to monitor students for signs of distress.
  - J. **Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is being used:**
    - 1. Safety-Care Intervention Training: Part of the safety care training is recognizing sensitive areas that can cause asphyxia and how to avoid them.
  - K. **Copoeerative policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure:**
    - 1. Safety-Care Intervention Training: As part of the safety care training, participants were trained to use specific SpedForms documents as well as alerting administration of the occurrence of a restrictive procedure.
  - L. **Schoolwide programs on positive behavior strategies:**
    - 1. The Cannon Valley Special Education Cooperative hosts a variety of training opportunities for licensed and non-licensed staff to create positive environments across programs and the district.
- VII. **The Cannon Valley Special Education Cooperative will never use the following prohibited procedures on a child:**
- A. Engaging in conduct prohibited under section 121A.58 (corporal punishment);
  - B. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
  - C. Totally or partially restricting a child’s senses as punishment;
  - D. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
  - E. 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 function, except when temporarily removing the equipment or divide 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;
  - F. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
  - G. Withholding regularly scheduled meals or water;
  - H. Denying access to bathroom facilities;
  - I. Physical holding that restricts or impairs a child’s ability to breathe, restricts or impairs a child’s ability to communicate distress, places pressure or weight on a child’s head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child’s torso.