

COOPERATIVE SCHOOL SERVICES

1389 SAINT GASPAR DRIVE
RENSELAER, IN 47978

**CRISIS MANAGEMENT POLICY
AND PROCEDURES**

Approved by Executive Board

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Believing in the worth and dignity of every person

Forms/Policy & Procedures: Crisis Management Policy

Cooperative School Services

Crisis Management Policy and Procedures

- Definitions
- Methods used to address crisis management as an IEP component
- Persons responsible for implementation of policy and procedures
- Crisis management techniques
- Establishment of building crisis teams
- Documentation of crisis situations
- Therapeutic Holding Event Documentation Form

Approved by Executive Board 10/008,
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DEFINITIONS

- **Behavior Intervention Plan (BIP):** A Behavior Intervention Plan is defined by Article 7 as a plan agreed upon by the case conference committee and incorporated into a student's individualized education program, that describes how the student's environment will be altered, identifies positive behavioral intervention strategies, and specifies which skills will be taught in an effort to change a specific pattern of behavior of the student. The plan shall be linked to information gathered through functional behavioral assessment. To ensure transference, the behavioral intervention plan seeks to maximize consistency of implementation across people and settings in which the student is involved.
- **Chemical Restraints:** Means the administration of a drug or medication to manage a student's behavior or restrict a student's freedom of movement at the time of the incident or on a PRN (as the situation demands) situational basis.
- **Crisis Behavior:** Crisis behaviors would be defined as the following: verbal and/or physical aggression that endangers the student engaging in the behaviors or any other persons.
- **Crisis Management:** The actions taken by school staff in response to student actions including the coordination of a crisis team to de-escalate students in crisis and to prevent harm to the student or others.
- **Crisis Team:** The function of the crisis team is to support the teacher during the escalation of student behavior.
- **Isolated Time Out:** Confinement of a student in a time-out room or some other enclosure, whether within or outside the classroom, from which the student's egress is restricted.
- **Mechanical Restraint:** Means a physical device used to restrict the movement of an individual or the movement or normal function of a portion of his or her body. Mechanical restraint does not mean the use of protective or adaptive devices for providing physical support, prevention of injury, or voluntary or life saving medical procedures, which would be prescribed by medical staff and/or occupational and physical therapy professionals. Mechanical Restraint must be included in the student's BIP/IEP.
- **Physical Restraint:** Means holding a student or otherwise restricting his or her movements.
- **Therapeutic Crisis Intervention (TCI):** Method of intervening in a crisis situation to help a child learn and grow by teaching the child to change old habits, destructive responses, and maladaptive behavior patterns into new healthy responses to their environment that will enable them to achieve a higher level of social and emotional maturity and/or functioning and to enable them to continue their education successfully.
- **Therapeutic Holding / Physical Restraint:** is defined as the use of physical contact between school staff and a student limited to the following situations:
 - a. To prevent self-abusive or aggressive students from harming themselves and others
 - b. Involves keeping the student stationary in a safe environment (on a mat or in a room).

GUIDELINES

ISOLATED TIME OUT - The use of isolated time out shall be subject to the following requirements:

- 1) Any enclosure used for isolated time out shall:
 - A. Have the same ceiling height as the surrounding room or rooms and be large enough to accommodate not only the student being isolated but also any other individual who is required to accompany that student;
 - B. Be constructed of materials or objects that cannot be used by students to harm themselves or others, and be designed so that students cannot climb up the walls;
 - C. Be designed to allow continuous visual monitoring of and communication with the student;
 - D. Not use any device that requires the use of a key or special knowledge of any required exit from the room; and
 - E. Comply with all applicable health and safety requirements.
- 2) An adult must supervise the student while confined and must be able to see the student at all times.
- 3) A student shall not be kept in isolated time out for more than 30 minutes after he or she ceases presenting the specific behavior for which isolated time out was imposed or any other behavior for which it would be an appropriate intervention. If a student is placed in isolated time out pursuant to a BIP or IEP, any time limitations identified in the BIP or IEP will control.

