

RIVERSIDE LOCAL SCHOOL DISTRICT

PHYSICAL RESTRAINT- CRITICAL INCIDENT REPORT

Physical restraint means “the use of physical contact that immobilizes or reduces the ability of a student to move his/her arms, legs, body or head freely. Physical restraint does NOT include brief physical contact for the following or similar purposes to: break up a fight, knock a weapon from a student’s possession, calm or comfort, assist a student in completing a task/response if the student does not resist the contact, or prevent an impulsive behavior that threatens the student’s immediate safety.” O.A.C 3301-35-15. Physical restraint does NOT include a physical escort, mechanical restraint (prohibited by law), or chemical restraint (prohibited by law).

A. DEMOGRAPHICS:			
Name of Student:		Grade:	
School:		Date of Incident:	
Student has IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No		Current FBA/BIP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female	

B. LOCATION OF INCIDENT:				
<input type="checkbox"/> Classroom: General Ed	<input type="checkbox"/> Office Area	<input type="checkbox"/> Hall	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Exterior Premises
<input type="checkbox"/> Resource room	<input type="checkbox"/> Playground	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____	

C. ACTIVITY:			
<input type="checkbox"/> Academic	<input type="checkbox"/> Lunch	<input type="checkbox"/> Recess	<input type="checkbox"/> Free-time
<input type="checkbox"/> Unstructured	<input type="checkbox"/> Transition	<input type="checkbox"/> Related Arts	<input type="checkbox"/> Other _____

D. PRECEDING THE INCIDENT:			
<input type="checkbox"/> Unstructured Time	<input type="checkbox"/> Academic Instruction	<input type="checkbox"/> Directive to _____	<input type="checkbox"/> Peer Conflict
<input type="checkbox"/> Peer Proximity	<input type="checkbox"/> Was Unable to: _____	<input type="checkbox"/> Other: _____	

E. OBSERVABLE ACTING OUT/RISK BEHAVIOR DEMONSTRATED:			
<input type="checkbox"/> Hitting	<input type="checkbox"/> Biting	<input type="checkbox"/> Choking	<input type="checkbox"/> Kicking
<input type="checkbox"/> Spitting	<input type="checkbox"/> Throwing Objects	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other: _____

F. BEHAVIOR DIRECTED AT:	<input type="checkbox"/> Staff	<input type="checkbox"/> Peers	<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____
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G. SUPPORTIVE AND DIRECTIVE INTERVENTIONS ATTEMPTED:				
<input type="checkbox"/> Verbal De-escalation	<input type="checkbox"/> Given choices	<input type="checkbox"/> Time away/Break	<input type="checkbox"/> Removal from Class	<input type="checkbox"/> Parent Called
<input type="checkbox"/> Emotional Regulation	<input type="checkbox"/> Calming Room	<input type="checkbox"/> Transition	<input type="checkbox"/> Sensory	<input type="checkbox"/> Call for Team
<input type="checkbox"/> Nonverbal Mediation	<input type="checkbox"/> Calming Strategies	<input type="checkbox"/> Reduced Demands	<input type="checkbox"/> Reduced Verbal Interaction	
<input type="checkbox"/> Classroom Evacuated/Removal of other students				

H. CPI SAFETY INTERVENTION/DISENGAGEMENT SKILLS:	
<input type="checkbox"/> Strikes (punch and kick)	<input type="checkbox"/> Hold and Stabilize (wrist, clothing, hair, neck, body, bite)
<input type="checkbox"/> Pull/Push (wrist, clothing, hair, neck, body, bite)	<input type="checkbox"/> Lever (wrist, clothing, hair, neck, body)

I. CPI SAFETY INTERVENTION/HOLDING SKILLS:				
<input type="checkbox"/> Call for Team	<input type="checkbox"/> Transport Position	<input type="checkbox"/> CPI Interim Control Position	<input type="checkbox"/> Seated Holding (low, medium, high)	<input type="checkbox"/> Seclusion
<input type="checkbox"/> CPI Team Control Position	<input type="checkbox"/> CPI Child Control Position (low, medium, high)	<input type="checkbox"/> Standing Holding (low, medium, high)		

J. Why was the use of nonviolent physical crisis intervention necessary?	
<input type="checkbox"/> Threat of imminent serious physical harm to self	<input type="checkbox"/> Threat of imminent serious physical harm to others

Staff member(s) responsible for continuous monitoring of student’s status during nonviolent physical crisis intervention. If needed, add additional names & titles

Name & Title:	Name & Title:
Name & Title:	Name & Title:

Time restraint began: _____ **Time restraint ended:** _____

NARRATIVE: Student's behavior during nonviolent physical crisis intervention (BE THOROUGH, SPECIFIC and WRITE IN 3RD PERSON):

How the nonviolent physical crisis intervention ended (check all that apply):
 ___ Determination by staff member that the student was in tension reduction and no longer was a risk to self or others.
 ___ Intervention by administrator(s) to facilitate de-escalation
 ___ Law enforcement personnel arrived
 ___ Staff sought medical assistance
 ___ Other (describe): _____

K. NURSE/HEALTH AIDE must complete this section AND sign Section P: Description of any injury to student and/or staff and any medical or first aid care provided (as per district policy, if injury occurred, complete employee/student injury report.)

