



Seclusion and Restraint Policy

A copy of this plan shall be available to students and their families. At a minimum, this plan shall be copied and available:

At each annual case conference review, in every student handbook; AND/OR on the school's website at www.dynamicmindsacademy.org; AND/OR at the school Education Director office located at 8350 Craig Street, Indianapolis, IN 46250.

Policy Statement:

Dynamic Minds Academy (DMA) strives to remain a hands-off facility. Physical intervention, escorts, and seclusions are **only** used to ensure the safety of the students and staff. Verbal de-escalation remains a cornerstone in our therapeutic approach and training.

Only staff trained and approved by The Hope Source (THS) training and CIT are approved for physical interventions up to and including safety holds and transports. Approved staff will only engage physical intervention when the safety of staff or a student is compromised, and person/s are in imminent danger.

Scope.

This policy applies to all employees of Dynamic Minds Academy

Definitions.

- Physical intervention – The act of placing one's body in a manner that limits movement.
- Deescalate/De-escalation – The act of reducing intensity of actions.
- Hold – A hold is a type of physical intervention which restricts movement and ensures the safety of those engaging in the physical intervention.
- Escort – Physical intervention which aides a student in moving from one location to another.
- Seclusion Room – A room which is secured by fob access from the inside to be used in efforts to deescalate a student.
- Self-Injury – Any harm a student might perform to their selves.
 - Example: Biting or punching self, striking a wall or object, etc.
- Mechanical Restraint – Application of any device or material which attaches to a person's body to restrict movement.

Forms.

- Crisis Intervention and Management Report
- Routine documentation within binders (ABC data, treatment plan, behavior data, etc.)
- Incident Report

Procedure.

1. Identify Risk
 - a. THS clinical staff will identify during intake and over the course of the initial 4-weeks of therapy all students who may be at a higher risk of self-injury or injuring of DMA employees and provide adequate notification of risks and triggers to staff providing therapy.
 - b. Injury risk will be maintained and updated in student binder.
 - c. Crisis Intervention techniques specific to this student will be identified and reviewed by all staffs engaging with student.
2. Prevention
 - a. Staff will take necessary precautions to avoid triggers or non-therapeutic activities or discussions which result in increased adverse behavior of a student unless dictated by treatment plan.

- b. All staff will be educated in proper methods of de-escalation including but not limited to:
 - i. Redirecting student focus
 - ii. Changes in student environment
 - iii. Identifying behavior precursors
 - iv. Identifying language precursors
 - v. Stimuli reduction
- 3. De-escalation
 - a. Staff will identify and understand best de-escalation methods for individual student.
 - b. Staff will attempt to verbally deescalate student first.
 - c. If student escalates in an aggressive or threatening
 - i. Staff will immediately contact students Clinical Supervisor
 - ii. Staff will ensure the environment is safe and coordinate with other staffs to limit other student's exposure to adverse behavior or remove other students from the area.
 - iii. Staff will not physically intervene unless imminent there is imminent danger to the well-being of the student.
 - d. Clinical Supervisor (CS)
 - i. Upon arrival of adverse behavior, clinical supervisor will assess the students immediate needs and begin attempting to deescalate the student.
 - ii. If CS is unable to deescalate student and there is potential safety risk to student or staffs
 - 1. CS will immediately request CIT intervention
 - 2. CS will ensure area is clear of all safety hazards and other students
 - e. CIT
 - i. Upon arrival, team members will assess situation and ensure environment is safe and secured from hazards and If possible, students.
 - ii. CIT will attempt final de-escalation methods
 - f. Physical intervention
 - i. Physical holds or escorts may be carried out by CS or CIT in the event the student physically engages staffs or self in a manner which might cause injury.
 - ii. Holds
 - 1. Our first obligation is to ensure safety of our students. Therefore, in an emergency, any staff member may hold a student to protect the student, others in the area, or themselves from harm.
 - 2. CIT or CS
 - a. If student is already in a hold, the CIT or CS will immediately direct the staff to the safest positioning for all individuals.
 - b. CIT or CS will make immediate determination regarding necessity of hold
 - c. CIT or CS will assist in performing hold or direct the release of hold.
 - d. CIT or CS will determine if transport is needed
 - e. CIT or CS will request additional assistance to help the student relocate to a safe and secure area if necessary.
 - iii. Transport
 - 1. Transport will only occur when at least one (1) CIT or CS is present
 - 2. Transport will only occur if or when student is a danger to self or others
 - 3. Transport will occur in the least physical manner possible
 - iv. Mechanical Restraints are never used at Dynamic Minds Academy.
 - g. Seclusion
 - i. Seclusion rooms will be used in crisis situations.
 - ii. Staff member will notify CIT or CS in the event a student enters a seclusion room for crisis.
 - iii. Staff member will always be present and attentive to student in seclusion room
 - 1. Staff member will remain in the seclusion room if the student is non-threatening to the staff member.
 - 2. If student is escalating Staff member will remain at the door of seclusion room to listen and keep the student within line of sight to ensure student safety.
 - 3. If student begins to escalate and may cause damage to self or property CIT or CS may enter and perform hold as necessary.
 - iv. Student will exit the seclusion room once de-escalation is complete.
- 4. Review
 - a. CIT or CS will evaluate the student for injury and seek appropriate treatment.
 - b. Staff will complete appropriate forms and documentation.
 - c. CS will modify behavior plan as needed.

- d. If necessary, mental health will be consulted for counselling of all those involved.
- e. Debriefing
 - i. CIT, CS, Staff, and mental health counsellor/s will discuss events to
 1. Identify injury to staff
 2. Identify precursors to student escalation
 3. Make appropriate recommendations to treatment and behavior plans
 - ii. CIT, CS, and Staff/s will evaluate events to ensure appropriate procedures and techniques were used and remain efficient and effective in de-escalation and reducing or eliminating injury to staff and student.
 - iii. CIT, CS, and Staff will identify alternative actions to prevent or minimize future need for seclusion or physical intervention.
 - iv. CIT and Training team will engage additional education for staff on de-escalation, seclusion, holds, and transports as needed.
 - v. CS or Clinical Department will discuss the events, any injuries, actions taken by staff, and deviations in treatment/behavior plans with families of students directly involved in the behavior.
 - vi. HR will be notified in the event an employee leave of absence or Worker's Compensation claim is necessary.

FAQ.

Question: Can a staff member use the seclusion room for regular therapy?

Answer: No.

Question: Can I take my student into that room if student is overstimulated?

Answer: Yes.

Question: What if my student elopes into seclusion room?

Answer:

- Was student escalating and you missed the signals? If yes, follow normal de-escalation protocol and therapeutic approach to assist student in de-escalation.
- If student elopes into room for avoidance, allow student to remain momentarily however, therapeutic approach will be used to facilitate student leaving seclusion room and rejoining the activity which was being avoided or another activity outside the seclusion room.

Question: What if the student punches or kicks a hole in the wall/s?

Answer:

- If student becomes physically aggressive, CIT or CS should be onsite to ensure safety and take appropriate action.
- If student is in immediate danger or hurting self, staff may perform hold to keep the student safe while awaiting assistance from CIT or CS.
- If the environment is unsafe for staff to enter alone, staff will await CIT or CS and follow their instructions to ensure everyone's safety.

Question: What if a thing happens?

Answer: CIT or CS will resolve said thing.