



# Isolation/Restraint Report

This form is to be completed following any incident involving physical contact to restrain, move or otherwise safeguard students and/or staff. It is to be completed and signed by the primary staff person and all other staff involved in the incident. Administration should be notified immediately should injury occur to any person involved.

Any use of isolation and/or restraint shall be used only when a student's behavior poses an imminent likelihood of serious harm. The limited use of isolation and/or restraint is conditioned upon compliance with the conditions found in RCW 28A.600.485:

**Isolation** as defined in RCW 28A.600.485 means: Restricting the student alone within a room or any other form of enclosure, from which the student may not leave. It does not include a student's voluntary use of a quiet space for self-calming, or temporary removal of a student from his or her regular instructional area to an unlocked area for purposes of carrying out an appropriate positive behavioral intervention plan.

**Likelihood of serious harm** as defined in RCW 70.96B.010 means:

(1) A substantial risk that: (a) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide, or inflict physical harm on oneself;

2) The person has threatened the physical safety of another and has a history of one or more violent acts.

**Restraint** as defined in RCW 28A.600.485 means: Physical intervention or force used to control a student.

Person reporting the incident \_\_\_\_\_ Position \_\_\_\_\_

Student's name \_\_\_\_\_ Date of incident \_\_\_\_\_

Does this student have a disability? Yes No If yes, please specify: \_\_\_\_\_

504 Plan Special Education General Education

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does student have a behavior intervention/support plan for this behavior? Yes No

Duration of Incident

Time incident began: \_\_\_\_\_ Time incident ended: \_\_\_\_\_ Total time of incident: \_\_\_\_\_

Only record one incident for each event that is not a continuation of the same event and would reasonably be considered a separate incident.

Only mark **multiple** restraints/isolations if they are reasonably connected **to the same event**. The total time (duration) will be added to this report in the case of multiple restraints or isolations.

### Restraint Times

### Isolation Times

#1 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

#1 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

#2 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

#2 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

#3 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

#3 Began \_\_\_\_\_ Ended \_\_\_\_\_ Total \_\_\_\_\_

**Total restraint time** \_\_\_\_\_

**Total isolation time** \_\_\_\_\_

Location: Classroom Outside Lunchroom/Commons Office Bus Hallway

Other \_\_\_\_\_

Were there any injuries apparent to any individuals? Yes (Complete the incident/accident report form) No

Was the student's behavior self-injurious or was he/she threatening to harm him/herself? others? Yes No  
Yes No

Did the student damage physical property? Yes No Estimated Value: \$

Identify the nature of the physical harm or property destruction:

**Primary** Physical Interventions used:

- |                     |                                 |   |
|---------------------|---------------------------------|---|
| Avoidance           | Scratch/Pinch Release           | CPI Interim control position                        |
| Protect from kick   | Bear hug release                | CPI Team control position                           |
| Protect from strike | Choke release                   | <b><u>Emergency children's control on floor</u></b> |
| Arm/Wrist release   | Bar arm choke release           |   |
| Bite release        | CPI Transport release           |   |
| Hair pull release   | CPI Children's control position |   |

Parent notified: In person Email Phone call Date contacted: \_\_\_\_\_ Time: \_\_\_\_\_  
(within 24 hours)

Written notification sent to parent/guardian (within 5 business days) Date sent: \_\_\_\_\_

What staff had done prior to the restraint as an attempt to de-escalate the student?

- |   |                                    |
|---|------------------------------------|
| Verbally redirected the student to alter his/her behavior               | Changed the activity               |
| Spoke to the student outside the classroom                              | Discontinued the activity          |
| Relocated the student in the classroom                                  | Changed the assignment             |
| Requested that the student take a "time out"                            | Discontinued the assignment        |
| Requested that other staff manage the student                           | Moved <i>away</i> from the student |
| Verbally praised the student for demonstrating de-escalation techniques | Contacted the office               |
| Reminded student of incentive for demonstrating appropriate behavior    | Clarified the expectations         |
| Other _____   | Removed other students             |

Recommendations for changing the nature or amount of resources available to student and staff in order to avoid similar incidents.

Was student told restraint would be used if violence did not stop: Yes No No time

MDT needed to address interventions. Yes No

Behavior prior to incident:

Description of incident – To be completed by the primary staff person involved in the incident:

Behavior after incident:

Functional Behavior Analysis/Behavior Intervention plan needed?    Yes    No    Review/Revise FBA?    Yes    No

| Staff involved | Teacher | Para Educator | Administrator | Other | Participant | CPI Trained | Signature |
|----------------|---------|---------------|---------------|-------|-------------|-------------|-----------|
|                |         |               |               |       |             |             |           |
|                |         |               |               |       |             |             |           |
|                |         |               |               |       |             |             |           |
|                |         |               |               |       |             |             |           |

**Administrator/Office Use Only:**

Action Date \_\_\_\_\_ Restraint Type \_\_\_\_\_ Restraint Duration: \_\_\_\_\_ Isolation Type \_\_\_\_\_ Isolation Duration \_\_\_\_\_

Staff injured count: \_\_\_\_\_ Student injured? \_\_\_ Yes \_\_\_ No

Entered into Skyward by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

**Only if discipline is applicable do you complete the Offense, Action and Incident#**

Offense: \_\_\_\_\_ Action: \_\_\_\_\_ Incident #: \_\_\_\_\_