

Behavioral Emergency Report

Ventura County SELPA

According to CCR Title 5 Section 3052 (i)(5): A "Behavioral Emergency Report" shall immediately be completed and maintained in the individual's file when an emergency intervention is used or serious property damage occurs." 3052 (i) states: "Emergency interventions may only be used to control unpredictable, spontaneous behavior which poses clear and present danger of serious physical harm to the individual or others and which cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to control the behavior." 3052 (i)(2) states: "Whenever a behavioral emergency occurs, only behavioral emergency interventions approved by the SELPA may be used." The Ventura County SELPA approves only those techniques taught in a 2-day level one training by the Crisis Prevention Institute.

Student: _____ Date: _____ Time: _____

Age: _____ School: _____ SSID: _____ District: _____

Setting & Location of Incident: _____

Description of Incident: _____

Emergency Intervention used (if applicable): _____

People Involved (names/titles): _____

Staff Person(s) Completing Report (names/titles): _____

Amount of Time Emergency Procedure Was Used (if applicable): _____

Injury/Medical Involvement: _____

Law Enforcement Agency Called: Yes No

If Yes - Name of Person Who Took The Report: _____

This Student Has a Behavioral Intervention Plan in Effect: Yes No

Staff Involved will review incident and complete the information (on reverse of white).

EXAMPLES OF OBSERVABLE BEHAVIOR	DESCRIBE STUDENT BEHAVIOR/DESCRIPTION OF INCIDENT		CHECK STAFF RESPONSE USED/EMERGENCY INTERVENTION	EXAMPLES OF STAFF BEHAVIOR/ INTERVENTION TECHNIQUES
Pacing, nervousness, shaking, change in eye contact, change in facial expression, change in posture, movement to specific area, change in rate of speech	ESCALATION STAGE	ANXIETY:	<input type="checkbox"/> proximity <input type="checkbox"/> counseling <input type="checkbox"/> restructure routine/environment <input type="checkbox"/> accommodate materials/expectations <input type="checkbox"/> referral to: _____ _____ _____ _____	Move close to student w/o invading personal space; active reflective listening; attend to complaints/requests; simplify work; change directions; offer help; separate from bothersome stimuli; calming techniques; give choices
Loud noises or speech, questions, refusals, swearing, name calling, challenging, threatening, increase in breathing and/or heart rate.		DEFENSIVE: (question, refuse, vent, intimidate)	<input type="checkbox"/> redirect, restate direction <input type="checkbox"/> set limits <input type="checkbox"/> separate student from group <input type="checkbox"/> separate the group from student <input type="checkbox"/> sit out within the group	Use simple clear language; reasonable; enforceable and understandable limits; restate positive consequences; separate from group; remove dangerous implements; assemble team members, allow venting.
Hit/kick/throw objects <u>at other people</u> , running in dangerous area (e.g., street), self injury (e.g. pounding on windows, stabbing with pencil). Note: For "serious property damage," restraints may not be used.	DANGEROUS BEHAVIOR	ACTING OUT:	Intervention Team: <input type="checkbox"/> clear area <input type="checkbox"/> child restraint <input type="checkbox"/> block <input type="checkbox"/> escort <input type="checkbox"/> release <input type="checkbox"/> team restraint <input type="checkbox"/> visual supervision <input type="checkbox"/> call administrator <input type="checkbox"/> other _____	Maintain safe distance from acting out person; remove bystanders if still in area, plan for team intervention if necessary, implement non harmful, physical intervention as a last resort.
Reduction of above behaviors, can answer simple questions rationally, can follow simple directions such as "Take a deep breath", briefly discuss incident w/o re-escalation, breathing and heart rate return to resting rate.	SELF CONTROL RE-ESTABLISHED	TENSION REDUCTION:	<input type="checkbox"/> review events <input type="checkbox"/> review schedule <input type="checkbox"/> make plan: _____ _____ _____ _____ _____ _____ _____	Calm down time, discuss incident, make plan w/acting out person for alternative behavior. For individuals w/cognitive limitations review rules and return to successful activity.
		INJURY/MEDICAL:		<input type="checkbox"/> sent to nurse <input type="checkbox"/> first aid <input type="checkbox"/> CPR <input type="checkbox"/> 911 Paramedics

REMINDER: Refer to "Behavioral Emergency Report Checklist"

Reviewed by: _____
 Designated Administrator