CHEMICAL RESTRAINT:

Means the administration of a drug or medication to manage a student's behavior or restrict a student's freedom of movement at the time of the incident or on a PRN (as the situation demands) situational basis. Medications and drugs should not be used as a chemical restraint by school personnel in school settings where their purpose is solely to manage or address student behavior at the time of the incident. This does not include medications prescribed to address medical conditions and given at regular intervals.

PHYSICAL RESTRAINT:

- 1) Physical restraint should be employed only when:
 - A. the student poses a physical risk to himself, herself, or others;
 - B. there is no medical contraindication to its use; and
 - C. the staff employing the restraint have been trained in its safe application.
- 2) Students shall not be subjected to physical restraint for using profanity or other verbal displays of disrespect for themselves or others. A verbal threat shall not be considered as constituting a physical danger unless a student also demonstrates a means of or intent to carry out the threat.
- 3) Any application of physical restraint shall take into consideration the safety and security of the student. Further, physical restraint shall not rely upon pain as an intentional method of control.
- 4) In determining whether a student who is being physically restrained should be removed from the area where such restraint was initiated, the supervising adult(s) shall consider the potential for injury to the student, the educational and emotional well-being of other students in the vicinity, and as applicable, any requirements pursuant to a BIP or IEP.

- 5) If physical restraint is imposed upon a student whose primary mode of communication is sign language, the student shall be permitted to have his or her hands free of restraint for brief periods, unless the supervising adult determines that such freedom appears likely to result in harm to the student or others.
- 6) A student shall be released from physical restraint immediately upon a determination by the supervising adult or staff member administering the restraint that the student is no longer in imminent danger of causing physical harm to himself, herself, or others.

The following guidelines should be observed when therapeutic holding or physical restraint is used:

- a. Use of therapeutic holding or physical restraint techniques must be deemed appropriate by the case conference committee members. It must also be decided and agreed upon by the case conference committee what student behaviors would constitute a crisis situation and warrant the need for therapeutic holding or physical restraint. This decision of appropriateness must be documented in the student's Behavior Intervention Plan (BIP) as well as the student's Individual Crisis Management Plan (ICMP) before using a therapeutic hold or physical restraint. The only exception to this would be emergency situations where an extreme behavior was not exhibited by the student in the past; and therefore, a BIP had not previously been developed.
- b. Restraints should be used only in emergency situations where there is a serious, probable, and/or imminent threat of bodily harm by the student to self, other students, and/or staff members.
- c. Restraints must never be used as a punitive form of discipline or as a threat to control or gain compliance of a student's behavior.
- d. Every opportunity will be provided for the student to control his/her own behavior prior to physical restraint / therapeutic holding. To ensure this guideline, a graduated physical guidance procedure should be used. Specifically these steps should be followed:
 1. Verbally instruct the student as to the desired behavior.
 2. If student remains in an aggressive posture (approximately 3 seconds), provide a gentle, manual prompt and repeat the verbal prompt.
 3. If the student remains in an aggressive posture, remove all others from the area of the individual in crisis.
- e. Extreme care should be taken by staff to provide for the safety and comfort of the student during the therapeutic holding procedure. At no time should pressure be exerted against the chest, back, extremities, or joints. Restraints shall be administered in ways that do not prevent a student from breathing or communicating. If a restraint is used with a student whose primary mode of communication is sign language or an augmentative mode, the student shall be permitted to have his/her hands free of restraint for brief periods, unless

the supervising adult determines that free hands appear likely to cause harm to the student or others. If the crisis situation event lasts through the student's lunch, meals should be provided at the site, after the holding event.

- f. Physical contact should be limited to that necessary to maintain a nonaggressive posture. Staff should maintain a neutral affect and voice tone throughout the therapeutic holding process.
- g. Therapeutic holding or physical restraint should not be used to force a student to behave in a certain manner such as physically guiding him/her through a restitution exercise.
- h. Restraint should only be used when a student has no medical contraindication to its use.
- i. The therapeutic holding or physical restraint will be documented immediately after the event, noting the antecedents and sequence of events. Outcomes or consequences should be made immediately following each incident. Records will be sent to the Co-Op for review by TCI Trainers.
- j. It is recommended that the student be released from the restraint following the approved procedures of T.C.I.
- k. If a student demonstrates a repeated pattern of such behavior, a case conference committee should reconvene to consider alternative interventions. The CCC may consult with the TCI Trainers.

PERSONS RESPONSIBLE FOR IMPLEMENTATION OF POLICY AND PROCEDURES

- **Cooperative School Services:**
 - 1. Will designate the time and location in which Therapeutic Crisis Intervention training will occur each school year for school personnel.
 - 2. A full/initial will be arranged for those school personnel who have not yet been trained. A refresher course will be provided for those who have already received the full/initial T.C.I. Training.
 - 3. Will maintain records documenting personnel from each of the eight school districts and Cooperative School Services personnel who have participated in the initial Therapeutic Crisis Intervention Training or the refresher course. These records will document the participants' names and time, place, and length of the training.

- **Building Principals:**

1. Will insure that all staff members who interface with student populations that engage in crisis behaviors receive training at designated training sessions.
2. Will designate members of the building to the Crisis Team.
3. Will maintain records of building Crisis Team events and ensure monthly practice or review of Crisis Team procedures with team members. This may be delegated to a Crisis Team Leader.
4. Will be informed of each incident when isolated time out or physical restraint is used.

REVIEWING AND REPORTING

When a student who does not have a BIP that covers the use of isolated time out or restraint, has experienced three instances of isolated time out or physical restraint, the school personnel who initiated, monitored, and supervised the incidents shall review the effectiveness of the procedure(s) used and prepare an individual behavior plan for the student that provides either for continued use of these interventions or for the use of other, specified interventions. The plan shall be placed into the student's student record. The review shall also consider the student's potential need for an alternative program or for a referral for a special education evaluation, if the student does not have an IEP. Parent notification, documentation, and subsequent action to be taken in the case of a student with an IEP, including the development of a behavior plan, is subject to applicable terms in the student's BIP or IEP.

CRISIS MANAGEMENT TECHNIQUES

- Staff will always use the least restrictive way of redirecting a crisis.
- Be aware that touching or holding a student will escalate the student's behavior for a short time.
- Stages of Control:
 1. Active Listening
 2. Gestural (i.e., motioning or giving a visual signal)
 3. Verbal (i.e., verbally stating a prompt)
 4. Body Positioning (i.e., attaining proximity control)
 5. Physical Touch (i.e., touching the student)
 6. Forcible Holding (i.e., containing the student physically)

Step 6 is only to occur when the student refuses all other options or becomes a harm to self or others.

- Specific Verbal de-escalation and Physical Interventions the district will support are those learned within the “Therapeutic Crisis Intervention” Training (Family Life Development Center, 1993). These skills include the following as defined by “Therapeutic Crisis Intervention”:
 - Active Listening
 - Life Space Interview
 - Conflict Resolution
 - Therapeutic Physical Intervention
 - Team Restraint
 - Single Person Restraint Techniques
 - Releases from Grabs, Bites, Hair Pulls, and Chokes
 - The Letting Go Process

Behavior Management Techniques for De-escalation (from least intensive to most intensive)

- Managing the Environment
- Prompting
- Caring Gesture (hypodermic affection)
- Hurdle Help
- Redirection
- Proximity
- Planned Ignoring and Positive Attention
- Directive Statements
- Time Away

Intervention Approaches

- Teaching
- Relating
- Directing
- Structuring
- Listening

Active Listening / I ASSIST

- I** Isolate the young person
- A** Actively listen
- S** Speak calmly, assertively, respectfully
- S** Statements of understanding precede requests
- I** Invite the young person to consider positive outcomes and behaviors
- S** Space reduces pressure
- T** Time helps young people respond to requests

ESTABLISHMENT OF BUILDING CRISIS TEAMS

- **Training**

1. Training in the Therapeutic Crisis Intervention (TCI) will be required of all building crisis team members and offered by Cooperative School Services as described in section, *Persons responsible for implementation of policy and procedure.*

- **Crisis Team Membership**

1. Teams should consist of 4-6 members in addition to the Teacher and Paraprofessional.
2. Team members should be available throughout the day. If there are times that members are not available, alternative adults should be named.
3. An administrator, who must be TCI trained, from the building should always be designated as a team member.
4. Team members should not have a health condition or injury that could interfere with physical holding techniques or cause further injury to the team member.
5. Team members should have effective coping skills and should be able to function effectively as a member of a team.

- **Communication**

1. Buildings will need to establish some form of communication between the office and the place in which the crisis occurs. Consider communication devices such as phone, intercom, buzzer, or walkie talkie.
2. Having one adult leave the room where a crisis is taking place in order to access the crisis team is unsafe if this would then leave only one adult to handle the student in crisis while supervising all other students in the room.
3. The team should establish code words for three situations:
 - a. *Teacher needs assistance as a student refuses all options and redirections.*
 - b. *Teacher needs immediate assistance as a **crisis** situation is in progress.*
 - c. *Teacher needs immediate assistance as an **emergency** crisis situation is in progress.*

DOCUMENTATION OF CRISIS SITUATIONS

All Therapeutic holding (physical restraint) events shall be thoroughly documented including the following information:

- Name of student
- Date and time of crisis
- Names of crisis team members involved
- Brief description of behavior and any antecedents leading to the crisis situation
- Brief description of the therapeutic crisis intervention techniques used
- Description if needed of any injuries sustained by staff members
- Outcome of the therapeutic crisis intervention technique used
- Signatures of all staff involved in the crisis intervention
- Debriefing of all staff (team members and classroom teachers) involved

This paper documentation should be completed the same day as the crisis event so crisis team members do not forget important details. Crisis team members will only sign the form if in agreement with the facts presented on the form. If a crisis team member disagrees with the facts as presented on the original form he/she needs to fill out a form of his/her own stating the facts from his/her perspective.

Copies of these forms will be sent to the Co-Op for review by TCI Trainers.

Resources:

Colorado State Board of Education, Department of Education: Rules for the administration of the protection of persons from restraint act, (December 2000).

Crisis Management Participant Handout, Crane/Reynolds, Inc., (1995).

Guiding Principles on Restraint and Seclusion for Behavioral Health Services,
www.naphs.org/news/guidingprinc.html

Illinois Board of Education: State Board of Education Notice of Proposed Amendments.

Indiana Dept. of Education, POLICY GUIDANCE FOR USE OF SECLUSION AND RESTRAINTS IN SCHOOLS; December 2009

New Rules on Seclusion and Restraint, www.bazelon.org/799s&r.html

Cipani, E (1993). Non-Compliance: Four strategies that work. Council for Exceptional Children Mini Library: Classroom management.

Special Education Rules Title 511 Article 7, Rules 17-31. Indiana Department of Education, Division of Special Education, (June 2000).

TCI TRAINING: Student Workbook / Residential Child Care Project / Cornell University

The Use of Physical Restraint Procedures in School Settings, The Council of Children with Behavioral Disorders, (July 2009)

Issue Brief: Appropriate Use of Restraint and Seclusion, Council of Exceptional Children (April 2012)

Confidential Incident Report for Seclusion and / or Restraint

Student Name:	Grade:	Building:	Gender:
Check as Appropriate: <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> IEP			
Date of Incident:			
<input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint <input type="checkbox"/> Both			
Time and Duration of Entire Incident: _____ to _____			
Time and Duration of Seclusion: _____ to _____			
Time and Duration of Restraint: _____ to _____			

Please answer each question as thoroughly as possible.

1. Description of any relevant events leading up to the incident:
2. A description of the incident and /or student behavior that resulted in implementation of seclusion or restraint including a description of the danger of injury which resulted in the seclusion or restraint.
3. Log of the student's behavior during seclusion or restraint, including a description of the restraint technique(s) used and any other interaction between the student and staff.

4. Review for injuries completed by: _____ Date/Time: _____

Description of any injuries to student: None

Description of any injuries to staff members or others: None

Description of any property damage: None

5. Life Space Interview/Outcome of Seclusion or Restraint (Summarize Results)

Date: _____ Time: _____

Interviewer: _____

Summary: _____

If the student was released to go home, the Life Space Interview will be completed by _____ on _____.

