

Guidelines on Preparing a Crisis Management Plan

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The following recommendations were prepared by Dr. Kevin Murdock. They have submitted for review by key personnel in Hillsborough County Public Schools. Until such review, revisions, and approval occur, these recommendations do NOT represent policy or procedures for Hillsborough County Public Schools.

A Crisis Management Plan may be necessary to describe the safest and most appropriate strategies for preventing, de-escalating, and managing extreme conditions including when dangerous behaviors present a risk of injury of students or other persons in school settings.

Benefits of problem solving and planning: It is far better to take the time to develop a comprehensive crisis management plan for a student than to hope that an unplanned response to a crisis does not cause unwanted outcomes.

Critical components to the safe and effective management of dangerous behaviors are:

- Involve parents early and throughout the problem-solving process.
- Provide proficiency-based staff training in prevention, de-escalation, and safe management of crises; plus booster sessions to maintain peak skills.
- Following the staff training, frequently conduct direct observations of the procedures being applied or practiced in order to reinforce staff correct use the procedures, and to shape improved performance.
- Gather and use data for quality assurance, to identify potential trends for overuse of crisis management procedures, and to minimize their use.
- As soon as possible, arrange for completion of a functional behavior assessment (FBA) by competent personnel.
- Immediately following the FBA, coordinate the design, implementation, and/or oversight of a behavior intervention plan (BIP) by competent personnel.

Expeditious completion of the FBA and BIP is critical for these reasons:

- The crisis management plan may restrict normal activities or rights of the student. The FBA and BIP may reduce the need for restrictive procedures and assure the student is able to fully access normal activities and rights.
- After the introduction of the crisis management plan:
 - there may be an *increase* in dangerous behaviors. This increase may be due to the accidental reinforcement of the problem behaviors. The FBA will help identify any unintended sources of reinforcement, suggest ways to revise crisis management procedures to prevent unintended reinforcement, and produce a BIP that will more effectively increase and maintain alternative or replacement behaviors, plus managing problem behaviors.
 - or, there may be a temporary *decrease* in dangerous behaviors. This may cause the school team to postpone the FBA or BIP, believing they have successfully stopped the problem behavior. However, after a brief reduction there may be more frequent, long duration, and intense problems behaviors. New problem behaviors also may occur. By expeditiously completing the FBA and BIP, the team can begin more effective strategies to prevent and reduce problem behaviors while increasing and maintaining alternative or replacement behaviors.

Goals of a crisis management plan include:

- preventing and de-escalating incidents as the preferred choice of action
- safely assisting the student in becoming calm and returning to normal instructional activities as soon as possible
- protecting the welfare and dignity of the student in crisis (taking care to prevent humiliation or embarrassment)
- maintaining the safety of all students and staff

The crisis management plan should NOT be designed to discipline or punish a student.

Crisis management procedures are warranted only when:

- the student's behaviors are dangerous:
 - the behaviors present an extreme and immediate risk to the safety, well-being and/or quality of life of the student or other persons. Examples:
 - aggression causing skin reddening, laceration, or internal injuries
 - self-injury causing skin swelling and bruising
 - misusing a dangerous or hazardous substance, material, or object (e.g., placing in mouth or ingesting sharp or poisonous items)
 - repeated attempts to run into an unsafe area (e.g., dangerous vehicular traffic)
 - the behaviors present an extreme and immediate risk of damage or destruction of valuable (in excess of \$100) property or equipment belonging to the school or other persons. Example:
 - The student throws desktop and laptop computer equipment through plate glass windows and doors.
 - early intervention is necessary for precursor behaviors that are known to precede more severe behaviors that present an extreme and immediate risk to the student or other persons (as described above) or to valuable property (as described above). Examples:
 - The student has a clearly documented pattern of ripping his own clothing as a precursor to pulling hair, biting, and kicking peers. Interruption of the clothes ripping behavior by use of a brief holding method has been successful in preventing escalation to severe aggression on peers and related injuries.
 - The student has a clearly documented pattern of verbally threatening to damage vehicles belonging to staff as a precursor to dropping bookbags and other heavy objects from the second floor walkway through the windshields of staff vehicles. Removing the student to a safe area and preventing her exit until calm has proven to reduce damage to vehicles following related threats.
- and alternative interventions are not immediately feasible, safe or effective. This may be the case when a behavioral assessment and the development of an intervention is underway, but not yet complete.

Crisis management procedures are NOT warranted for annoying (e.g., refusal to perform classwork, disrespectful) or disruptive behaviors (e.g., making noises, profanity).

