Lapeer County Intermediate School District-(810)664-5917

Consortium for Exceptional Children-(810)724-9853

North Branch Area Schools-(810)688-3570

Lapeer Community Schools-(810)667-2401

Chatfield School-(810)667-8970

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**Cover Page**

**Emergency Intervention Plan**

Physical restraint is intended for the purposes of emergency situations only, in which a pupil’s behavior poses imminent risk to the safety of the individual pupil or to the safety of others. An emergency situation requires an immediate intervention.

Emergency physical restraint may not be used in place of appropriate less restrictive interventions.

**Terms:**

**Emergency Situation** means a situation in which a pupil’s behavior poses imminent risk to the safety of the individual pupil or to the safety of others. An emergency situation requires an immediate intervention.

**Definition of Emergency Physical Restraint**

“Emergency physical restraint" is defined in MCL 380.1307h(d) as "a last resort emergency safety intervention involving physical restraint that is necessitated by an ongoing emergency situation and that provides an opportunity for the pupil to regain self-control while maintaining the safety of the pupil and others.”

**Definition of Emergency Seclusion**

1. “Emergency seclusion" is defined in MCL 380.1307h(e) as "a last resort emergency safety intervention involving seclusion that is necessitated by an ongoing emergency situation and that provides an opportunity for the pupil to regain self-control while maintaining the safety of the pupil and others.”

2. “To qualify as emergency seclusion, there must be continuous observation by school personnel of the pupil in seclusion, and the room or area used for confinement must comply with state and local fire and building codes; must not be locked; must not prevent the pupil from exiting the area if school personnel become incapacitated or leave that area; and must provide for adequate space, lighting, ventilation, viewing, and the safety and dignity of the pupil and others, in accordance with department guidelines.”

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**Emergency Intervention Plan**

Student Name*:*

(To be developed for students who exhibit a pattern of behavior which may require the use of emergency restraint or emergency seclusion)

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| --- |
| **DATE/DISTRICT/BUIDLING** |
| Date:       District:  Building: |
| **PARTICIPANTS** |
| Parent:  Administrator:  Teacher:  Counselor/SSW/Psych:  Staff member knowledgeable about seclusion and restraint: Student (as appropriate):  Other:  Staff member knowledgeable about PBIS: Other:  Other: |
| **EMERGENCY INTERVENTION PLAN** |
| *(Attach the Behavior Intervention Plan to this document and include detailed information for sections 1 through 4 at a minimum)*  A detailed explanation of the positive behavioral interventions and support strategies that will be utilized to reduce the risk of the behavior creating an emergency situation is outline in the attached Behavior Intervention Plan (BIP). A behavior response script is also attached which details the intervention procedures to be followed in an emergency situation (including potential use of emergency seclusion and/or emergency restraint).   1. What specific behaviors must occur prior to the use of emergency seclusion or emergency restraint (what constitutes an emergency situation)?  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **DECISION MAKING MATRIX** | | |  | |  | **Higher Risk** | |  | |  | **Behavior:** | | | | **SEVERITY**  **(OUTCOME)** |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Lower Risk** | **LIKELIHOOD** | | |  | |  | |  |  |   **\*List Possible Discomforts/Risk (Considered in the above Decision Making Matrix):**    (f) **Emergency seclusion** should not be used any longer than necessary, based on research and evidence, to allow a pupil to regain control of his or her behavior to the point that the emergency situation necessitating the use of **emergency seclusion is ended and generally no longer than 15 minutes for an elementary school pupil or 20 minutes for a middle school or high school pupil.** If an emergency seclusion lasts longer than 15 minutes for an elementary school pupil or 20 minutes for a middle school or high school pupil, all of the following are required:  (i) Additional support, which may include a change of staff, or introducing a nurse, specialist, or additional key identified personnel.  (ii) Documentation to explain the extension beyond the time limit.  (g) **Emergency physical restraint** should not be used any longer than necessary, based on research and evidence, to allow a pupil to regain control of his or her behavior to the point that the emergency situation necessitating the use of **emergency physical restraint is ended and generally no longer than 10 minutes**. If an emergency physical restraint lasts longer than 10 minutes, all of the following are required:  (i) Additional support, which may include a change of staff, or introducing a nurse, specialist, or additional key identified personnel.  (ii) Documentation to explain the extension beyond the time limit.  **(h) While using emergency seclusion or emergency physical restraint, school personnel must do all of the following:**  (i) Involve key identified personnel to protect the care, welfare, dignity, and safety of the pupil.  (ii) Continually observe the pupil in emergency seclusion or emergency physical restraint for indications of physical distress and seek medical assistance if there is a concern.  (iii) Document observations.  (iv) Ensure to the extent practicable, in light of the ongoing emergency situation, that the emergency physical restraint does not interfere with the pupil’s ability to communicate using the pupil’s primary mode of communication.  (v) Ensure that at all times during the use of emergency seclusion or emergency physical restraint there are school personnel present who can communicate with the pupil using the pupil’s primary mode of communication.   1. What medical conditions, risks or factors exist that must be considered as part of this plan?     Made inquiry to the student’s medical personnel, with parental consent, regarding any known medical or health contraindications for the use of emergency seclusion and/or emergency restraint.       1. Detail the procedure to be followed if the behaviors identified on #1 occur. Be specific and include timelines, techniques, staff involved.      1. Parent or guardian contact regarding the use of emergency seclusion and/or emergency restraint is required “immediately.” A written report regarding the use of emergency seclusion and/or restraint, including multiple uses within a given day, will be provided to the parent or guardian within the earlier of 1 school day or 7 calendar days. 2. Training (Key Identified Personnel)-      * Who needs to be trained appropriately to implement this plan? * What training is needed? * Who will do the training?   In the development of this plan this team has addressed the following (check the box to indicate completion):  Explanation of Emergency Procedures to be followed to all involved and the purpose of the use of emergency seclusion or  emergency restraint.  Description of possible discomforts or risks to the student  Discussion of possible alternative strategies with the advantages and disadvantages   1. Note parent questions and school’s response: |
| **SCHEDULED DATES FOR REVIEW** |
| Review Date:       Time:       Location: |
|  |

***A review of this emergency intervention plan, along with the positive behavior intervention plan, will be reviewed on with the student on :*** ***(Date)***

***At that time, the student will be told or shown the circumstances under which emergency seclusion or emergency physical restraint could be used.***