



LL# 371828  
(form 1655158)

JLIG, JLIG-R  
JLIG-E-1, 3, 4

**SECLUSION/ RESTRAINT INCIDENT REPORT**

Date of Seclusion: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Date of Completion of this form: \_\_\_\_\_

Name of Personnel Completing the/these Report(s): \_\_\_\_\_

SECLUSION \_\_\_\_\_ RESTRAINT \_\_\_\_\_

School(s): \_\_\_\_\_

**1. STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the student identified as a student with exceptional needs? Yes ☐ No ☐

Does the student have a behaviour plan? Yes ☐ No ☐

Does the student have a crisis plan or safety plan? Yes ☐ No ☐

If yes, does the crisis or safety plan include provisions for seclusion? Yes ☐ No ☐

If yes, does the crisis or safety plan include provisions for restraint? Yes ☐ No ☐

Is the student receiving services from Educational Support Services? Yes ☐ No ☐

If yes, from which discipline(s)? \_\_\_\_\_

Has seclusion been used with this student in the past? Yes ☐ No ☐

If yes, how many previous instances of seclusion have occurred? \_\_\_\_\_

Has this student been restrained in the past? Yes ☐ No ☐

If yes, how many previous instances of restraint have occurred? \_\_\_\_\_

**2. ANTEDECENT EVENTS**

Location(s) where precipitating events took place:

\_\_\_\_\_

Time(s) of precipitating events: SECLUSION: \_\_\_\_\_ RESTRAINT: \_\_\_\_\_

Staff and/or students present during precipitating events: \_\_\_\_\_

Events leading up to the behaviour that resulted in the seclusion of the student: \_\_\_\_\_

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Events leading up to the behaviour that resulted in the restraint of the student: \_\_\_\_\_

Other interventions used by staff prior to restraint/seclusion of student (check all that apply):

- ☐ Provided Choices - Seclusion ☐ Restraint ☐
- ☐ Verbal Redirection - Seclusion ☐ Restraint ☐
- ☐ Calming Techniques - Seclusion ☐ Restraint ☐
- ☐ Reduced Demands - Seclusion ☐ Restraint ☐
- ☐ Reduced Verbal Interaction - Seclusion ☐ Restraint ☐
- ☐ Removal of Other Students - Seclusion ☐ Restraint ☐
- ☐ Voluntary Removal of Student to Another Location - Seclusion ☐ Restraint ☐
- ☐ Request for Assistance - Seclusion ☐ Restraint ☐
- ☐ Time-Out - Seclusion ☐ Restraint ☐
- ☐ Self-Regulation/Sensory room - Seclusion ☐ Restraint ☐
- Other - Describe: \_\_\_\_\_ - Seclusion ☐
- \_\_\_\_\_ - Restraint ☐

### 3. SECLUSION

Behaviour that prompted the use of seclusion:

- Imminent danger of serious harm to self ☐
- Imminent danger of serious harm to others ☐

Name(s) of staff that observed the behaviour:

\_\_\_\_\_

Describe what the student was doing that was dangerous to self or others:

\_\_\_\_\_

Provide the time at which this behaviour occurred: \_\_\_\_\_

Name of staff who initiated seclusion:

\_\_\_\_\_

Length of time of seclusion: \_\_\_\_\_

Describe the location of seclusion: \_\_\_\_\_

Describe any measures needed to seclude the student in that location: \_\_\_\_\_

Describe the criteria for ending the seclusion: \_\_\_\_\_

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Describe how the criteria for ending the seclusion were communicated to the student: \_\_\_\_\_

Describe any harm to any person occurring during any of the events included in this report: \_\_\_\_\_

Describe actions taken to address any injuries: \_\_\_\_\_

Describe any immediate debriefing that took place immediately following seclusion: \_\_\_\_\_

Describe how and by whom the student was supervised immediately following seclusion events:

\_\_\_\_\_

Was the student picked up by a caregiver after seclusion? Yes ☐ No ☐

If yes, please provide the name of the caregiver: \_\_\_\_\_

Name(s) of staff completing seclusion log during seclusion event:

\_\_\_\_\_

**Attach the seclusion log to this report.**

Provide the names of staff involved in the seclusion event, their role in the seclusion event, and training relevant to implementing seclusion as an emergency response (such as Nonviolent Crisis Intervention, Low Arousal, PBIS)

Name	Role in Seclusion Event	Training in NCI/Low Arousal/PBIS

#### 4. RESTRAINT

Behaviour that prompted the use of restraint:

Imminent danger of serious harm to self ☐

Imminent danger of serious harm to others ☐

Name(s) of staff that observed the behaviour:

\_\_\_\_\_

Provide the time at which this behaviour occurred: \_\_\_\_\_

Describe what the student was doing that was dangerous to self or others:

\_\_\_\_\_

Name of staff who initiated restraint: \_\_\_\_\_

Length of time of restraint: \_\_\_\_\_ Location: \_\_\_\_\_

Describe how the student was restrained: \_\_\_\_\_

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Describe the criteria for ending the restraint: \_\_\_\_\_

Describe how the criteria for ending the restraint were communicated to the student: \_\_\_\_\_

Describe any harm to any person occurring during any of the events included in this report: \_\_\_\_\_

Describe actions taken to address any injuries: \_\_\_\_\_

Describe any immediate debriefing that took place immediately following restraint: \_\_\_\_\_

Describe how and by whom the student was supervised immediately following events:

\_\_\_\_\_

Was the student picked up by a caregiver after restraint? Yes ☐ No ☐

If yes, please provide the name of the caregiver: \_\_\_\_\_

Name(s) of staff completing restraint log during restraint event: \_\_\_\_\_

**Attach the restraint log to this report.**

Provide the names of staff involved in the restraint event, their role in the restraint event, and training relevant to implementing restraint as an emergency response (such as Nonviolent Crisis Intervention, Low Arousal, PBIS)

Name	Role in Restraint Event	Training in NCI/Low Arousal/PBIS

## 5. REPORTING

Any event that involves the use of restraint and/or seclusion must be reported on the day of the event to the parties listed below. For each of the following, provide the name of staff who reported to that party and the form of contact (i.e., in-person, telephone, email).

	Name of staff reporting	Seclusion and/or Restraint	Form of reporting
Parent(s)/Legal Guardian(s)			
Principal (or designate)			
Administrator of Educational Support Services			
Superintendent (or designate)			

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Name and signature of administrator informed of use of restraint:

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Signature

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Print Name

*A copy of this report must be entered into the student's pupil file not later than 48 hours after the events described herein. A copy of this report must be forwarded to the superintendent of St. James-Assiniboia School Division. No other copies should be made.*

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