

ROLLING RIVER SCHOOL DIVISION POLICY

Physical Restraint

JGA/P

Rolling River School Division recognizes its responsibility to promote safe, caring and respectful learning environments for students, staff and the community.

In providing a safe environment for all students, it is necessary to have a continuum of supports, services, and interventions for all students including those who exhibit challenging behaviour.

Division employees may, within the scope of employment, use reasonable and appropriate physical intervention or restraint as necessary for the following purposes only:

- To prevent a student from self harm
- To prevent harm towards others
- For the purposes of self-protection

Employees must take care to ensure that no more force is applied than that which the situation requires. Under no circumstances is physical restraint to be used to ensure student compliance.

Index Resolution

Date Adopted: October 18, 2017

Date Reaffirmed: October 6, 2021

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Physical Restraint

JGA/R

Rolling River School Division Guidelines for the use of Physical Restraint

- Positive and proactive strategies are the first methods for addressing challenging student behaviour. A continuum of interventions designed to de-escalate behaviours must be listed in the student's Individualized Education Plan (IEP) or Behaviour Intervention Plan (BIP). These interventions include proactive and reactive classroom management strategies with the goal being to address the student's challenging behaviour and to teach new replacement behaviour.
- Physical restraint is the most invasive of the physical interventions. This technique involves an adult (or adults) taking bodily control of a student who is physically out of control. At this point, the student is not exercising rational thought or action and requires assistance. In these situations, de-escalating techniques, which may include physical intervention may be necessary. Where physical intervention is necessary, all team members are trained in the techniques of Non-Violent Crisis Intervention (NVCI).
- If restraint is to be used as part of the student's safety plan, it must be included in the Individualized Education Plan or Behaviour Intervention Plan. Part of the Individualized Education Plan or Behaviour Intervention Plan must include the development of a school response plan which outlines a system for obtaining extra help when dealing with an out of control student.
- The use of restraint shall be debriefed with the student and parent/guardian following any intervention. School personnel will review the incident and the response to determine future approaches and interventions. If restraint is used frequently and/or is of high intensity, the goals, objectives and strategies in the student's plan must be reviewed.
- Each incident of restraint shall be reported to school administration and documented using the Physical Restraint Incident Report (Appendix A). The original shall be forwarded to the Coordinator of Student, Clinical, and Pre-Kindergarten Services within one week of the incident. The Coordinator of Student, Clinical, and Pre-Kindergarten Services will review and return a signed copy to be placed in the Student Support File.

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APPENDIX "A" PHYSICAL RESTRAINT INCIDENT REPORT

Name of student: _____

Date of Birth: _____

School: _____

MET # : _____

Program planning with physical restraint listed as potential strategy on the student Individualized Education Plan or Behaviour Intervention Plan.

Yes No

Incident Date: _____ Time: _____

Length of time physical restraint was used (physical restraint should last no more than 3-5 minutes): _____

Description of Incident

Incident Location

School Ground Bus Classroom Office
 Hallway Other: _____

Purpose of Physical Restraint

Prevent student from harming self – describe _____
 Prevent student from harming others – describe _____
 Self-Protection – describe _____

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Behaviour(s) Exhibited by Student Leading up to the Use of Restraint

<input type="checkbox"/> Agitation	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Verbal aggression towards peer/s
<input type="checkbox"/> Crying	<input type="checkbox"/> Physical aggression toward peer	<input type="checkbox"/> Verbal aggression toward staff
<input type="checkbox"/> Hostility	<input type="checkbox"/> Physical aggression toward staff	<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Self-Abuse	
<input type="checkbox"/> Verbal or physical threats (describe): _____		
<input type="checkbox"/> Other: _____		

Event prior to incident:

Strategies or interventions used in the past:

Description of previous incident(s):

Description of student's reaction to the use of physical restraint:

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Persons Involved

Name	Position/Title	Type of Involvement (active, witnessed, assisted)

Follow-up to Physical Restraint

1. Date of Report to Principal: _____ Principal Name: _____		
2. Date of Report to Coordinator of Student, Clinical, & Pre-Kindergarten Services: _____		
3. Date and time of Parental Contact: _____		Contact Name: _____
4. a) Date and time of Parental Debriefing: _____		
b) Date and time of Student Debriefing: _____		
5. Was local law enforcement involved? (Attach Policy GBEC – Workplace Accident Incident Form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Were there bruises, scratches, contusions, or other marks on the student? (If yes, complete Student Accident Report.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Were there bruises, scratches, contusions, or other marks on the staff? (If yes, complete and submit Workplace Safety and Health Accident Form – Policy GBEC.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Were strategies used, evaluated, and compared to previous strategies used? Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Did student, staff, or others require medical attention? (If yes, complete and submit Workplace Safety and Health Accident Form – Policy GBEC and/or the Student Accident Report.) Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Report completed by

Name

Position

Signature

Date

Principal Signature

Date

Coordinator of Student, Clinical, & Pre-Kindergarten Services

Date