**PHYSICAL INTERVENTION INCIDENT REPORT**

PER ISBE SECTION 1.285: “PHYSICAL INTERVENTION” OR “PHYSICAL RESTRAINT” MEANS HOLDING A STUDENT OR OTHERWISE RESTRICTING HIS OR HER MOVEMENTS. “PHYSICAL INTERVENTION” OR “PHYSICAL RESTRAINT” AS PERMITTED PURSUANT TO THIS SECTION INCLUDES ONLY THE USE OF SPECIFIC, PLANNED TECHNIQUES (E.G., THE “STANDING HOLD” [MED/HIGH LEVEL],“TEAM CONTROL”). PURSUANT TO SECTION1.280 (F) (1), THIS REPORT MUST BE COMPLETED BY THE BEGINNING OF THE SCHOOL DAY FOLLOWING THE EPISODE OF PHYSICAL INTERVENTION.

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| **INCIDENT DESCRIPTION** | | |
| DATE INCIDENT OCCURRED: | TIME INCIDENT BEGAN:  A.M.  P.M. | TIME INCIDENT ENDED:  A.M. P.M. |
| LOCATION OF INCIDENT:  CLASSROOM: \_\_\_\_\_\_\_\_\_\_\_\_  HALLWAY  CAFETERIA  PLAYGROUND  GYM  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ANTECEDENTS/PRECIPITATING EVENTS (INCLUDE A DESCRIPTION OF ACTIVITY IN WHICH THE ABOVE NAMED STUDENT AND/OR OTHER STUDENTS WERE ENGAGED IN IMMEDIATELY PRECEDING INCIDENT: | |

**RISK BEHAVIORS PRIOR TO PHYSICAL INTERVENTION**

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| STUDENT NAME: | SSID #: | DATE OF BIRTH: |
| IEP  504 PLAN  BIP  Mode oF Communication: | GRADE: | SCHOOL: |

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| **HITTING:**    HITTING STAFF (CONTACT Y OR N)  HITTING PEERS (CONTACT Y OR N)  HITTING SELF WITH HANDS  HITTING SELF WITH OBJECTS  HITTING BODY ON OBJECTS  HITTING HEAD ON WALL  KICKING STAFF (CONTACT Y OR N)  KICKING PEERS (CONTACT Y OR N)  SCRATCHING STAFF (CONTACT Y OR N)  SCRATCHING PEER (CONTACT Y OR N)  SCRATCHING SELF  THROWING OBJECTS (TARGETED)  OTHER: |
| **GRABBING:**  PULLING STAFF’S HAIR  PULLING PEER’S HAIR  PULLING OWN HAIR  CHOKING STAFF  CHOKING PEER  CHOKING SELF  BITING PEER (CONTACT Y OR N)  BITING STAFF (CONTACT Y OR N)  BITING SELF  OTHER: |
| **OTHER:**  CLIMBING ON TABLES/DESKS  THROWING OBJECTS (NOT TARGETED)  SPITTING (TARGETED)  LEAVING THE BUILDING  OTHER: |

**TIMELINE AND DESCRIPTION OF RISK BEHAVIORS STUDENT WAS EXHIBITING PRIOR TO USE OF PHYSICAL INTERVENTION**

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| **PREVENTATIVE ACTIONS**  interventions used to de-escalate student and alternatives to physical interventions attempted. | | |
| PROVIDED OPTIONS  OFFERED BREAK  CONSULTED WITH STUDENT  RE-TEACHING EXPECTATIONS  COMPLETION OF THINK SHEET  REQUESTED SOCIAL WORKER  SEPARATED FROM OTHERS  RECOMMENDED RELAXATION | LOSS OF PRIVILEGES  VERBAL INTERVENTION/DE-ESCALATION  RE-DIRECTION/SET LIMITS  DISENGAGEMENT: BLOCK-AND-MOVE  DISENGAGEMENT: RELEASE (HAIR, GRIP,  CHOKE, BITE) | REMOVED CLASS   |  | | --- | | REMOVED STUDENT TO:  LARGE SAFE AREA | | | SMALL SAFE AREA | | HALLWAY OUTSIDE CLASSROOM |   OTHER (DESCRIBE): |