To prepare a crisis management plan:

1. the school team must involve the parent/guardian:

- Whenever possible, the parent and school team should collaboratively develop the crisis management plan. When the parent and school team collaboratively develop the crisis management plan, it is far more likely that the parent will accept and approve the plan, and when needed, give written informed consent for the school to use the procedure.
- The parent must be informed of the possible use of emergency procedures, behavioral criteria for initiating the procedure, rules and limits on procedure use (e.g., duration), and behavioral criteria for terminating the procedure (e.g., calm and release).
- Parents should be interviewed to obtain information regarding any medical conditions or physical limitations, or any prior trauma (including physical or sexual abuse), that may place the student at risk of injury during emergency procedures, that may affect the student's tolerance of specific emergency procedures, or may preclude the use of specific emergency procedures. Parents should be requested to provide current physician reports describing such conditions. Specific medical conditions or physical limitations to be considered include:

Obesity	Cardiac conditions
Respiratory conditions or asthma	Impaired gag reflex
Hearing or vision impairment	Seizure disorders
Back conditions or spinal problems	Limited range of motion
Brittle bones, Low bone density, Osteopenia, Osteoporosis	
Hemophilia	Pregnancy

- Parents should be interviewed to obtain information regarding any student-specific signs of distress (e.g., seizures, skin color, breathing pattern, vomiting).
- Parents should have sufficient opportunities to have their questions answered.

2. the school team may request physician advice, review and approval:

When warranted, the student's physician should be provided information about, and offered a demonstration of, the emergency procedure. The student's physician may be requested to provide a signed statement that there are no medical contraindications or significant physical risks related to the use of the emergency procedure with the specific student.

3. the school team also:

- must consider specific medical conditions, physical limitations, or student-specific signs of distress (as described above)
- must consider sensory abilities (e.g., hearing, vision screenings or evaluations), communication skills (receptive and expressive), or special needs of the student
- must assess the need for specific crisis management procedures in all relevant settings
- should involve all key instructional, support, and administrative staff in relevant settings (e.g., classrooms, physical education or other special classes, main office, guidance office, cafeteria, school transportation, off-campus training activities, extracurricular activities)
- should involve staff with current certification in approved programs for safe, physical management of dangerous behaviors

- may seek consultation from persons with specialized training and experience in safe, physical management of dangerous behaviors, including but not limited to certified trainers of established methods for physical management
- may seek consultation from persons with specialized training and experience in behavior analysis
- must involve and obtain approval from the School Administrator
- must comply with state statutes, rules, and district policies and procedures:
 - 2008 “Guidelines for the Use of Manual Physical Restraint In Special Education Programs” (K12: 2008-67):
<http://info.fldoe.org/docushare/dsweb/Get/Document-5016/k12-2008-67.pdf>
 - 1993 “Use Of Time Out In Special Education Programs: Guidelines For Time Out Procedures” (FY: 1993-3):
<http://www.fldoe.org/ese/pdf/y1993-3.pdf>
 - 2004 “Section VIII: Time Out Procedures” pages 71-77 in the HCPS ESE “Classroom Management & Structured Reinforcement Manual” – follow these links:
 - Desktop: IDEAS (access limited to HCPS employees)
 - Instructional
 - Exceptional Student Education
 - ESE Manuals/Publications
 - Manuals
 - Behavior Management Manual
 - 2006 “Fire Safety in Education Facilities: Seclusion Time Out Rooms” Rule 69A-58.0084
<https://www.flrules.org/gateway/readFile.asp?sid=0&tid=3205382&type=1&File=69A-58.0084.doc>

4. the school team must define the procedures: The school team should carefully define the sequence of procedures and related steps, address all potential problems with implementation, and obtain team consensus.

Role playing can be a helpful method for developing steps in a crisis plan.

Each procedure, related limits, and other key decision points should be clearly described in a step-by-step method. When possible, the procedure description should be supported with graphic illustrations, photos, and/or videos. A step-by-step format for the procedure can be especially valuable for staff training and monitoring of procedure use after training. Staff may also use the step-by-step format to review and self-monitor their use of the procedures. Copies of the procedure description should be easily accessible for all relevant staff.

Procedural limits may be described to direct when and how to take appropriate actions. The limits may be based on repeated behavior frequency, duration, intensity, and/or products; or frequency or duration of emergency procedure use. Relevant decision points may include, but are not limited to, when and how to:

- continue current procedure and extend time limit
- stop current procedure

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- replace current procedure with alternative procedure(s)
- supplement current procedure with additional procedure(s)
- request additional support
- request consultation by specific team members.

Examples:

- When there are 10 or more attempted or actual aggressions in any school day, contact the team's behavior specialist to discuss alternative procedures.
- When 2 or more self-injurious behaviors result in tissue damage in any 60 minute period, consult the team's behavior specialist to discuss application of protective equipment.
- When aggression occurs for more than 5 minutes in the cafeteria, request administrative team approval and assistance to transport the student to a quiet and safe classroom.
- When close proximity and blocking must be maintained more than 15 minutes to prevent elopement to an unsafe area, consult the team's intervention specialist to discuss alternative procedures.

