

St. Lucie County Public Schools Emergency Procedure Form

If another Emergency procedure for the same behavior has been used in the last 45 days, and there is a pattern of aggressive or potentially dangerous behavior, send in Request for Behavior Services and attach completed form.

This form should be completed for **every** occasion that an emergency procedure is used for any student.

Student Name: _____ Student ID#: _____ DOB: _____

School: _____ Grade: _____ Exceptionality: _____

Date: _____ Location: _____ Time of Day: _____

Name of person making this report: _____

1. Describe the context (e.g. math group instruction) and circumstances that led to the problem behavior:

2. Type of behavior. Aggression Property Destruction Self-Injury Other

Describe the behavior and indicate why there was an immediate threat to the physical safety of the student and/or others.

3. Please describe specific positive behavior strategies or techniques that were used to preclude the need for the emergency procedures that were implemented, and what occurred immediately after termination of the restraint:

4. Were there any injuries, visible marks, or possible medical emergencies that may have occurred as a result of the restraint? Yes No If "yes", was the student assessed by the designated health care staff? Yes No

5. Is the person implementing the procedure certified in CPI or PCM? Yes No

Please specify the type of Emergency Procedure that was implemented? Please see reverse for specific names:

If a CPI or PCM procedure was not utilized, please describe method:

6. What was the duration of the emergency procedure?

Beginning Time _____ Ending Time _____ Total Duration _____ Release Contingency Used _____

7. List the names of any individuals who were involved or witnessed this incident:

8. Signature of staff members who implemented the emergency procedure:

9. ADMINISTRATIVE REVIEW: This form is to be reviewed by an Administrator within 24 hours of the occurrence, and a copy sent to the district Exceptional Student Education office.

Administration Signature

10. Time and Name of PARENT/GUARDIAN CONTACT: _____

Comments: _____

11. Signature of Staff Member making contact _____

Parents or legal guardians should be notified by the end of the school day in which restraint occurred, and written notification should be made that gives the information reported in items **1 – 4**.

Emergency Procedures Form Cont.'d

CPI Procedures

1. Kick Block
2. One-Hand Wrist Grab Release
3. Two-Hand Wrist Grab Release
4. One-Hand Hair Pull Release
5. Two-Hand Hair Pull Release
6. Front Choke Release
7. Back Choke Release
8. Bite Release
9. Children's Control Position
10. Team Control Position
12. Interim Control Position

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PCM Procedures

1. Pull Technique
2. Wrist Release Technique Two Hands
3. Clothing Release Technique (peel)
4. Hair Pull Release (peel)
5. Straight/Round Punch & Long Range Kick Avoidance Technique (Shuffle Back)
6. Object Removal Technique
7. Bite Release Techniques (Jaw Squeeze or Jaw Squeeze/Nose Squeeze)
8. Push/Pull Technique
9. Choke Release Technique

One Person Procedures for Children:

1. Independent Walking Procedure
2. Single Back Procedure
3. Single Wrist Tricep Procedure

Two Person Procedures for Children:

1. Independent Walking Procedure
2. Double Back Procedure
3. Double Wrist Tricep Procedure

One Person Procedure for Adults

1. Independent Walking Procedure
2. Single Back Procedure
3. Single Wrist Tricep Procedure
4. Single Sunday Stroll Procedure
5. One-Arm Wrap Procedure

Two Person Transportation Procedures for Adults

1. Independent Walking Procedure
2. Double Back Procedure
3. Double Wrist Tricep Procedure
4. Double Sunday Stroll Procedure

Immobilization Procedures

1. One Person Immobilization for a Child (Modified One-Arm Wrap Around)
2. One Person Vertical Immobilization for an Adult
3. Two Person Vertical Immobilization for an Adult
4. Three Person Vertical Immobilization for an Adult