RESCIND BOARD REPORT 08-0723-PO3 BEHAVIORAL INTERVENTIONS, PHYSICAL RESTRAINTS AND ISOLATED TIME OUTS FOR STUDENTS WITH DISABILITIES AND ADOPT INTERIM PHYSICAL RESTRAINTS AND TIME OUTS POLICY

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board rescind Board Report 08-0723-PO3 and adopt interim policy as set forth below and will

determine any permanent change after the public comment period. PURPOSE: The purpose of this new policy is to comply with emergency action taken by the Illinois State and to improve data collection on all instances of time out and physical restraint. ISBE filed emergency

causing serious physical harm to himself, herself, or others and less restrictive and intrusive interventions have been tried and proven ineffective in stopping the imminent danger. a student's airway, or interfere with a student's primary mode of communication. 4) Prone or supine physical restraints are used only by personnel with 4required credentials who have completed required training under this Policy. Desperand surviver medicals are mand only if these intermedians are the

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- and/or (iv) use of the restraint is not known to be medically contraindicated. Only trained security personnel or other staff who have been appropriately trained in the safe application of Physical Restraints may employ a Physical Restraint with a student.
- D. Effective November 20, 2019, all school staff are required to document any use of physical

Legal References: 105 ILCS 5/34-18.20; 105 ILCS 5/2-3.130; 105 ILCS 5/14-8.05; 105 ILCS 10-20.33; Emergency Rule 23 Illinois Administrative Code 1.280, 1.285

	Approved for Consideration:	Approved:
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PHYSICAL RESTRAINT AND TIME OUT FORM

100 North First Street Springfield, Illinois 62777-0001

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19-1211-PO5

	 4. Describe the physical restraint used (check all that apply for incident) 1-person child hold in seated position 1-person child hold in standing position team hold in seated position team hold in standing position other
	F Attach he havior log of atudant habation during time out and restraint and any other interesting between the student and stu
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	6. Were there any injuries to student or staff or others? ☐ Yes ☐ No
	Describe:
	7. Date and time evaluated by nurse: Nurse Signature: Nurse Comments:
	8. Was there property damage: ☐Yes ☐No
	If yes, describe:
	9. Evaluation by Certified or Trained Staff Member

If an episode of time out exceeds 30 minutes or a physical restraint exceeds 15 minutes or if repeated episodes occur during any three hour time period, a certified staff person knowledgeable about the use of physical restraint must evaluate

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By Whom:				
13. Date and time of the Team Meeting scheduled within 48 hours to discuss recommended changes in approach or follow-up need				
Date of Team Meeting:	Time of Team Meeting:			
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14. Future actions to be taken:	·			
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15. If 3rd Incident of Restraint or Time Out, team				
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