

Oak Ridge Schools

Office of the Superintendent



Administrative Procedure 6.500

Special Education Students: Crisis Management

November 1, 2024

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

DEFINITIONS:

- **Behavior Intervention Plan (BIP):** A Behavior Intervention Plan is defined as a plan agreed upon by the school staff and incorporated into a student's individualized education program (IEP), 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.
- **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.
- **Isolation:** Confinement of a student in a quiet room or some other enclosure, whether within or outside the classroom, from which the student's egress is restricted.
- **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).

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GUIDELINES:

ISOLATION - The use of isolation 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 (minimum 40 sq. feet) 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.

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.

2) Students shall not be subjected to physical restraint for using profanity or other verbal displays of disrespect towards 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 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.

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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 appropriate trained staff. It must also be decided and agreed upon by the staff 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) or IEP 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, 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.
- h. 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 Special Education Coordinator for review and to be entered into EdPlan within 5 calendar days of the incident.
- i. It is recommended that the student be released from the restraint following the approved procedures of TCI.
- j. If a student demonstrates a repeated pattern of such behavior, the school team (IEP, 504, other) should reconvene to consider alternative interventions. School teams may consult with the TCI Trainers.

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PERSONS RESPONSIBLE FOR IMPLEMENTATION OF POLICY AND PROCEDURES

Oak Ridge Schools:

1. Will designate the time and location in which Therapeutic Crisis Intervention training will occur each school year for school personnel.
2. Certification trainings will be arranged for those school personnel who have not yet been trained. Refresher courses will be provided for those who have already received the training.
3. Will maintain records documenting personnel from each of the schools who have participated in the 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 ensure 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 be informed of each incident when isolation or physical restraint is used.

REVIEWING AND REPORTING

Contact administration immediately.

Notify parents the same day of the incident.

If the student's IEP does not provide for the use of isolation or restraint for the behavior precipitating such action of if school personnel are required to use isolation or restraint over an extended period of time as determined by department rules of five (5) minutes or longer per restraint or more than one (1) minute per age for isolation, then an IEP meeting shall be convened within ten (10) days following the use of isolation or restraint 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)

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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. 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, Bites and Chokes
- The Letting Go Process

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

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

Intervention Approaches

- Teaching
- Relating
- Directing

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- Structuring
- Listening

Active Listening / I ESCAPE

Isolate the conversation

Explore the student's point of view

Summarize the feelings and content

Connect feelings to behavior

Alternative behaviors discussed

Plan developed/ Practice new behavior

Enter student back into the program

* Life Space Interview (LSI) should be conducted by the staff member who experienced the event with the student.

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 Oak Ridge Schools as described in section, *Persons responsible for implementation of policy and procedure*.

Crisis Team Membership

1. Teams should consist of 4-6 members, including teachers, para's, and other staff members.
2. Team members should be available throughout the day. If there are times that members are not available, alternative adults should be identified.
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 (i.e., phone, intercom, buzzer, or walkie-talkie) between the office and the place in which the crisis occurs.
3. The team should establish code words for three situations:

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- 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 student demeanor at the end of isolation or restraint
- Description of any injuries sustained by staff members or student (if necessary)
- Signatures of all staff involved in the crisis intervention
- Date and time parent/guardian was contacted

Paper documentation (attached) should be completed the same day as the crisis event so important details are documented. 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 Special Education Coordinator and will be uploaded into EasyIEP within five (5) calendar days..



TENNESSEE DEPARTMENT OF EDUCATION
REPORT OF ISOLATION / RESTRAINT

This form must be completed by school personnel who restrain or isolate a student with a disability.
T.C.A. §49-10-1304.

STUDENT INFORMATION

Name _____ Age _____ Disability _____

School _____ Grade Level _____ Date _____

Location in School Facility _____
Room Number or Area Where Isolation/Restraint Administered

Time Isolation/Restraint Began _____ Time Isolation/Restraint Ended _____
Circle One Circle One

PERSONNEL ADMINISTERING ISOLATION/RESTRAINT AND COMPLETING THIS REPORT

Name _____ Name _____

Signature _____ Signature _____

Job Title _____ Job Title _____

Certified for Behavior Intervention Y N Certified for Behavior Intervention Y N
Circle One Circle One

OTHER PERSONNEL WHO OBSERVED/WITNESSED THE ISOLATION/RESTRAINT

Name _____ Name _____

Job Title _____ Job Title _____

PRINCIPAL NOTIFICATION ON DATE OF ISOLATION/RESTRAINT

Name of Principal (or designee) Notified _____ Time of Notification _____

PARENT NOTIFICATION ON DATE OF ISOLATION/RESTRAINT

Name of Parent _____ Time of Notification _____

Method of Notification _____ Notified By _____
In Person/Telephone/E-Mail/Fax Name and Job Title of Person Notifying Parent

