Emergency Intervention Plan

Lapeer County Intermediate School District

(To be developed for students who exhibit a pattern of behavior which may require the use of emergency restraint or seclusion)

TEAM MEMBERS SIGNATURES

<table>
<thead>
<tr>
<th>Required Participants</th>
<th>Other Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent: __________________________</td>
<td>Student (as appropriate): __________________________</td>
</tr>
<tr>
<td>Administrator: ______________________</td>
<td>Other: __________________________</td>
</tr>
<tr>
<td>Teacher: __________________________</td>
<td>Other: __________________________</td>
</tr>
<tr>
<td>Counselor/SSW/Psych: __________________</td>
<td>Other: __________________________</td>
</tr>
<tr>
<td>Staff member knowledgeable about seclusion and restraint:</td>
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</tbody>
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EMERGENCY INTERVENTION PLAN

(Attach the plan to the document and include detailed information for sections 1 through 4 at a minimum)

1. What specific behaviors must occur prior to the use of seclusion or restraint?

2. What medical conditions, risks or factors exist that must be considered as part of this plan? (obtain with consent from parent)

3. Detail the procedure to be followed if the behaviors identified on #1 occur. Be specific include timelines, techniques, staff involved.

4. Training
   a. Who needs to be trained appropriately to implement this plan?
   b. What training is needed?
   c. Who will do the training?

In the development of this plan this team has addressed the following issues (check the box to indicate completion):

☐ Explanation of Emergency Procedures to be followed to all involved and the purpose of the use of seclusion or emergency restraint.

☐ Description of possible discomforts or risks to the student

☐ Discussion of possible alternative strategies with the advantages and disadvantages

☐ If a concern arises regarding the humane or social acceptability of this plan any member can ask for a Human Rights Committee to convene and review the EIP.

APPROVALS

1. Parent __________________________ Date____________________

   I agree to provide consent to the EIP and have had all of my questions answered regarding this plan. I understand that I can withdraw my consent to this EIP at any time upon notification to the appropriate LCISD administrative staff.

2. LCISD Administrator __________________________ Date____________________

   I have reviewed and approve of the implementation of this EIP.

SCHEDULED DATES FOR REVIEW

Review Date: __________________________ Time: __________________________ Location: __________________________