

Britton-Hecla School District	JGD
Policies	

RESTRAINT AND SECLUSION

- I. The Britton-Hecla School District will notify the parent or guardian of the student, unless the student is emancipated of the incident requiring the use of restraint and seclusion. This will be done within the school day, providing the school is in session that day.
- II. No employee of the Britton-Hecla School District will use the method of prone restraint, defined as physical pressure applied to any part of the student's body to keep the student on a face down position on the floor or other surface, except when that use is necessary and reasonable in a manner and moderate in degree.
- III. No student will be placed in involuntary confinement in a locked room alone unless there is a clear and present danger.

Legal References: SDCL 13-32-20

Adopted: 8/13/2018

Revised:

RESTRAINT AND SECLUSION INCIDENT REPORT FORM

_____ Student Name _____ Date of Incident _____

Does this student have a disability? _____ Yes _____ No

If yes, what is the disability? _____

Student Ethnicity: _____ Student gender: _____

Teacher/Class/Grade _____

Staff person(s) initiating restraint; others present/involved:

Staff person(s) initiating seclusion, others present/involved:

Describe the behavior that led to restraint/seclusion, including time, activity, others present, other contributing factors:

Procedures used to attempt to de-escalate the student prior to using restraint/seclusion:

Describe the restraint/seclusion:

Duration of time of restraint/seclusion:

Staff Member Submitting Report

Submitted to Administration at _____ time _____ date

RESTRAINT AND SECLUSION DEBRIEFING FORM

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present:

Name	Position/Title	Signature	Completed Training?

Give a brief description of the circumstances leading up to this incident.

Give a summary of the incident.

What was the intervention used?

What was the outcome?

From information gained, what changes (if any) should be made?

Has a support plan been initiated? Yes No

If Yes, who was contacted?

If applicable, how will the support plan affect any of the following:

Behavior Intervention Pl

504 Plan

Individualized Education Plan

Does the team need to reconvene?

If Yes, name of person responsible for notifying the team

BIP Yes No _____ Date _____ N/A

504 Yes No _____ Date _____ N/A

IEP Yes No _____ Date _____ N/A