

**Documentation of Emergency Physical Interventions and Emergency Seclusion** (page 1 of 2)

(Copies sent to: Home \_\_\_ Office \_\_\_ Student file \_\_\_ Other \_\_\_)

Student Name:	Building:	Date:	Time: ___ to ___
Crisis Team Members:			
School Personnel who Initiated Emergency Physical Intervention:			
Location of Crisis:			
What happened <b>BEFORE</b> the behavior occurred (antecedents):			
<b>Staff Interventions Used</b>			
<b>Proactive Strategies</b> used to attempt de-escalation prior to using physical intervention (ex. Choices, gave space, redirections):			
<b>Description of Behavior</b> (use objective, measurable terms; including frequency, intensity & duration)			
<b>Emergency Physical Intervention</b> (Describe behavior that posed an <b>IMMINENT</b> risk to the safety of the student or to others):			
Record abbreviation of intervention used in parentheses & the level (L, M, H), time entered and released from each hold (max. of 10 min/hold) Children's Control (CC) Standing Hold (ST) Seated Hold (SH) Team Control (TC)			
1. (___) LMH ___ to ___	2. (___) LMH ___ to ___	3. (___) LMH ___ to ___	
4. (___) LMH ___ to ___	5. (___) LMH ___ to ___	6. (___) LMH ___ to ___	
<input type="radio"/> Extended time used for <u>Physical Intervention</u> (Explain the extension beyond time limit) <b>TIME FRAME:</b> ___ to ___			
<input type="radio"/> <b>Emergency Seclusion:</b> Please describe the behavior that posed an <b>IMMINENT</b> risk to the safety of the student or to others. Max time limit of 15 min for Elementary students or 20 min for Middle and High School students <b>TIME FRAME:</b> ___ to ___			
<input type="radio"/> Extended time used for <u>Seclusion</u> (Explain extension beyond time limit) <b>TIME FRAME:</b> ___ to ___			
Were any injuries sustained? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete an <b>Accident Report</b> to identify who was injured along with a brief summary of injuries and any medical actions needed.			
Describe follow-up used with student and staff after physical intervention using the <b>Debriefing Form</b> on the back			
Current <b>Behavior Intervention Plan (BIP)</b> in place: <input type="radio"/> YES <input type="radio"/> NO Is the action described in the <b>BIP</b> ? <input type="radio"/> YES <input type="radio"/> NO			
Parent Contact Date and Time:		Written Report Given to Parent/Guardian within 24 hours: <input type="radio"/> Yes ___ Initials	

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Behavior Incident and Emergency Physical Intervention Debriefing Form** (page 2 of 2)

(Copies sent to: Home\_\_\_ Office\_\_\_ Student file\_\_\_ Other\_\_\_)

<b>Student Name:</b>	<b>Building:</b>	<b>Date:</b>
<b>Description of Behavior</b> (use objective, measurable terms; including frequency, intensity & duration)		
<b>Summary of Debriefing discussion with Staff (COPING MODEL) including list of effective strategies and interventions. Control</b> (physically and emotionally), <b>Orient</b> (establish basic facts), <b>Patterns</b> (behaviors, triggers and trends), <b>Investigate</b> (ways to strengthen staff responses), <b>Negotiate</b> (come up with agreement to improve future interventions), <b>Give</b> (give support and encouragement)		
<b>Summary of Debriefing discussion with Student (COPING MODEL) including list of effective strategies and interventions. Control</b> (physically and emotionally), <b>Orient</b> (establish basic facts), <b>Patterns</b> (behaviors, triggers and trends), <b>Investigate</b> (alternatives to the behavior), <b>Negotiate</b> (come up with agreement/contract), <b>Give</b> (give control back to student; give support and encouragement)		
<b>Other Comments:</b>		
<b>Is there a Behavior Intervention Plan (BIP) in place?</b> <input type="radio"/> Yes <input type="radio"/> No		
<b>Summary of data review:</b>		
Is there a pattern of behavior that could result in future use of emergency physical intervention? <input type="radio"/> Yes <input type="radio"/> No		
If yes, conduct/revise a Functional Behavioral Assessment (FBA) or revise the BIP to facilitate the elimination of use of an emergency physical intervention; include Emergency Intervention Plan		
<b>What is the follow-up action:</b>		
1)		
2)		
3)		
<b>TEAM MEMBERS</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>
1.		
2.		
3.		
4.		
5.		

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_