

**Russellville Independent Schools**

**July 2023**

**Safe Crisis Management Policies and Procedures**

**Safe Crisis Management (SCM)**

JKM Training, Inc. provides the SCM training curriculum utilized by RISD. SCM adheres to established best practice guidelines and is consistent with professional standards. The emergency safety physical interventions have been found safe by five different medical reviews. SCM is congruent with Federal and State statutes and regulations.

The mission of JKM Training is to provide professional training that is based upon an uncompromising respect for the dignity of all persons and a recognition that best practice training contributes to safety, positive growth and improved performance.

SCM Code of Ethics

1. Provide staff training, which ensures the emotional, physical and professional safety of the student’s whom you are serving.
2. Adhere to the stipulations set forth by JKM Training, Inc. regarding the delivery of SCM Training.
3. Adhere to the stipulations of the SCM Instructor’s Agreement and our recommended delivery of training.
4. Maintain a current knowledge of laws and acts related to rights of students whom you are serving.
5. Advocate that your organization/school promulgates appropriate policies regarding the training and performance of the Safe Crisis Management curriculum.
6. Collaborate with other trainers and working professionals to improve knowledge and promote best practice.
7. Provide honest and objective review of intervention performance and practice within your organization/school.
8. Register at the SCM Instructor’s website and maintain updates to the manual and your certification.
9. **Intervention**

Our Mission

“At Russellville Independent Schools, we are committed to ensuring that every Panther is equipped socially, emotionally, and academically on their journey to becoming an effective communicator, productive collaborator, innovative problem-solver, and compassionate citizen - wherever life takes them.”

Implementing SCM Interventions

All intervention implementation should follow the least restrictive alternative principle. Universal principles and practices are to always be followed throughout the district. Prevention strategies are to be utilized in all schools, and de-escalation strategies should first be used when presented with problem behaviors. Interventions must also be employed in the least amount necessary to ensure a safe outcome. Excessive force is not to be used as it is a violation of social policy and legal principles.

Intervention Methodology

1. Prevention strategies
	1. Promote positive behavior and minimize concern
	2. Include proactive procedures that impact RISD’s culture, scheduling, routines, and personal approaches which allow for a healthy environment
2. De-escalation strategies
	1. Redirect, correct, or diffuse escalating behavior
	2. Resolve conflict situations
	3. Most effective when staff have established relationships with students by consistently implementing universal and prevention strategies
3. Emergency safety interventions
	1. Application of force that restricts mobility or movement or that disengages from harmful physical contact
	2. No use of excessive force, pain compliance, bone locks, or body weight
	3. Top priority is keeping the student(s) safe
4. After incident procedures
	1. Assess those involved with the incident
	2. Review what occurred during the incident
	3. Determine prevention strategies to eliminate recurrences of the incident
	4. Includes medical assessment (as needed), mental health assessment (as needed), debriefing, documentation, and incident review
		1. The school nurse will complete the medical assessment if it is needed.
		2. The School Psychology team will initiate the mental health assessment if it is needed.
		3. Building level staff should debrief with students involved in an ESPI. The SCM District trainers will lead a debriefing discussion with staff.
		4. SCM trained staff involved with the ESPI will complete the documentation of the incident.
		5. SCM trainers will conduct incident reviews after each time an ESPI is used. More comprehensive incident reviews looking at several incidents together will be done by the incident review team. The incident review team will consist of the Director of Special Education, Safe Schools Coordinator, and current SCM trainers for the district.

