



# Behavior Emergency Report

EC56521.1 (a): "Emergency interventions may only be used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the individual with exceptional needs or others and that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to control the behavior." EC 56521.1 (e). To prevent emergency interventions from being used in lieu of planned, systematic behavioral interventions, the parent, guardian, and residential care provider, shall be notified within one school day if an emergency intervention is used or serious property damage occurs. This form is to be completed when a medium or high level hold is used. All school districts in the Ventura County SELPA and Non-Public Schools serving Ventura County SELPA students may only use techniques of emergency intervention taught by a certified instructor of the Nonviolent Crisis Intervention® program.

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Non-Binary \_\_\_\_\_ Ethnicity: \_\_\_\_\_

SSID: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Setting & Location of Incident: \_\_\_\_\_

SELPA Approved Emergency Intervention Holding Skill(s) used (check all that apply):

**Medium Level Holding**

- Standing Position
- Transport (moderate resistance)
- Children's Control Position

**Higher Level Holding**

- Standing Position
- Transport
- Children's Control Position
- Team Control

**Description of Incident**

People involved (names/titles): \_\_\_\_\_

Staff person(s) completing report (names/titles): \_\_\_\_\_

Amount of time *emergency holding procedure* was used: \_\_\_\_\_

Injury/Medical involvement: \_\_\_\_\_

Law Enforcement Agency called:  Yes  No

If Yes - Name of Person Who Took The Report: \_\_\_\_\_

Incident Report Number: \_\_\_\_\_

This student has an FBA-based Behavior Intervention Plan:  Yes  No

Date FBA was completed \_\_\_\_\_

Staff Involved will review incident and complete the information on the Behavior De-briefing Worksheet

Copies to:  District Office  Site  SELPA



## Behavior De-briefing Worksheet

**Reminder: Form to be used for medium or high-level hold**

EXAMPLES OF OBSERVABLE BEHAVIOR	DESCRIBE STUDENT BEHAVIOR/DESCRIPTION OF INCIDENT	CHECK STAFF RESPONSE USED/EMERGENCY INTERVENTION	EXAMPLES OF STAFF BEHAVIOR/ INTERVENTION TECHNIQUES
Pacing, nervousness, shaking, change in eye contact, change in facial expression, change in posture, movement to specific area, change in rate, tone, volume of speech	ESCALATION STAGE	ANXIETY: (change in behavior)  <input type="checkbox"/> proximity <input type="checkbox"/> counseling <input type="checkbox"/> restructure <input type="checkbox"/> routine/environment <input type="checkbox"/> accommodate <input type="checkbox"/> materials/expectations <input type="checkbox"/> referral to: _____ _____ _____	DEBRIEFING/INTERVENTION/PREVENTION
Loud noises or speech, questions, refusal, swearing, name calling, challenging, threatening, increase in breathing and/or heart rate.		DEFENSIVE: (question, refuse, verbal release, intimidate)  <input type="checkbox"/> calmly restate direction <input type="checkbox"/> interrupt and redirect <input type="checkbox"/> when and then <input type="checkbox"/> if and then <input type="checkbox"/> minimize attention <input type="checkbox"/> separate student from group <input type="checkbox"/> separate the group from student	
Hit/kick/throw objects <u>at other people</u> , running in dangerous area (e.g., street), self injury (e.g. pounding on windows, stabbing with pencil). <b>Note: For "serious property damage," restraints may not be used unless individual harming self or others.</b>	RISK BEHAVIOR	RISK BEHAVIOR: Physical aggression toward self or others  Intervention Team: _____ <input type="checkbox"/> clear area <input type="checkbox"/> visual supervision <input type="checkbox"/> block <input type="checkbox"/> disengagement <input type="checkbox"/> transport <input type="checkbox"/> holding skills <input type="checkbox"/> child control <input type="checkbox"/> team control <input type="checkbox"/> call administrator <input type="checkbox"/> other _____ _____	
Reduction of above behaviors, can answer simple questions rationally, can follow simple directions such as "Take a deep breath", briefly discuss incident w/o re-escalation, breathing and heart rate return to resting rate.	SELF CONTROL RE-ESTABLISHED	TENSION REDUCTION:  <input type="checkbox"/> review events <input type="checkbox"/> review schedule <input type="checkbox"/> make plan: _____ _____ _____ _____ _____ _____ _____	
		INJURY/MEDICAL:	<input type="checkbox"/> sent to nurse/health office <input type="checkbox"/> first aid <input type="checkbox"/> CPR <input type="checkbox"/> 911 Paramedics

**REMINDER: Refer to "Behavioral Emergency Report Checklist"**

Copies to:     District Office         Site         SELPA

**Behavior Emergency Report Checklist**

**Ventura County SELPA**

**Note date and initial of person responsible:**

1. The parent and/or residential care provider shall be notified within one school day of the occurrence of the Behavior Emergency. \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

2. The Behavior Emergency Report shall immediately be completed and maintained in the student’s file. \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

3. The Behavior Emergency Report shall immediately be forwarded to, and reviewed by, the designated responsible administrator. \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

4. If the Behavior Emergency Report was written regarding a student who:  
a. **does not have** an FBA-based Behavior Intervention Plan, the designated responsible administrator shall, within two days, schedule an IEP team meeting to review the Emergency Report to determine the necessity for a Functional Behavior Assessment and to determine the necessity for an Interim Behavior Intervention Plan.  
b. **does have** an FBA-based Behavior Intervention Plan, any incident involving a previously unseen serious behavior problem or where a previously designed intervention is not effective should be referred to the IEP team to review and determine if the incident constitutes a need to modify the plan. \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Date FBA completed \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

5. Responsible administrator will forward copy of the Behavior Emergency Report to the District Office and SELPA. If an NPS, a copy shall also be forwarded to a representative of the District of Responsibility. \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Designated Administrator