

Natchaug Hospital School Incident Report of Physical Restraint

Note: Any use of physical restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record.

Physical Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head. It does not include: (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

School Information

School District (LEA) _____ Address _____ Phone _____
Natchaug School Site _____ Address _____ Phone _____
Date of Restraint _____ Date of Report _____ Person preparing the report _____
Time restraint was initiated _____ Time restraint ended _____ Total time of restraint _____

Student Information

Student's Name _____ SASID # _____ Date of Birth _____
Age _____ Gender _____ Grade _____ Race _____ Disability _____
 The student currently receives special education services.
 The student is being evaluated of considered for eligibility for special education services.

Staff Information

Name of staff administering restraint _____ Title _____
Name of staff monitoring/witnessing restraint _____ Title _____

Student Activity/Behavior Precipitating Restraint

Describe the location and activity in which the student was engaged just prior to the restraint _____

Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint _____

Staff Activity/Response

Describe other steps, including de-escalation strategies implemented to prevent the emergency which necessitated the use of restraint _____

Describe the nature of the physical restraint (include the type of hold/restraint and the number of persons required) _____

Indicate times student was monitored for signs of physical distress and if any signs of physical distress were noted _____

Describe the disposition of the student following the restraint _____

Was the student injured during the emergency use of restraint? Yes No

If "Yes", complete and attach a Report of Injury.

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident? Yes (indicate manner) _____
No

Was a copy of the Incident Report sent to parent/guardian within 2 business days? Yes No

Is a PPT recommended to modify the IEP? Yes No If "yes", date of notice _____