Use of an Emergency Safety Physical Intervention (ESPI)

1. Emergency safety interventions are only to be used as a last resort option when all other training components (deescalation/intervention strategies) are not prudent or have not been successful.
2. Once the student is safely involved in an ESPI, any other students in the classroom need to be taken out of the classroom by a nearby staff member who is not SCM trained.
3. If a student has any medical condition that may limit the use of an ESPI (e.g., arm in a cast, pregnancy, any physical injuries), a doctor’s note must be obtained saying which ESPI can be used with that child if one is needed.
4. If an ESPI is needed while on a school bus, the bus is to be stopped immediately. Once the student is safely involved in an ESPI, any other students on the bus need to be taken off of the bus by another staff member who is not SCM trained.
5. All SCM emergency safety physical interventions should be ended within 10 minutes.
	1. If a threat to safety is still present after the 10 minutes, the SCM emergency technique should be transitioned into a different emergency safety physical intervention to ensure the holding points are not stressed.
	2. If ESPIs are used for more than 10 minutes, one of the SCM trainers in the district needs to be notified immediately that an ESPI is being held for that long.
6. Only the RISD staff who have received the 12 hours of SCM training within the last year or have received the 6 hour recertification within the last year are permitted to physically intervene.
	1. The district SCM trainers will keep documentation of those staff who have attended SCM training and demonstrated competency and acceptance of the intervention policy.
7. The following emergency safety interventions are permitted for use in RISD as a last resort when the student is becoming a danger to themself or others:
8. Standing assists - single or multiple-person
9. Seated/kneeling assists - single or multiple-person
10. Escorts/transports - single or multiple-person

Monitoring Emergency Safety Interventions

1. During an emergency safety intervention, a second SCM trained staff member must arrive at the setting where the intervention is taking place as soon as possible.
2. While implementing an intervention, staff must self-monitor for any fatigue or frustration that constitutes another trained staff member to take over the physical intervention in order to protect the safety of the student or others. The staff member should loudly state: “assistance needed, take over into…”. Any SCM trained staff member in the room must then take over the physical intervention.
3. The second trained staff must monitor the staff implementing the emergency safety interventions to check for fatigue, inappropriate use of force, or any other reason that constitutes that staff member needing to give control of the intervention to another SCM trained staff. If a change of control is needed, the following language will be used to indicate the change: “I’m taking over into…”.
4. An SCM trained staff member who is not implementing a physical intervention must serve the purpose of the monitor. The monitor has the following responsibilities:
	1. Record time of assist changes and release attempts
	2. Record specific measurable and observable behaviors
	3. Assess the correctness of the ESPI (hands and arms, legs and feet, body positioning)
	4. Assess for possible staff counter aggression
	5. Assess body systems and record what they are each time they are checked
		1. Check for obvious signs of pulse, respiration, consciousness, agitation level, mental status, skin color, skin integrity, temperatures, swelling, and movement every 15 minutes
		2. Alert the School Nurse to assess body systems more in depth and check blood pressure every 2 hours.
	6. Provide basic needs of the student and record each time they are checked
		1. Check hydration, elimination, and range of motion every 2 hours
		2. Check nutrition at established meal times

Release Process

1. Students should be released from an ESPI when the student demonstrates he/she has regained acceptable physical control, retraumatization is occurring, medical distress is observed, and/or the time limit has been observed.
2. Once there is no longer a “harm to self or others”, there is no legitimate reason for emergency safety interventions to continue.
3. Beforean ESPI has been used for ten minutes, the release process should begin or the SCM emergency technique should be transitioned into a different emergency safety physical intervention to ensure the holding points are not stressed.
	1. The longer the emergency safety intervention lasts, the more significant the risk factors become such as asphyxia and excited delirium.
4. All RISD staff are expected to make serious efforts to reduce the duration of their emergency safety interventions.
5. A sequential/gradual release or a timed release is used to begin the release process.
6. Sequential or gradual release process:
	1. Reversal of physical assists
	2. Verbalize what is about to occur, include expectations for when the student is fully released
	3. Staff releases one limb at a time
	4. Once released, the staff and student move to the agreed upon area
7. Timed release process:
	1. Give clear direction to the student
	2. Staff release and create distance from the student
	3. Staff assume a non-threatening leading trailing stance
	4. Staff position themselves in a location to maintain safety
8. Once a student has been released, the school nurse (as needed) and district trainers should be notified.
9. **Training**