**STATEMENT FOR REQUIREMENT OF PHYSICAL INTERVENTION**

WHY WAS THE USE OF PHYSICAL INTERVENTION NECESSARY? DESCRIPTION OF STUDENT’S BEHAVIORS AND EMOTIONAL STATE - HOW LONG WAS THE STUDENT EXHIBITING THE BEHAVIORS BEFORE PHYSICAL INTERVENTION WAS REQUIRED? WHY WEREN’T LESS RESTRICTIVE INTERVENTIONS EFFECTIVE? WHY DID THE BEHAVIORS REQUIRE THIS LEVEL OF HOLD?

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**TYPE OF PHYSICAL INTERVENTION REQUIRED**

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| LOW-LEVEL SEATED POSITION  LOW-LEVEL STANDING POSITION  MEDIUM-LEVEL SEATED POSITION  MEDIUM-LEVEL STANDING POSITION | HIGHER-LEVEL SEATED POSITON  HIGHER-LEVEL STANDING POSITION  HIGHER-LEVEL STANDING POSITION – CHILDREN’S CONTROL  HIGHER-LEVEL STANDING POSITION – TEAM CONTROL |

**BRIEF TIMELINE AND DESCRIPTION OF BEHAVIORS STUDENT WAS EXHIBITING DURING THE USE OF PHYSICAL INTERVENTION**

**(I.E SPITTING, CRYING):**

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| **HOW PHYSICAL INTERVENTION ENDED** *(CHECK ALL THAT APPLY):* |
| THE STUDENT’S BEHAVIOR NO LONGER POSED AN IMMINENT DANGER OF PHYSICAL INJURY TO THEMSELVES OR OTHERS  INTERVENTION BY ADMINISTRATOR(S) TO FACILITATE DE-ESCALATION  THE STUDENT DEMONSTRATED THAT HE/SHE IS IN UNNECESSARY PAIN OR PHYSICAL DISTRESS INDICATING A POSSIBLE NEED FOR  EMERGENCY MEDICAL ASSISTANCE  THE STUDENT INDICATED THAT HIS/HER BREATHING WAS COMPROMISED  THE STUDENT INDICATED THAT HIS/HER COMMUNICATION WAS COMPROMISED  EMERGENCY MEDICAL PERSONNEL ARRIVED  LAW ENFORCEMENT PERSONNEL ARRIVED  OTHER *(DESCRIBE):* |
| **DESCRIPTION OF ANY INJURY TO STUDENT AND/OR STAFF AND ANY MEDICAL OR FIRST AID CARE PROVIDED:** |

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| ***IF MULTIPLE PHYSICAL INTERVENTIONS OCCURRED DURING THE SAME EPISODE (E.G. INTERVENTION WAS TERMINATED BUT STUDENT RE-ESCALATED), RECORD THE FOLLOWING:*** | | | |
| **REASON FOR ADDITIONAL INTERVENTION:**  **TYPE OF PHYSICAL INTERVENTION:** | **TIME PHYSICAL INTERVENTION BEGAN:**  **\_\_\_\_\_\_\_\_\_\_\_**  **A.M.**  **P.M.** | **TIME PHYSICAL INTERVENTION ENDED:**  **\_\_\_\_\_\_\_\_\_\_\_  A.M.  P.M.** | **TOTAL DURATION OF PHYSICAL INTERVENTION:** |
| **REASON FOR ADDITIONAL INTERVENTION:**  **TYPE OF PHYSICAL INTERVENTION:** | **TIME PHYSICAL INTERVENTION BEGAN:**    **\_\_\_\_\_\_\_\_\_\_\_  A.M.  P.M.** | **TIME PHYSICAL INTERVENTION ENDED:**    **\_\_\_\_\_\_\_\_\_\_\_  A.M.  P.M.** | **TOTAL DURATION OF PHYSICAL INTERVENTION:** |

