

Safety-Care™
Redefining Crisis Prevention
MCPS Protocol

1. **Intervention Review** completed immediately following event
2. Contact your assigned division Safety-Care trainer (Jacqueline Sott or Joann Gainard) to schedule the **Staff De-brief**
3. **Parental Notification** completed and sent home with student on day of event. *Note: The first page of Intervention Review will accompany the Parental Notification (no need to complete a separate summary on the notification). Also, if the parent has not yet received an “Introduction to Safety-Care”, please send that home with the notification as well.*
4. **Student Response** scheduled to take place the following school day
5. **Classroom Conversation** (discussion about event) scheduled to take place the following school day. *Note: Classroom Conversation must take place with any students who witnessed the event.*
6. Forward all completed documentation (except Staff De-Brief) to Jacqueline Sott no later than 2 days following the event

A meeting with parents and applicable staff must be convened per procedures listed on p17 of Policy and Procedures on the use of Physical Restraint and Seclusion

School: _____

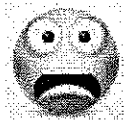
Student Name/ID: _____

1. What happened on the day staff had to help you to be safe?

2. How were you feeling? (Circle all that apply)



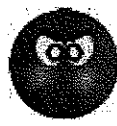
Frustrated



Scared



Bored



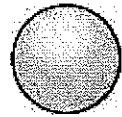
Angry



Sad



Sick



3. Do you remember why you were feeling that way?

What should we do the next time you feel this way?

What shouldn't we do?

Next time we will:

Interviewed by/Title: _____ Date: _____ Time: _____

**Manassas City Public Schools
Physical Management
Staff De-Brief**

Student ID: _____

Date of Incident: _____

Rules for debriefing:

1. This is a discussion, not a lecture.
2. This is not meant to be a punitive process and place blame.
3. All staff are encouraged to provide respectful feedback to each other. Take this opportunity to learn from other's observations and insight.
4. Actively participate in the planning process to develop a plan to avoid similar incidents in the future.
5. A debriefing is not about data collection. Instead, the team should discuss important details about the event.

What happened?

Time: _____ **Location:** _____ **Preceding Activity:** _____

Identify any triggers observed before the event:

Identify any signals observed before the event:

Identify each intervention attempted/used prior to the hold and include:

- What worked
- What didn't work
- Student's response to each intervention

If we could go back and do this over again, what would we do differently?

What have we learned that will help us to avoid similar incidents in the future?

Environmental controls:

Preventing/managing triggers:

Scheduling:

Effective reinforcement strategies:

Response to signals:

Do we need to make changes to BIP/IEP? Yes No

What's our plan?

Communicate Changes!

Once new interventions are developed, share the plan with all staff who interact with the student.

**Manassas City Public Schools
Physical Management
Staff De-Brief**

Print Name	Signature	Title	Team Leader (✓)
		Administrator	
		Counselor	
		Division Trainer	
		Instructional Aide	
		Nurse	
		Psychologist	
		Teacher	

**Manassas City Public Schools
Physical Management
Intervention Review**

Student name/ID#: _____ Age: _____ Gender: M F

School: _____ Grade: _____ SPED GEN ED ESOL

Check all that apply to student (past or present):

- | | |
|--|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Formal Behavior Intervention Plan |
| <input type="checkbox"/> 504 | <input checked="" type="checkbox"/> Informal Behavior Intervention Plan |
| <input type="checkbox"/> Child Study Pending | <input type="checkbox"/> Threat Assessment |
| <input type="checkbox"/> Formal Functional Behavior Assessment | <input type="checkbox"/> Columbia Screening |
| <input type="checkbox"/> Informal Functional Behavior Assessment | <input type="checkbox"/> Safety Plan |

Student has a history of physical management intervention: Yes No

Physical Management:

(Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> 1-Person Stability Hold | <input type="checkbox"/> 2-Person Stability Hold |
| <input type="checkbox"/> 1-Person Stability Hold with Floor Drop
Transition | <input type="checkbox"/> 2-Person Stability Hold with Floor Drop
Transition |
| <input type="checkbox"/> Floor-Seated Stability Hold | <input type="checkbox"/> 2-Person Forward Transport |
| <input type="checkbox"/> Chair Stability Hold | <input type="checkbox"/> Leg Wrap |

Safety-Care Specialist (s) implementing physical management (please note Team Leader):

Date of intervention: _____ Start time: _____ End time: _____

Location of event (Please be specific): _____

Summary of event:

Release:

Planned Emergency (Please explain in detail):

Complaint of injury of (check all that apply): Student Staff

Student assessed by School Nurse: Yes No (Please explain):

Follow-up medical attention required: Yes No Unknown

Safety-Care Injury Report completed and forwarded to jsott@mcpsva.org? Yes No

Parental Notification:

Name of parent/guardian notified: _____

Notified by/Title: _____

Date: _____ Time: _____ In-person Phone

Did parent/guardian receive a Notification of Physical Management?

