

**EMERGENCY INTERVENTIONS AND THE USE OF RESTRAINTS**

All students should be educated in a safe, respectful, and non-restrictive environment where they can receive the instruction and other supports needed to learn.

The District has taken steps to implement school wide, classroom and individualized systems of positive behavioral interventions and supports. Further, the District will make every effort to prevent the need for the use of restraints in the school environment. However, circumstances may arise necessitating the use of restraints, as more fully described herein.

Emergency means a situation in which immediate intervention involving the use of reasonable physical force is necessary to protect oneself from physical injury; to protect another student or teacher or any person from physical injury.

Emergency interventions must be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed.

The use of mechanical restraints for emergency interventions is not allowed. Please note that this does not pertain to special transportation recommendations by a Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

Emergency interventions must not be used as a punishment or as a substitute for systematic behavioral interventions that are designed to change, replace, modify or eliminate a targeted behavior. Any behavioral intervention must be consistent with the child's rights to be treated with dignity and to be free from abuse.

The District shall maintain documentation on the use of emergency interventions for each student, which shall include the following information:

- the name and date of birth of the student;
- the setting and the location of the incident;
- the name of the staff or other persons involved;
- a description of the incident and the emergency intervention used, including duration;
- a statement as to whether the student has a current behavioral intervention plan; and
- details of any injuries sustained by the student or others, including staff, as a result of the incident.

This information shall be documented on the attached Emergency Physical Intervention/Restraint Incident Report form. The documentation of emergency interventions shall be reviewed by school supervisory personnel and, as necessary, the school nurse or other medical personnel.

The parent of the student must be notified when an emergency intervention has been used with his/her child within twenty-four (24) hours.

The use of restraint, particularly when there is repeated use for an individual child, multiple uses within the same classroom, or multiple uses by the same individual, should trigger a review and,

if appropriate, review of strategies currently in place to address dangerous behavior, if positive behavioral strategies are not in place, staff should considering developing the same. Behavioral strategies to address dangerous behavior that results in the use of restraint should address the underlying cause or purpose of the dangerous behavior. The phrase “dangerous behavior” refers to behavior that poses imminent danger of serious physical harm to self or others.

Staff who may be called upon to implement emergency interventions must be provided with appropriate training in safe and effective restraint procedures. Restraints should never be used in a manner that restricts a child’s breathing or harms the child.

Reference: 8 NYCRR §§ 19.5, 100.2(3)(i), 200.15(f) and 200.22(d)  
Penal Law § 35.10  
Johnson v. Newburgh Enlarged School District, 239 F.3d 246 (2001)  
Restraint and Seclusion: Resource Document, U.S. Department of Education  
(May, 2012)

Adopted: September 26, 2017

Revised: March 5, 2019

**SOUTH COLONIE 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 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:**

\_\_\_\_\_  
\_\_\_\_\_

**Reason for 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

**FINAL ADMINISTRATIVE REVIEW:** Administrative follow-up to incident

- 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