

Emergency

Manchester Public Schools- Incident Report of Protective Hold

Note: Any use of physical restraint is to be documented and placed in the building-based binder and to be shred at the close of the school year. All incident reports are sent to the Director of Pupil Personnel Services.

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.

District Information

School District: Manchester	Address: 45 North School St	Telephone: 860-647-3452
School: _____	Address: _____	Telephone: _____
Date of Restraint: _____	Date of Report: _____	Person Preparing Report: _____
Time Restraint Initiated: _____	Time Restraint Ended: _____	Total Time of Restraint: _____

Student Information

Student's Name: _____ SASID: _____ DOB: _____ Age: _____
Gender: M F Grade: _____ Race: _____ Disability: _____
 The student currently receives special education services. 504 ELL
 The student is being evaluated or considered for eligibility for special education services.

Staff Information

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

Emergency

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?

No

Yes

Was the student seen by the nurse?

No

Yes

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident?

No

Yes (indicate manner)

Was a copy of the Incident Report sent to the parent/guardian within 2 business days?

No

Yes

Is a PPT recommended to modify the IEP?

No

Yes IF "Yes", date of notice: