

8451.1 Physical Restraint and Seclusion Guidelines

RESTRAINT OR OTHER SAFETY INCIDENT REPORT

Student: \_\_\_\_\_ NSSRS Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Racial Ethnicity Status: \_\_\_\_\_

IEP:  Yes  No If yes, case manager \_\_\_\_\_ Verified Disability \_\_\_\_\_

Section 504 Plan:  Yes  No Medical Diagnosis: \_\_\_\_\_

Positive Behavior Support Plan (PBSP) in Effect:  Yes  No  
If NO, when will the plan be developed? \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time and Duration of Event (beginning/ending): \_\_\_\_\_

Setting and Location of Incident: \_\_\_\_\_

Person Preparing This Report: \_\_\_\_\_ List of staff who participated in the implementation, monitoring and supervision of restraint or seclusion \_\_\_\_\_

Name of Parent/Guardian notified \_\_\_\_\_ Time: \_\_\_\_\_

Method of Contact: \_\_\_\_\_ Person making contact: \_\_\_\_\_

Original sent to Social Emotional Cognitive Learning Program Supervisor: \_\_\_\_\_

Originals uploaded to Synergy:  Yes  No

- Copies sent to: Parent  
Building Administrator  
Program Coordinator (Skills Academy Only)  
Social Emotional Cognitive Learning Coach

**RESTRAINT OR INCIDENT REPORT**  
**Examples and Clarification**

**Restraints are never permitted for non-compliance. There must be imminent danger to the student or other persons to justify a restraint.** It must be applied by trained staff, and only when lesser interventions, such as removal of an audience, will not suffice to reduce safety risks. There must be one lead staff member authorizing the restraint. All restraints require a restraint and or incident report even if the student has received restraints in the past and methods of safely restraining are specified in a behavior plan. All students who have received two or more restraints in a setting should have a Positive Behavior Support Plan developed to address the triggers of problem behavior in the specific environment in which it occurred. *This form must be completed in ink with no white out. Staff may wish to record incidents in which a restraint may have resulted, but lesser interventions were used that reduced safety risk.*

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I certify that I have read the above:  Yes  No

I am currently certified in Mandt or De-escalation Procedures:  Yes  No      Date Certified: \_\_\_\_\_

Printed name of person completing this form: \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Describe the events leading up to the incident.
Describe any interventions used before the implementation of physical restraint or seclusion (distraction, redirection, visuals, breaks, etc.)
Describe the incident and/or student behavior that resulted in the use of physical restraint or seclusion (threat to self or others).
Describe the student's behavior during the physical restraint or seclusion (include any interaction between the student and staff).
Restraint Used: <input type="checkbox"/> One Person Side Body Hug Restraint <input type="checkbox"/> One Arm Standing Restraint <input type="checkbox"/> Two Person One Arm Standing Restraint <input type="checkbox"/> Other, Describe in detail
Describe any injuries to student(s) or staff, or property damage.  School Nurse Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Description of aid given.
Debriefing – Team Reviewed Event <input type="checkbox"/> Yes <input type="checkbox"/> No Team Reviewed Student Plan and Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No Team Revised Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

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If staff member was injured in any way, was an Injured Employees Incident Report Form completed and submitted to the Building Administrator or Program Supervisor?

Name(s) of staff member(s) injured: \_\_\_\_\_

- Yes, Form completed and submitted
- No, No injuries occurred, no form needed