EMERGENCY SECLUSION
EMERGENCY RESTRAINT

EMERGENCY INTERVENTION PLAN

Student:	Building:	Date:

Team Members: *(must include individual knowledgeable about a) PBIS and, b) the legally permissible use of emergency seclusion and restraint)*			
Parent		Counselor/SSW/Psych	
Parent		Student	
Principal		Other	
Teacher		Other	

Does student have a known medical condition? ☐ **YES** ☐ **NO** *If yes, please provide a brief summary:*

What medical contraindications exist that must be considered as part of this plan? *Obtain with consent from the parent.*

What are the PBIS strategies that will be utilized to reduce risk of the student's behavior creating an emergency situation?

What specific behaviors must occur prior to the use of seclusion or restraint? *Include examples.*

Detail the procedure to be followed if the behaviors identified above occur. *Be specific include timelines, techniques, staff involved.*

Training:

a. **Who needs to be trained to appropriately implement this plan?**

b. **What needs to be trained?**

c. **Who will do the training?**

In the development of this plan the team addressed the following issues:

- An explanation of the legal limits on the use of emergency seclusion and restraint, including examples of legally permissible and prohibited use. ☐**YES** ☐**NO**
- Explanation of Emergency Procedures to be followed to all involved and the purpose of the use of seclusion or emergency restraint. ☐**YES** ☐**NO**
- Description of possible discomforts or risks to the student. ☐**YES** ☐**NO**
- Discussion of possible alternative strategies with the advantages and disadvantages. ☐**YES** ☐**NO**
- Answers to any questions. ☐**YES** ☐**NO**

Administrator signature:_____ **Date:** _____