

NISKAYUNA CENTRAL SCHOOL DISTRICT
EMERGENCY INTERVENTION/RESTRAINT INCIDENT REPORT

This report should be completed in all situations in which a staff person is involved in physical contact with a student that has the express purpose of directing or restricting their movement. All sections of this report must be completed.

Student Name/ID#: _____ Date of Birth: _____ Gender: _____

Classification Status: ___Student w/ Disability (IEP) ___Student w/ Impairment (504) ___Gen.Ed. Student

Building Incident Took Place: _____ Specific Location of Incident: _____

Date of Incident: _____ Time of Emergency Intervention: _____ [] AM [] PM

Duration of Complete Emergency Intervention: _____ Duration of Actual Restraint: _____

Does this student have an Individual Crisis Management Plan (ICMP)? [] YES [] NO

Does this student have a Behavior Intervention Plan? [] YES [] NO

If student does not have a BIP, should a FBA be completed? [] YES [] NO

Is this Plan in need of review? [] YES [] NO

Specific TCIS Intervention(s) used (check all that apply):

Reason for Restraint

- Protective Interventions
Standing Restraint
Small Child Restraint
Seated Restraint
Supine Restraint

- [] Danger to Youth (himself/herself)
[] Danger to Staff Member(s)
[] Danger to Other Student(s)

DESCRIPTION OF INCIDENT

Names of staff involved in restraint: _____

Names of witnesses: _____

Precipitating events (include staff interventions prior to emergency intervention/restraint): _____

Describe emergency intervention/restraint (be specific): _____

FOLLOW-UP TO INCIDENT

1. Was Student/Life Space interview completed? Yes No

If yes, by whom? _____

2. Notifications:	<u>Person Notified</u>	<u>Date/Time</u>	<u>Name of Reporter</u>
Administrator	_____	_____	_____
Social Worker/Psychologist	_____	_____	_____
Nurse	_____	_____	_____
Parent	_____	_____	_____
CSE Chair (if applicable)	_____	_____	_____
Police (as needed)	_____	_____	_____
Other (specify)	_____	_____	_____

3. What de-escalation techniques were used by staff?

- Managing the Environment
- Managing Student/Staff Proximity
- Time Away
- Other (specify) _____
- Use of Hurdle Help
- Use of Prompting
- Use of Redirection and Distractions

4. To be completed by Nurse:

<u>Medical</u>	<u>Name of Individual(s)</u>	<u>Describe Injury Complaint or Sustained</u>
<input type="checkbox"/> Injuries to Student Involved	_____	_____
<input type="checkbox"/> Injuries to Staff Involved	_____	_____
<input type="checkbox"/> Injuries to Others (peers, etc.)	_____	_____

Describe Treatment Given (if any) _____

Other Comments/Recommendations for Follow-Up _____

Signature of Nurse/Medical Professional Name / Title (please print) Date

Signature of Restraint Person Completing Report	Name / Title (please print)	Date
Signature of Restraint Assistant / Witness	Name / Title (please print)	Date
Signature of Restraint Assistant / Witness	Name / Title (please print)	Date
Signature of Restraint Assistant / Witness	Name / Title (please print)	Date
Signature of Restraint Assistant / Witness	Name / Title (please print)	Date

POST CRISIS REPOSE TEAM DEBRIEFING

Date of Team Debrief: _____

Members Involved in Post-Crisis Debrief: _____

Brief Summary of Debriefing Outcomes: _____

FINAL ADMINISTRATIVE REVIEW: Administrative follow-up to incident

- Individual Crisis Management Plan (ICMP) recommended
- ICMP revisions recommended
- Functional Behavior Assessment recommended.
- Behavior Plan reviewed.
- Referral to CSE for review/consideration of need for further evaluation (identified students only).
- Document reviewed with staff who restrained.
- Targeted Counseling recommended.
- Referral for Disciplinary Action (as needed).
- Parent Meeting
- Staff Meeting
- Other actions/comments (specify): _____

Building Principal Signature

Name / Title (please print)

Date

PPS/SpEd Administrator Signature

Name / Title (please print)

Date