

School Crisis Protocol

General Objective

Guiding Principles and Procedures for Behaviour Support

Summit School is dedicated to providing a supportive environment that meets each student's needs and promotes a safe, respectful and positive school community. Across the three campuses, Summit espouses a philosophy of a) building relationships, b) teaching and reinforcing students for demonstrating positive and expected behaviours and c) providing students with tools to develop self-regulation skills, which are key to creating a safe and supportive space for all students.

A Positive School Community

A positive school community is fostered through developing relationships with students and building connections. Fostering a sense of belonging and connection is the first and most important step in making school a safe and secure space for all students. A positive climate is further strengthened by the school-wide positive behavioural intervention and supports (PBIS) framework, PEAKS. PBIS is an evidence-based approach adapted for Summit School that teaches and reinforces students for demonstrating appropriate and prosocial behaviours.

Preventative Strategies

A variety of preventative strategies are used to help students to self-regulate in response to different triggers and challenges that may arise throughout a school day. Social-emotional learning is at the heart of this process as part of a preventative approach.

School Crisis Protocol

The school crisis protocol is to be used to guide unplanned crisis management, when control measures are unexpectedly applied with a student for the first time in response to high-risk behaviour. Thereafter, a student should be referred to psychology for an evaluation for the need for control measures. Through this process, an individualized behaviour intervention plan should be developed and implemented by the behaviour analyst and psychologist to develop an individualized Student Crisis Protocol for that student.

**PREVENTATIVE INTERVENTIONS AND ALTERNATIVE MEASURES
TO BE APPLIED DURING CRISIS SITUATIONS**

Measures to prevent and guide the implementation of interventions and measures of control in **unplanned crisis situations**.

PREVENTIVE INTERVENTIONS AND ALTERNATIVE MEASURES TO BE APPLIED DURING CRISIS SITUATIONS

	<i>Examples of Observable Student Behaviours</i>	<i>Intervention Strategies</i>
Before	<p>Student presents at baseline level of regulation:</p> <ul style="list-style-type: none"> • Body appears calm and at ease • Ready to learn • Participates in classroom activities • Follows school routines and structure 	<p>Proactive strategies include:</p> <ul style="list-style-type: none"> • Implement schoolwide reinforcement program (PEAKS) through direct instruction, praise and reinforcement • Daily mindfulness breaks • Social emotional learning and daily practice of skills • Zones of Regulation classes and daily “zones” check-ins • Class wide movement breaks • Visual schedule and preparation for transitions • Visual supports to facilitate communication, comprehension and regulation • Scheduled Jungle room, sensory room or Rainbow room time
During	<p>Student shows mild signs of dysregulation:</p> <ul style="list-style-type: none"> • Increased restlessness • Mild avoidance behaviours (e.g., delays task initiation, argues/complains, puts head down) when presented with work or other demands • Changes in tone, facial expression, or body language (i.e., irritability, tenses up, vocalizes, becomes louder or quieter than usual, pacing) • Signs of sensory seeking or avoidance (covering ears) 	<p>Preventative and de-escalation measures:</p> <ul style="list-style-type: none"> • Identify triggers and attempt to reduce/ remove them • Modify/ lower demands • Offer a movement break • Sensory tools and strategies • Check-ins with behaviour technician • Offer connection time with a trusted staff member • Use tools to facilitate communication
	<p>Student displays escalating signs of dysregulation:</p> <ul style="list-style-type: none"> • Reduced frustration tolerance or disengaging from tasks • Increased distress or agitation (crying, screaming, vocalizations) • Heightened sensory seeking (running, jumping, stimming) • Verbal aggression (yelling, swearing, threats) 	<p>De-escalation steps to be taken at the onset of the crisis:</p> <ul style="list-style-type: none"> • Behavioural services team contacted for support • Simplify communication (less talking) • Use of a calm, supportive tone and validation of feelings • Offer regulation choices to student • Direct student to quiet space

