

BEHAVIORAL EMERGENCY PROCEDURES AND INTERVENTIONS

A behavioral emergency is the demonstration of a serious behavioral problem which has not previously been observed, or for which an intervention plan has not been developed, or for which a previously designed behavioral intervention is currently ineffective. In response to behavioral emergencies, the Sacramento City Unified School District (“District”) shall implement emergency behavioral interventions.

Emergency Interventions

Emergency interventions (such as restraint and seclusion) may only be "used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm" to the student with a disability or others and that "cannot be immediately prevented" by a lesser restrictive response. (Ed. Code, § 56521.1(a)-(b)) Emergency interventions should be used as a last resort when the student is a danger to self or others and after all other preventative and reactive strategies in the student’s Behavior Intervention Plan (BIP) have been exhausted. Emergency interventions may not be used in lieu of an appropriate BIP that is designed to change, replace, modify, or eliminate a targeted behavior.

Educational providers must adhere to the following when using restraint and seclusion-based techniques:

For restrained students: The use of a restraint should be employed for no longer than is necessary to contain the behavior that poses a clear and present danger of serious physical harm to the student or others. Do not place a student in a facedown position with the student’s hands held or restraint behind the student’s back. Do not restrict breathing or otherwise obstruct a student’s airway or respiratory capacity. Afford the student the least restrictive alternative and maximum freedom of movement, using the least number of restraint points. (See Ed. Code, § 49005.8, subd. (a)(3), (a)(5), (a)(6), (c))

For secluded students: Keep constant direct observation of the student, including through a window or other barrier through which the provider is able to make direct eye contact with the student, and not through indirect means, such as through a security camera. Do not use locked seclusion, unless the facility is licensed or permitted to do so by state law. (See Ed. Code, § 49005.8, subd. (a)(2), (c))

For prone restraints: A staff member must observe the student for any signs of physical distress throughout the use of the restraint, and whenever possible, that staff member should not be involved in the actual restraining of the student. (See Ed. Code, § 49005.8, subd. (d))

The District has also adopted the following principles, as set forth by the U.S. Department of Education, related to the use of emergency interventions:

- Every effort should be made to prevent the need for the use of restraint and for the use of seclusion.

- Schools should never use mechanical restraints to restrict a child's freedom of movement, and schools should never use a drug or medication to control behavior or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional.)
- Physical restraint or seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.
- Policies restricting the use of restraint and seclusion should apply to all children, not just children with disabilities.
- Any behavior intervention must be consistent with the child's rights to be treated with dignity and to be free from abuse.
- Restraint or seclusion should never be used as punishment or discipline (e.g., placing in seclusion for out-of-seat behavior), as a means of coercion or retaliation, or as a convenience.
- Restraint or seclusion should never be used in a manner that restricts a child's breathing or harms the child.
- The use of restraint or seclusion, 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, revision of strategies currently in place to address dangerous behavior; if positive behavioral strategies are not in place, staff should consider developing them.
- Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.
- Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and safety of the child, other children, teachers, and other personnel.
- Parents should be informed of the policies on restraint and seclusion at their child's school or other educational setting, as well as applicable federal, state, or local laws.
- Parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child.

(See U.S. Dept. of Ed, *Restraint and Seclusion: Resource Document* (May 2012))

Limitations on the Use of Emergency Interventions

All District students shall have the right to be free from the use of seclusion and behavioral restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. (Ed. Code, § 49005.2)

In addition, the following interventions, or interventions similar to or like the following, are prohibited:

- 1) Any intervention that is designed to, or likely to, cause physical pain, including but not limited to electric shock.
- 2) An intervention that involves the release of noxious, toxic, or otherwise unpleasant sprays, mists, or substances in proximity to the face of the individual.
- 3) An intervention that denies adequate sleep, food, water, shelter, bedding, physical comfort, or access to bathroom facilities.
- 4) An intervention that is designed to subject, used to subject, or likely to subject, the individual to verbal abuse, ridicule, or humiliation, or that can be expected to cause excessive emotional trauma.
- 5) Restrictive interventions that employ a device, material, or object that simultaneously immobilizes all four extremities, including the procedure known as prone containment;
- 6) Locked seclusion.
- 7) An intervention that precludes adequate supervision of the individual; and
- 8) An intervention that deprives the individual of one or more of his or her senses.
(Ed. Code, § 56521.2)

Behavior Emergency Reports

If an emergency intervention is used, the District shall immediately complete a Behavioral Emergency Report (BER). Additionally, Parent(s)/guardians shall be notified within one school day whenever a behavioral emergency intervention is used.

The BER should include the following information:

- The name and age of the student;
- The setting and location of the incident;
- The name of staff and/or other persons involved;
- A description of the incident and the emergency intervention used, and whether the individual is currently engaged in any systematic behavioral intervention plan; and
- Details of any injuries sustained by the student, or others, including staff, as a result of the incident. (Ed. Code, § 56521.1(e)(1)-(5))

The BER must be submitted to a designated, responsible administrator within the District, and placed in the student's file. (*Id.*)

Obligation to Schedule and Convene an IEP Meeting When Emergency Interventions are Used

Anytime a BER is written regarding a student who does not have a BIP, the designated responsible administrator shall:

- Within two days, the administrator must schedule an IEP team meeting to review the BER.
- The IEP team shall decide if a Functional Behavioral Assessment (FBA) and/or Interim BIP is needed.
- The IEP team must document its reasons if it decides not to perform the FBA or develop an Interim BIP.

(Ed. Code, § 56521.1(g))

Anytime a BER is written regarding a student who has a BIP, any incident involving a previously unseen, serious behavior problem or where a previously designed intervention is not effective, should be referred to the IEP team to review and determine if the incident constitutes a need to modify the BIP. (Ed. Code, § 56521.1(h))