

WASHINGTON STATE CENTER FOR CHILDHOOD DEAFNESS & HEARING LOSS

PROCEDURE: **3247P**

Adopted: **March 7, 2014**

SUBJECT: **Use of Reasonable Force**

Approved by:


Richard Hauan, Executive Director

A. Definitions

- **Isolation:** Excluding a student from his or her regular instructional area and restricting the student alone within a room or any other form of enclosure, from which the student may not leave. "Isolation" does not apply to an in-school suspension wherein a student is assigned to a room/enclosure where he/she is periodically monitored but left alone in the room/enclosure for periods of time to do schoolwork.
- **Restraint:** Physical intervention or force used to control a student, including the use of a restraint device.

B. Authorized Use of Isolation or Restraint

School staff are authorized to use isolation or restraint:

- when responding to unpredicted, spontaneous behavior which poses a clear and present danger of serious harm to the student, another person, or property; or a clear and present danger of seriously disrupting the educational process; or
- as specified in a student's Individualized Education Program (IEP), aversive intervention plan (AIP) and in a manner consistent with Chapter 392-172A WAC, or in the student's 504 plan.

Under no circumstances will isolation or restraint be used for purposes of discipline or punishment.

C. Review of Incident

Following release of a student from isolation or restraint, the school will:

- review the incident with the student and their parent/guardian (though not necessarily at the same time) to address the behavior that precipitated the incident; and
- review the incident with the staff member who administered the isolation or restraint to discuss whether proper procedures were followed.

D. Reporting Requirement

If any school staff member or school administrator isolates or restrains a student on an IEP or a 504 plan during school-sponsored instruction or activities, he or she will:

- inform the principal or designee as soon as possible and;
- submit a written report of the incident to the superintendent's office within two (2) business days that contains, at a minimum:
 - the date and time of the incident;
 - the name and job title of the staff member who administered the restraint or isolation;
 - a description of the activity that led to the restraint or isolation;
 - the type of restraint or isolation used on the student, and the duration;
 - whether the student or staff was physically injured during the restraint or isolation; and
 - any medical care provided to the student or staff.

E. Parent/Guardian Notification

The principal or designee will:

- make a reasonable effort to verbally inform the student's parent/guardian of the incident within twenty-four (24) hours of the incident; and
- send written notification no later than five (5) business days after the incident occurred in the language that the school customarily provides school-related information to the parent.

IEPs will include the above procedures for notification of parents/guardians regarding the use of isolation and restraint on their student.

F. Providing Parents/Guardians with Restraint and Isolation Policy

The school will provide parents/guardians of students on IEPs or 504 plans with a copy of the school's policy on Isolation and Restraint when the IEP or 504 program is created.



Washington School for the Deaf
SERVING DEAF AND HARD OF HEARING CHILDREN
THROUGHOUT THE STATE OF WASHINGTON

611 Grand Blvd, S-26
Vancouver WA 98661-4918
(360) 696-6525 / (800) 613-4228
www.wsd.wa.gov

Isolation and Restraint Form

Student name: _____ Date: _____ Time: _____ am pm

Gender: Male Female DOB: _____ Grade: _____

Location: _____ Academic Residential

Reason for use of physical control technique:

danger to self, property or others non-compliance

Description of the behavior (include events prior to the actual incident):

Type of restraint used:

- Transport assist
- Seated team control
- CPI Team Control
- CPI Child Control
- CPI Transport Technique

Type of isolation used:

- Isolation room
- Partial visual barrier
- Room clear

Names of all staff involved in the incident:

Job Title:



Washington School for the Deaf
SERVING DEAF AND HARD OF HEARING CHILDREN
THROUGHOUT THE STATE OF WASHINGTON

611 Grand Blvd, S-26
Vancouver WA 98661-4918
(360) 696-6525 / (800) 613-4228
www.wsd.wa.gov

Duration: Time start: _____ am pm Time end: _____ am pm

Student Injured? Yes No (If yes, please explain):

Medical care provided? Yes No

Staff injured? Yes No (If yes, please explain):

Medical care provided? Yes No

Recommendations, if any, for changing the nature or amount of resource's available to the student and staff members in order to avoid similar incidents.

Number of times student has been isolated/restrained this year: _____

Notified supervisor Date: _____ Time: _____

Parent contact: Date: _____ Time: _____

Staff signatures: _____

Date: _____
Date: _____
Date: _____
Date: _____

Supervisor's signature: _____

Date: _____

Sent to Superintendent's office: Date: _____

Original: Student cumulative file
cc: Superintendent
Parent