

## APPENDIX B

### DCP 1 Behavior Interventions and Emergencies Procedures

Please use the following instructions to properly complete the BER and accompanying documents, as required under Education Code § 56521.1, regarding emergency interventions.

1. Complete the BER Form as soon as possible whenever an emergency intervention (physical restraint) is employed.
2. The parent or guardian shall be notified within one school day if an emergency intervention is used or serious property damage occurs.
3. All behavioral emergency reports shall immediately be forwarded to, and reviewed by, a designated responsible administrator.
4. Place a completed and reviewed copy in the student's special education file.
5. Determine, depending on the nature of the behavior, whether revision of the Behavior Intervention Plan is necessary.
6. If a behavioral emergency report (BER) is written regarding an individual with exceptional needs who does not have a Behavior Intervention plan, the designated responsible administrator shall, within two days, schedule an individualized education program (IEP) team meeting to review the emergency report, to determine the necessity for a functional behavioral assessment, and to determine the necessity for an interim plan. The IEP team shall document the reasons for not conducting the functional behavioral assessment, not developing an interim plan, or both.
7. If a behavioral emergency report is written regarding an individual with exceptional needs who has a Behavioral Intervention Plan, an incident involving a previously unseen serious behavior problem, or where a previously designed intervention is ineffective, shall be referred to the IEP team to review and determine if the incident constitutes a need to modify the positive behavioral intervention plan.
8. Complete the BER Checklist form, which is for internal use, and send a copy to the SELPA Office.
9. Complete the BER Post-Vention Form in accordance with the intent of Education Code § 56521.1 (e) through (g).

**Butte County Special Education Local Plan Area (SELPA)**

**Behavior Emergency Report (BER) Checklist**

*(This is a form to be used for TEAM use ONLY, not to be placed in student's file.)*

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Incident Date:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_ **District of Attendance:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

	Date	Initial
The parent and/or residential care provider, if appropriate, were notified within one school day that an emergency intervention was used.		
The Behavior Emergency Report (BER) was immediately completed and a copy placed in the student's file.		
The Behavior Emergency Report was immediately forwarded to, and reviewed by, the designated, responsible administrator.		
(a) If the Behavior Emergency Report was written regarding a student who does not have a Behavior Intervention Plan (BIP), within two days, the designated, responsible administrator scheduled an IEP team meeting to review the Behavior Emergency Report and determine whether an FBA and/or an interim Behavior Intervention Plan are needed.		
(b) If the Behavior Emergency Report was written regarding a student who does have a Behavior Intervention Plan, any incident involving a previously unseen serious behavior problem or where previously designed behavior interventions is not effective, has been referred to the IEP team to review and determine the need for modifications to the Behavior Intervention Plan.		
Designated responsible administrator forwarded a copy of the Behavioral Emergency Report and this form (Behavioral Emergency Report Checklist) to the district's Director of Special Education.		
A copy of the Behavioral Emergency Report was forwarded to the SELPA office to the attention of the SELPA Director.		

**Name of person completing this form:** \_\_\_\_\_

**Title of person completing this form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The use and distribution of this form is intended for employees of the public schools within the Butte County Special Education Local Plan Area (SELPA).**



**BUTTE COUNTY SELPA  
BEHAVIOR EMERGENCY REPORT (BER) OR  
BEHAVIOR INCIDENT REPORT**

Student:	DOB:	Primary Disability:	Race/Ethnicity:	Grade:
Date of Incident	Emergency Procedure Start Time:	End Time:	Name/Title of Person Completing Form:	
Current BIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Report: <input type="checkbox"/> BER <input type="checkbox"/> Incident Report	District:	School:	Location of incident:

*Describe Student Behavior/Description of Incident*

*Staff Response*

<b>Anxiety/Defensive</b>		<p><u>Supportive/Non-judgmental:</u></p> <input type="checkbox"/> Proximity <input type="checkbox"/> Listening <input type="checkbox"/> Counseling <input type="checkbox"/> Accommodations <input type="checkbox"/> Restructure routine / environment <input type="checkbox"/> Referral to: <input type="checkbox"/> Other:	<b>Prevention</b>
		<p><u>Directive/Setting Limits:</u></p> <input type="checkbox"/> Redirect, restate direction <input type="checkbox"/> Set limits, give choices <input type="checkbox"/> Separate student from group <input type="checkbox"/> Go to specific location <input type="checkbox"/> Other:	
<b>Risk Behavior</b>		<p><u>Physical &amp; non-physical interventions that DO NOT require a BER:</u></p> <input type="checkbox"/> Clear area <input type="checkbox"/> Lower-level holding <input type="checkbox"/> Call Administrator <input type="checkbox"/> Disengagement Skills	<b>Intervention</b>
		<p><u>Physical Interventions that REQUIRE a BER (Med or High Level only):</u></p> <input type="checkbox"/> Seated Position <input type="checkbox"/> Children's Control Position <input type="checkbox"/> Standing Position <input type="checkbox"/> Team Control Position <input type="checkbox"/> with Transport	
<b>Tension Reduction</b>		<p><u>Re-establish Communication:</u></p> <input type="checkbox"/> Review Events <input type="checkbox"/> Make Plan <input type="checkbox"/> Review Schedule <input type="checkbox"/> Other:	<b>Debriefing</b>
<b>Injury</b>	<p><u>Injury/Medical:</u></p> <input type="checkbox"/> Student <input type="checkbox"/> Staff	<input type="checkbox"/> Nurse <input type="checkbox"/> First Aid <input type="checkbox"/> 911 Paramedics <input type="checkbox"/> CPR <input type="checkbox"/> Other:	<b>Action Taken</b>