Training Theory

1. Training is required…
	1. To promote student and staff safety
	2. To address the reality of those served
	3. To promote professional practice
	4. For legal and/or accreditation compliance
	5. For liability protection
	6. At minimum, for all direct contact staff
	7. To comply with all governing bodies

Training Content

1. Standard SCM curriculum
2. The following safety physical interventions:
	1. A minimum of three standing assists
	2. At least one assist to a seated/kneeling position
	3. Multiple-person assists

Training Time Requirements

1. 12 hours for initial certification
2. 6 hours for yearly recertification
3. Certification and recertification trainings should be held over the summer before the school year begins
4. Quarterly on-going content refreshers will be scheduled to minimize learning drift

Training Facilitation

1. SCM must be delivered by a certified instructor
2. SCM must have adequate time for skills practice
3. SCM must have adequate space for physical intervention skills practice
4. At least one instructor for every twelve staff
5. Co-facilitation of training at all times possible
6. Physical interventions must be taught in terms of those that are size and age appropriate
7. Any changes to the curriculum must be pre authorized in writing by JKM Training, Inc.

Proficiency Requirements

1. Both written and physical skills testing must be passed at a rate of 85% to verify learning
2. Failure to pass required testing must have supervisory follow-up
	1. Retraining should be required for those who do not demonstrate appropriate proficiencies
	2. A staff may be retrained up to two times if they continue to fail.
	3. Attendance and proficiency measurement will be documented and kept by the SCM trainers for the district.
3. **SCM Training Supervision**

SCM training supervisors will…

1. Teach, support, monitor, and enforce SCM performance expectations, train staff in SCM, and provide staff with a clear expectation of their SCM related duties.
2. Stay up to date on current knowledge and understanding of all regulations and best practice standards
3. Have an awareness of training needs and arrange trainings
4. Ensure appropriate assignment of staff and resources
5. Consistently review the environment to support staff, set expectations, and provide direction through proactive and reactive supervision
6. Provide supervisory review and/or progressive discipline for violations and/or performance deficiencies
7. Be knowledgeable on the SCM policies model as follows:
	1. Identify SCM curriculum priorities
	2. Set performance expectations accordingly
	3. Observe/review employee performance
	4. Provide reinforcement or corrective action
	5. Revise SCM priorities as needed
8. **Documentation**

Documentation Overview

 It is the responsibility of trained staff to complete accurate incident reports after the use of an emergency safety physical intervention. Documentation provides a method of performance measurement, a protection against liability, and a historical record. All documentation should be completed prior to the end of the same school day that the intervention occurred. Documentation should be completed any time an ESPI is used including carries and extended arms.

Required Documentation Components

1. The chronological narrative of the event
2. The specific behavior(s) requiring the intervention
3. Prevention and de-escalation strategies attempted and the student’s response
4. The correct implementation of the student’s IEP
5. The date and time of the intervention
6. The specific emergency safety intervention(s) used
7. The staff involved
8. The acting-out students
9. All staff observers
10. The duration of each emergency safety intervention
11. The student’s condition (medical and mental health) upon completion of the emergency safety intervention
12. Description of debriefing
13. **Evaluation**

The evaluation component includes the incident review process. This process should occur at least annually by the SCM trainers. Some of the following should be evaluated during this process:

1. Frequency of incidents and emergency safety interventions
2. Type of emergency safety physical intervention assists used
3. Days, time of day, and during which program activities do the most safety interventions occur
4. Specific students involved and the frequency of involvement
5. Is the student on medication or are they refusing to take medication as prescribed?
6. Was the student’s IEP accessed and correctly implemented?
7. Specific staff, their training proficiency, and their frequency of involvement
8. Duration of emergency safety interventions
9. Injuries to students and/or staff
10. Grievances filed
11. Worker’s compensation claims
12. Amount of lost work time
13. Staff turnover rate
14. Abuse allegations (frequency and substantiated)
15. Citations from licensing and/or accreditation groups
16. Insurance premiums raised
17. Lawsuits (successful, settled, dismissed)