Staff Injury: ___ Yes ___ No **Student Injury:** ___ Yes ___ No

L. Parent Notification: **PARENT MUST BE NOTIFIED AND GIVEN A COPY OF THIS REPORT WITHIN 24 HOURS IF CPI HOLD IS USED

Name of Parent	
Contact Time	
Contact Date	
Staff member who contacted parent	Name: _____ Title: _____
Copy of Incident Report Given to Parent	___ Yes Date: _____ Method: ___ Email ___ Face to Face ___ Other: _____

M. FBA/BIP

Did behavior result in a review or creation of FBA? _____ Yes _____ No

Did behavior result in a review or creation of BIP? _____ Yes _____ No

N. PRINCIPAL must complete this section AND sign Section P.

Did behavior result in suspension? _____ Yes _____ No

Did behavior result in expulsion? _____ Yes _____ No

O. FOLLOW-UP ACTIONS: **PARENT MUST BE NOTIFIED WITHIN 24 HOURS IF CPI HOLD IS USED

___ Verbal Processing/COPING (student) ___ Principal/Administrator Involved ___ Review Behavior Plan ___ IEP Meeting

___ Debriefing/COPING (Staff) ___ Parent Contacted** ___ Review of FBA ___ Other: _____

P. By signing this report, you acknowledge that you have read the report in full and agree to the information provided.

Signatures	Title	Observer or Participant	Date
(*Required)	*School Employee Completing the Report		
(*Required)	*Nurse/Health Aide		
(*Required)	*Principal/Supervisor		
(*Required)	*Observer or Participant		
(*Required)	*Observer or Participant		
(*Required)	*Observer or Participant		

YOU MUST COMPLETE THE COPING MODEL (Below)

Copies: Intervention Specialist Classroom File and Central Office

Central Office

Race/Ethnicity:

If applicable, disability category:

Riverside Local School District utilizes CP's Nonviolent Crisis Intervention training program in order to comply with Board Policy 5630.01. The purpose of CPI is to teach a range of preventative strategies, de-escalation skills, and communication skills; in addition to psychological and physiological responses that will minimize the harm of disruptive and aggressive behavior.

Required Data and Reporting Per Board Policy 5630.01

Each use of restraint shall be:

1. Documented in a written report which must be completed within 24 hours of the incident. Any staff member who was present during the restraining should participate in the completion of the Physical Restraint Incident Report and Physical Restraint Debriefing.
2. Reported to the building administration immediately.
3. Reported to the parent immediately by an administrator or staff member that administered or observed the restraint in its entirety.
4. If the events leading up to or during the restraint resulted in an injury to the student and/or staff, an incident report must also be filled out and submitted to the building administration.
5. Per Parent or guardian request, a copy of the written Physical Restraint Incident Report shall be made available within twenty-four (24) hours of the use of restraint. The Physical Restraint Debriefing Notes are for internal purposes only and NOT part of the Physical Restraint Incident Report itself and therefore are not to be shared with parents.
6. A copy of the Physical Restraint Incident Report shall also be maintained in the student's building file.

It is imperative that the information in these reports is accurate and complete as the district is required to report the use of Physical Restraint to the Ohio Department of Education on an annual basis and EMIS. ODE also has the right to request the required data and reporting at any given time.

Physical Restraint Incident Reports and Physical Restraint Debriefing Notes should be submitted to Cheryl Lanning, Executive Director of Student Services at Central Office.

As defined in Board Policy 5630.01, physical restraint may only be used when the student's behavior poses an immediate risk of physical harm to self, others, and/or when an individual causes damage to property that may result in significant risk to harm to self or others, and no other safe and/or effective intervention is possible.

Physical restraint shall be implemented only by Student Personnel who have been trained in accordance with this policy to protect the care, welfare, dignity, and safety of the student, except in the case of rare and unavoidable emergency situations when trained personnel are not immediately available. The use of physical restraint is a LAST RESORT.

Per Board Policy 5630.01, if Student Personnel use physical restraint, they must:

- A. Continually observe the student in restraint for indications of physical or mental distress and seek immediate medical assistance if there is a concern;***
- B. Use verbal strategies and research-based de-escalation techniques in an effort to help the student regain control as quickly as possible (i.e., CPI);***
- C. Remove the student from physical restraint immediately when the immediate risk of physical harm to the student and/or others has dissipated;***
- D. Assess the student for injury or psychological distress after the use of physical restraint, and monitor the student as needed following the incident;***
- E. Conduct a debriefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs; and***
- F. Complete all required reports and document their observations of the student (forms available on District Website under Staff Forms and Links).***

Physical restraint shall not be used for punishment or discipline, or as a substitute for other less restrictive means of assisting a student in regaining control.