**Instructions for Completing:**

- Determine if emergency or incident and mark appropriate box.
- Determine if student does or does not have a current BIP and mark appropriate box.
- Document duration of physical intervention.
- Use pen or complete electronic version.
- If you include information on the back, indicate.
- Report must be completed and submitted to administrator on same day of incident.

**Incident or Emergency?**

**1. A "Behavior Emergency"** is defined as serious, dangerous behavior that staff has determined to present a clear and present danger to others. It requires a Non-violent Physical Intervention to protect the safety of student, self, or others. A physical intervention has been used. OR, a physical intervention has not been used, but an injury or serious property damage has occurred. Disengagement skills may or may not have been used.

**2. Behavior Emergencies require** this form to be completed and submitted to the administrator for administrative action.

**3. A "Behavior Incident"** is defined as behavior that is unusual or out of the ordinary for the student, is disruptive to the classroom, and/or abuse of the environment occurs. **Behavior incidents may** be documented with this form if the student does not have a behavior plan addressing the behavior.\* Then submit to the administrator for administrative action.

\* Procedure may vary between districts

**ADMINISTRATIVE ACTION:** *(To be completed by Administrator)*

**Emergency:**

Notified parents within 24 hrs. via phone call, and provide a copy of the emergency report

Parents contacted by: Admin  Teacher

No BIP, schedule IEP meeting within 2 days

Yes BIP, refer to IEP team for possible revisions

Copy to confidential file & Copy to SELPA

Date BER sent to SELPA: \_\_\_\_\_

**Incident:**

-Determine if copy to be sent home

-Copy to cumulative/teacher file (use as data for behavior plan if necessary/purge annually)

\*Procedure may vary between districts.

Team Members Involved with intervention (names):

Signature of Person Completing Form: \_\_\_\_\_

Signature of Site Administrator: \_\_\_\_\_

**Butte County Special Education Local Plan Area (SELPA)  
Post-Vention Resolution Process**

*(This is a form to be used for TEAM use ONLY, not to be placed in student's file.)*

*To be completed by involved staff members after a physical intervention was implemented as the "Tension Reduction" stage of the crisis prevention model.*

**Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of Post-vention Resolution Meeting:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Team Members Involved:**

Name	Position	Signature

**Pattern:**

Identify patterns of response by team members:

---

---

---

---

**Investigate/Negotiate:**

Identify alternative methods of team response that may be appropriate:

---

---

---

---

**Give:**

Document positive support to involved crisis intervention team members:

