



Behavior Emergency Report

Ventura County SELPA

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

- Seated Position
- Standing Position
- Transport (Moderate Resistance)
- Children’s Control Position

Higher Level Holding

- Seated Position
- Standing Position
- Transport (Moderate Resistance)
- 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.



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: _____ _____ _____ | Relax/downplay; Move close to student w/o invading personal space; active reflective listening; attend to complaints/requests; simplify work; change directions; offer help; separate from bothersome stimuli; calming techniques; give choices; use visual supports; interrupt; redirect; when and then |
| 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 at <u>other people</u> , running in dangerous area (e.g., street), self injury (e.g. pounding on windows, stabbing with pencil). Note: For “serious property damage,” restraints may not be used unless individual harming self or others. | 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 _____ _____ | DEBRIEFING/INTERVENTION/PREVENTION |
| 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: _____ _____ | Give time to calm down; Nurture/support recovery; discuss incident, review incident with person who displayed risk behavior to find alternative behavior. For individuals w/cognitive limitations review expectations, review schedule, return to successful activity and reinforcement. <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”



Behavior Emergency Report Checklist

Ventura County SELPA

Note date and initial of person responsible:

- 1. The parent/guardian 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. _____

Section 4, Circle (a) or (b), note date and initial on appropriate line:

- 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. _____

Student has an FBA-based **BIP** addressing the serious behavior
Date FBA was 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 within one school day.

Reviewed by: _____
Designated Administrator

Date