Common procedural steps or components: The following components may be described, as applicable to each individual student's needs:

Assess the environment and situation to determine the least intrusive procedures to safely prevent, de-escalate, or manage dangerous behaviors:

- while protecting the dignity of the person in crisis
- while maintaining the safety of all students and support staff
- without confronting the student in an aggressive manner
- permitting the most possible comfort while not causing pain

Limit the degree of physical contact (e.g., surface area, duration), weight, and force applied during emergency procedures to the minimum degree necessary to protect the student or other persons.

Recognize and respond to precautions, possible risks, and safety measures for the use of specific emergency procedures.

Provide continuous visual and auditory monitoring of behavior, calm and release criteria, and health status (especially respiration).

Recognize and take immediate action when the student's dangerous behavior begins or escalates (meets behaviorally specific criteria described in the procedure).

Give cues and recognize specific student behavior(s) that permits him/her to avoid initiation of the procedure (e.g., follow staff directions to engage in a desired or replacement behavior).

Immediately notify and/or request authorization (e.g., from administrator, team leader, consultant, behavior analyst) at the start of designated procedures (e.g., seclusion) and regular periods thereafter (e.g., 15, 30, 60 minute intervals).

Notified staff will respond as specified in the procedure (e.g., consult via phone or walkie-talkie device, directly observe, review and sign record, sign written authorization, terminate unsafe or unauthorized procedures, mobilize emergency team, assign support staff, initiate alternative or additional procedure).

Request assistance or crisis support as specified in the procedure (e.g., for supervising other students, as a witness, mobilizing the campus emergency team).

Never involve other students in applying emergency procedures.

Recognize and manage personal stress and to stay calm during procedures. When it is difficult to become or remain calm, request assistance so that other staff can intervene.

Recognize:

- the student's sensory abilities and communication skills
- any student-specific medical contraindications, conditions or physical limitations
- general and student-specific signs of distress (e.g., seizures, skin color, breathing pattern, vomiting).

Respond immediately when medical assistance is needed.

Follow "universal precautions" when there is contact with body fluids (e.g., blood, saliva, vomit, urine, feces).

Recognize and immediately discontinue the procedure when behaviorally specific criteria are met [i.e. calm criteria, release and (re)engagement criteria].

Determine when the student is calm enough (i.e., meets calm criteria) to return to the regular instructional activity (e.g., direct the student to perform simple requests; observe for agitated remarks, muscle tension, jerky eye or body movements, rapid breathing).

Gradually return to, and (re)engage the student in, the instructional activity. Example:

- Return the student to an area near the regular instructional activity for additional observation to assure the student is calm
- Return the student to the regular instructional activity and engage the student in the activity.
- Direct the student to complete any task delayed by the problem behavior event.
- Direct the student to restore the environment to its condition before the problem behavior.
- Provide extra proximity control for a while longer to assure the student remains calm.
- Restart reinforcement procedures.

Record each use of the emergency procedure (e.g., behavior that precipitated the use of the procedure, attempts to de-escalate the behavior, each specific procedure used, start and

end time for each procedure, student's behavioral responses and health status checks, witnesses present, times of supervisor and parents notifications, photographs and/or written record of body check for injury, incident report).

When appropriate, conduct a visual body check and promptly coordinate a medical evaluation of the student (e.g., visible marks on the student, in case of an injury).

Communicate relevant information to supervisors and the parent on a timely basis (e.g., make verbal contact with the parent to report the incident as soon as possible but no later than the end of the day, offer a written report within 24 hours).

Discriminating Crisis Management procedures from Behavior Intervention Plan

procedures: In some cases, it may be difficult to discriminate which procedures are part of the crisis management plan and which are part of the BIP. In fact, some features of a crisis management plan may later be included as part of a BIP. Examples are staying in close proximity to the student and having a plan to block problem behaviors. A well-designed BIP should include a plan for fading and discontinuing the use of related strategies.

Proficiency-based training on the correct use of each procedure should be completed by all responsible staff members and should include:

- trainer modeling, participant practice, and trainer feedback methods
- description of the minimum total duration of training time
- mastery criteria (skills and knowledge).

Ongoing monitoring and quality assurance procedures should be specified, including:

- debriefing and problem solving following emergency procedures for individual students
- displaying (e.g., via graphs) and sharing information with student teams
- interpreting data (e.g., accelerating or high level trends) to make decisions about individual students:
 - criteria for when to review and revise the FBA, and/or revise the BIP (e.g., revise or intensify procedures, increase resources)
 - Example: more than 2 crises in a 30-day period, more than 3 crises in a 6-month period
 - Criteria for when to modify (e.g., revise, fade, end) emergency procedures for a student
- analyzing data on emergency procedures for all students to identify and address any accelerating or high level trends across classrooms or other settings
- sharing data and analyses with area and district offices so they can identify and address any accelerating or high level trends across campuses, areas, or the district