Yes date: _____ No (Please explain):

De-Brief:

Scheduled with student: Yes date: _____ No

Scheduled with staff (including an MCPS Safety-Care Trainer): Yes date: _____ No

Classroom conversation (required for other students who witnessed event): Yes date: _____ No

Documentation Checklist			
task	date completed	attached	comments
Incident documented in Power School (in-house referral/prevention)		N/A	
Restraint box checked in Power School		N/A	
Parental Notification of Physical Management		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety-Care Injury Report (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Please forward this form and all related documentation to Jacqueline Sott (Central Office) no later than two (2) days following the event

Questions? Please contact Jacqueline Sott at jsott@mcpsva.org (571.377.7157) or Joann Gainard at jgainard@mcpsva.org (571.377.6845)

Instructions (please remove before sending): Please use your school letterhead. The **FIRST PAGE ONLY** of the "Intervention Review" must be sent home to the parent with this notification instead of adding another summary of the event.

Notification of Physical Management

Date:

Dear Parent,

On this date, it became necessary for school staff to implement Safety-Care physical management in order to avoid serious injury to your student and/or serious injury to others. The Safety-Care Specialists that responded to the situation, have been trained to use physical interventions to safely respond to dangerous behavior. It is our goal to use the least restrictive intervention whenever possible, unfortunately, the situation presented with no other safe option and the risk of not intervening was greater than the risk of intervening.

Please review the Intervention Review included with this notification for a summary of the event and the specific intervention(s) utilized.

School staff will meet in the next few days to review the situation and develop a plan to avoid recurrence in the future. Please contact me if you would like to meet to discuss the situation further and assist in planning.

Sincerely,

Principal

Safety-Care™ Injury Reporting Form

Instructions: Fill out this form after any incident in which an injury requiring professional medical treatment occurred during the performance of any Safety-Care physical skill (in training or actual implementation). Complete the form and send it to QBS. Fax to (508) 316-4274, mail to 49 Plain St., Suite 200, North Attleboro MA 02760, or email to info@qbscompanies.com.

Organization and reporter	
Name of person making this report	
Organization	
Title	Phone
Email	Date of incident
Date of report	

Who was injured? (check all that apply)		
<input type="checkbox"/> Injury to staff in training	<input type="checkbox"/> Injury to staff during implementation	
<input type="checkbox"/> Injury to person served	Age of person injured	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Other

Briefly describe the incident

Briefly describe the injury and professional medical treatment (if no treatment, <i>this form is not required</i>)

Safety-Care physical procedures used at time of injury (check all that apply)		
<input type="checkbox"/> Elbow Check	<input type="checkbox"/> Safety Stance	<input type="checkbox"/> Supportive Guide
<input type="checkbox"/> Protective Shuffle	<input type="checkbox"/> Shoulder Check	<input type="checkbox"/> Wrist Release
<input type="checkbox"/> Stripping a Grab	<input type="checkbox"/> Front Hair Pull Release	<input type="checkbox"/> Front Choke Release
<input type="checkbox"/> Bite Release	<input type="checkbox"/> 1-Person Stability Hold	<input type="checkbox"/> 2-Person Stability Hold
<input type="checkbox"/> Floor Drop Transition	<input type="checkbox"/> Floor Seated Stability Hold	<input type="checkbox"/> Forward Transport
<input type="checkbox"/> Reverse Transport	<input type="checkbox"/> Chair Stability Hold	<input type="checkbox"/> Leg Wrap
Other procedure(s): These are the times that try men's souls, man.		

Staff certification and use of Safety-Care procedures
(Check one) All involved staff (<input type="radio"/> did / <input type="radio"/> did not) have up to date certification in Safety-Care
If not certified, please explain
(Check one) <input type="radio"/> All procedures used correctly / <input type="radio"/> Some procedures used incorrectly
If procedures used incorrectly, please explain

Notes (attach additional sheets if needed)



Form version 1.02