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| **STAFF ADMINISTERING/MONITORING PHYSICAL INTERVENTION** | | | | |
| NAME & POSITION/TITLE | TEAM ROLE (TEAM LEADER, AUXILIARY, OBSERVER) | ARE THEY CERTIFIED IN NVCI TRAINING FROM DIST. 308? | NAME OF APPROVED PHYSICAL INTERVENTION  SKILLS UTILIZED | HAVE THEY PREVIOUSLY USED PHYSICAL INTERVENTION SKILLS ON THE SAME STUDENT? |
|  |  | YES  NO |  | YES  NO |
|  |  | YES  NO |  | YES  NO |
|  |  | YES  NO |  | YES  NO |
|  |  | YES  NO |  | YES  NO |
|  |  | YES  NO |  | YES  NO |

**REPORTING PROCEDURE**

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| **ADMINISTRATION NOTIFICATION** | **SOCIAL WORKER NOTIFICATION** | **NURSE NOTIFICATION** |
| NAME OF ADMINISTRATOR NOTIFIED:  TIME/DATE NOTIFIED: | NAME OF SOCIAL WORKER NOTIFIED:  TIME/DATE NOTIFIED: | NAME OF NURSE NOTIFIED:  TIME/DATE NOTIFIED: |

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| **PARENT NOTIFICATION – MUST OCCUR BY THE END OF THE DAY THAT PHYSICAL INTERVENTION OCCURRED** | | |
| NAME OF PARENT(S) NOTIFIED:  PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME OF CONTACT: \_\_\_\_\_\_\_\_ A.M.  P.M. | NOTIFIED BY THE FOLLOWING STAFF MEMBER *(INCLUDE NAME AND POSITION)*:  NAME  STAFF POSITION | DOCUMENTED ATTEMPT TO CONTACT PARENT IF UNABLE TO CONTACT VERBALLY (*DESCRIBE*): |
| DATE THAT WRITTEN DOCUMENTATION OF EVEN WAS PROVIDED TO PARENT (MUST OCCUR WITHIN 24 HOURS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAILED  IN PERSON | | |
| PARENT COMMENTS OR CONCERNS**:** | | |

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| THIS REPORT WAS PREPARED BY:  STAFF NAME  STAFF SIGNATURE  DATE | APPROVED BY ADMINISTRATION  ADMINISTRATOR NAME  ADMINISTRATOR SIGNATURE  DATE |

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| **physical intervention incident postvention report**  within two (2) school days of the use of physical intervention, a documented postvention by appropriate staff (including all staff involved in the physical intervention) must occur. the purpose of the postvention is to review the incident and take any necessary actions to reduce the occurrence of future physical interventions. those attending the postvention meeting shall have the opportunity to review the physical intervention report documenting the incident. case manager is responsible for bringing a copy of the student’s current behavior intervention plan and crisis intervention plan (if student has a plan) to the postvention meeting.  **POSTVENTION INFORMATION** | | | | | |
| date of postvention | time of postvention meeting | | | location of postvention meeting | |
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| **POSTVENTION NOTES** | | | | | |
| was the behavior intervention plan followed?  yes  no | | notes | | | |
| was the crisis intervention plan followed?  yes  no | | notes | | | |
| is the physical intervention report accurate?  yes  no | | notes | | | |
| is there a pattern to the student behavior?  yes  no | | notes | | | |
| is there a pattern to staff response?  yes  no | | notes | | | |
| what are reasonable and realistic expectations for replacement behaviors? | | notes | | | |
| are there any changes to the behavior intervention plan or crisis intervention plan?  yes  no | | notes  name of staff responsible  for making changes . | | | |
| is a parent conference necessary?  yes  no  if yes, when will conference be scheduled? .  who is responsible for setting conference up? . | | | | | |
| **signature of staff involved in postvention** | | | **role in physical intervention** | **position** | **date** |
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