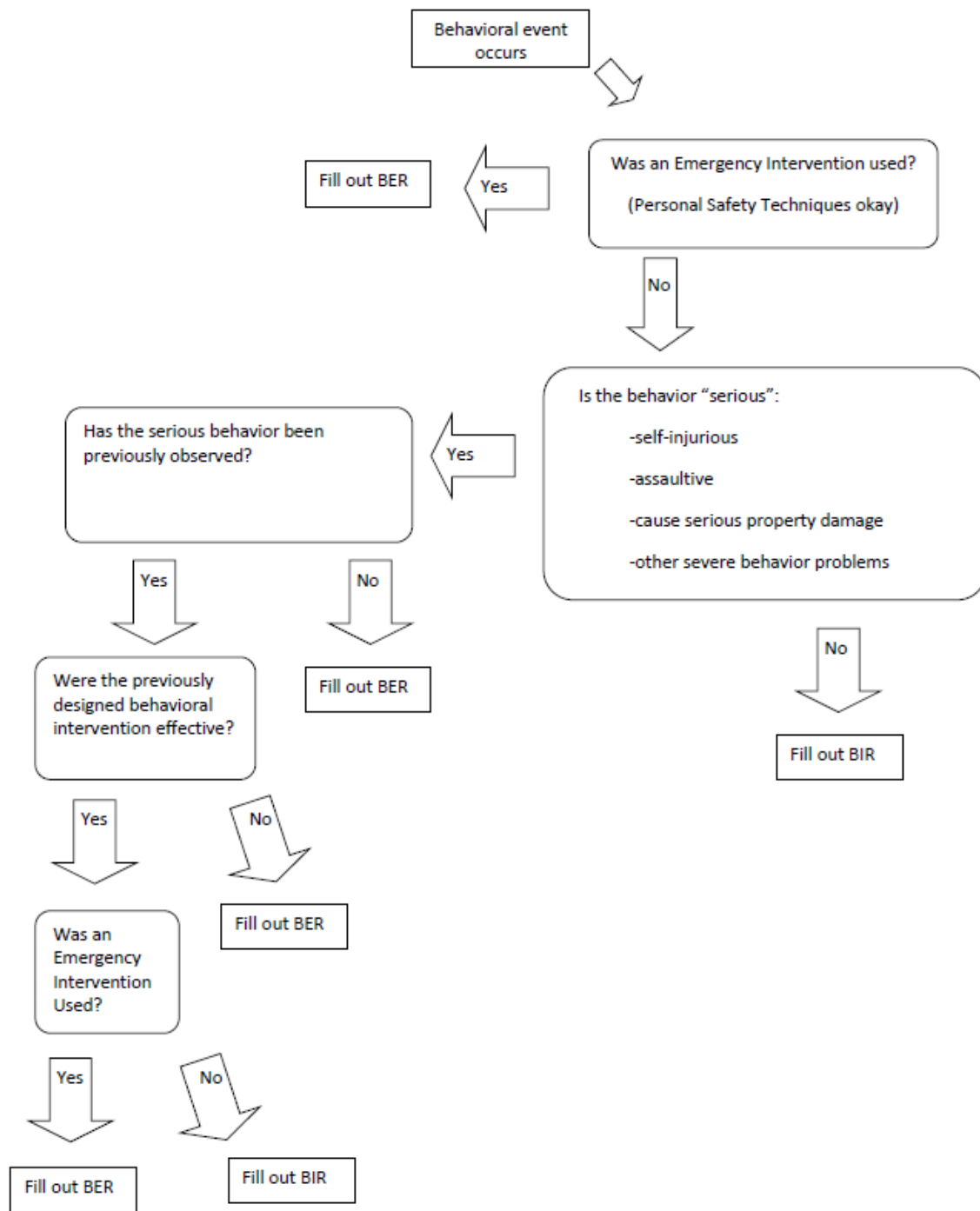
---

---

---

---

*The use and distribution of this form is intended for employees of the public schools within the Butte County Special Education Local Plan Area (SELPA).*



Approved: 4/24/19



February 19, 2019

Butte County SELPA Superintendents and Principals:

As you are all aware, Assembly Bill (AB) 2657 went into effect on January 1, 2019. This bill involves the use of restraints and seclusion in the school setting and reporting these incidents. LEAs will be responsible for reporting these incidents to the California Department Education. Before this bill goes into effect, I wanted to clarify the current and ongoing position of the Butte County SELPA on the use of restraints and seclusion with students with identified disabilities.

The Butte County SELPA office does not support the use of any restraints or seclusion except as a last resort by trained personnel when the student “presents an immediate danger to self or to others” (*Education Code Section 49005.1 [a]*). Immediate danger means a student will be injured or hurt if the restraint is not used. A student running away from staff or destroying campus property or classroom materials does not constitute an “immediate danger”. Any restraints shall only be used by trained personnel.

The Butte County SELPA offers Crisis Prevention and Intervention (CPI) trainings multiple times each school year. Special arrangements can be made for site specific training upon request. This training is provided at a limited cost and is open to any school employee in the county. CPI training involves learning the proper techniques for using restraints as well as learning alternate and preventative techniques. The SELPA office does not support the use of restraints by staff not trained in this or another certified program of its type, as there is too high a risk for incorrect or improper usage of restraints or injury to staff or students.

To clarify, physical restraint is defined as “a personal restriction that immobilizes or reduces the ability of a pupil to move his or her torso, arms, legs, or head freely” (*Education Code Section 49005.1[f][1]*). This means motoring, pulling, or holding the hands or wrists of students while they are escorted to or from the classroom, to or from the office, or between rooms on campus is a physical restraint. To further clarify, this does not mean that staff cannot hold a student’s hand; what it does mean is that a student can refuse physical contact that “reduces the ability of the pupil to move... arms freely” if they are not in immediate danger.

The SELPA office will be creating a Behavior Emergency Reporting form for LEAs to complete whenever a restraint is used on a student with an Individual Education Plan. This report should be submitted to the SELPA office for tracking and data analysis along with any reporting requirements from the CDE.

Thank you all for your time and attention on this matter.

Sincerely,

Aaron Benton  
SELPA Director

“WHERE STUDENTS COME FIRST”

**Mary Sakuma**  
Superintendent  
msakuma@bcoe.org

**Aaron P. Benton**  
SELPA Director  
abenton@bcoe.org



**Butte County SELPA**  
1870 Bird Street  
Oroville, CA 95965  
(530) 532-5621  
Fax (530) 532-5920  
<http://selpa.bcoe.org>

**Board of Education**  
*Amy Christianson*  
*Howard M. Ferguson*  
*Ryne Johnson*  
*Jeannine MacKay*  
*Brenda J. McLaughlin*  
*Roger Steel*  
*Mike Walsh*

An Equal Opportunity  
Employer