During	<ul style="list-style-type: none"> • Reduced engagement (shut down) • Unable to meet demands or expectations 	<ul style="list-style-type: none"> • Continue de-escalation strategies as described above
	<p>Student becomes a risk to themselves or others:</p> <ul style="list-style-type: none"> • Acts of physical aggression towards staff or other students • Elopement • Self-injurious behaviour • Using physical materials to hurt others • Throwing items or damaging school property 	<p>Control measures to ensure safety of students and staff:</p> <ul style="list-style-type: none"> • Behaviour tech conducts ongoing risk assessment • Remove other students from classroom if feasible • Scan environment for anything that could hurt student • Behaviour tech may use Ukeru safety pads to protect staff and student, if risk criteria met as defined below • Behaviour tech may need to use physical intervention to safely direct student to safe space (quiet room), if risk criteria met as defined below • Use of quiet room for shortest duration necessary, with door closed if needed for safety • Maintain supervision and support of student <u>at all times</u>
After	<p>Return to state of regulation:</p> <ul style="list-style-type: none"> • Student can follow simple instructions • Signs of calm body • Signs of engagement with adult 	<p>Support offered during recovery and repair phase:</p> <ul style="list-style-type: none"> • Check-in with student to re-establish connection • Move to less restrictive environment (behaviour tech's office) • Identify and meet needs (hunger, thirst, rest, regulation tools) • Take time needed for student to fully return to state of regulation • Guide student as to what will happen next • Determine if debriefing is appropriate or should be deferred • Support student through classroom re-integration • Contact parents/guardian and relevant school team members • School team to debrief regarding incident and engage in planning for subsequent interventions (i.e., student protocol)

CRITERIA FOR ASSESSING RISK

Risk assessment is conducted in the moment by the behaviour technician, taking into account:

- Predictability of danger: Does the student's behaviour pose a real danger to themselves or others?
- Immediacy of danger: Is the control measure the only intervention I have time to perform or is there time to use another effective strategy?
- Severity of consequences: Will the consequences of the student's behaviour be serious for them or others?

SITUATIONS JUSTIFYING THE USE OF A CONTROL MEASURE

Control measures are used only when all other preventative and de-escalation strategies have been attempted and when there is an immediate risk to the safety of the student or staff. Their purpose is to manage acute situations safely and restore a calm, secure environment. Control measures are used as a last resort for the shortest duration possible. Any control measure that increases the level of dysregulation or risk to the student is contraindicated and should not be used.

TERMS AND CONDITIONS FOR THE APPLICATION OF CONTROL MEASURES

All measures outlined in the school protocol are implemented by members of the school's trained Behavioural Services team in response to an unplanned crisis situation. Each school team is assigned a dedicated Behaviour Technician who is called upon as a partner during interventions. The Behaviour Technician is responsible for monitoring the student, ensuring the safety of the premises, and overseeing the consistent implementation of strategies throughout the intervention process. Following an incident in which a control measure is applied, an incident report is completed and staff from the school team debrief to discuss the situation. Continuing occurrences of behavioural dysregulation that necessitate a crisis response will prompt an evaluation for the use of control measures and development of a student intervention plan by the school's psychologist and behavior analyst.

Control measure strategy: Ukeru Safety Pads

Level of monitoring required: 2 Staff members at all time

Length of application: Measure used until student is in a safe place and/or stops engaging in high-risk behaviour

Indicators of cooperation and signs of calm returning and discontinuation of control measure: Student is able to transition without being a risk to themselves or others.

Associated risks: Student may attempt to grab or hit the safety pad

Places designated for the application of the selected control measure(s): Anywhere within the school environment

Designated areas for calming down: Sensory rooms, quiet rooms, Behaviour Technician Office, Quiet space in classroom

Control measure strategy: Application of non-violent physical intervention (i.e., physical restraint, physical transport to a safe location, physical disengagement)

Level of monitoring required: 2 staff members at all time

Length of application: For the shortest duration necessary until high-risk behaviours have stopped. When it is observed that student is able to transition without being a risk to themselves or others.

Indicators of cooperation and signs of calm returning and discontinuation of control measure: Student is able to transition without being a risk to themselves or others. If a less restrictive form of control measure can be safely used (i.e., Ukeru), then this should be prioritized over any physical intervention

Associated risks: A student or staff member may be at greater risk of experiencing physical or emotional harm as a result of a physical intervention. Debriefing is indicated following any emergency response involving physical intervention.

Places designated for the application of the selected control measure(s): Anywhere within the school environment

Designated areas for calming down: Sensory rooms, quiet rooms, Behaviour Technician Office

Control measure strategy: Use of quiet room (safe space to provide temporary isolation from others)

Level of monitoring required: 1 staff member to supervise at all times

Length of application: For shortest duration necessary until safety risk is reduced

Indicators of cooperation and signs of calm returning and discontinuation of control measure: Calm body, responsive to staff

Associated risks: Student may experience distress associated with isolation. Students who may engage in self-injury require prompt staff intervention if self-injurious behaviour occurs while in quiet room. Ukeru pads would be indicated in this case to protect student from self-injury. Isolation should be discontinued.

Places designated for the application of the selected control measure(s): Quiet room

Designated areas for calming down: Quiet room

POST CRISIS FOLLOW UP Sample of Debrief Report

Elements of an effective debriefing:

- Listen to everyone's perspective to gather facts about what happened
- Express and validate staff's feelings about the situation
- Offer support and encouragement to colleagues
- Observe patterns that contribute to the behaviour and response (ABC)
- Problem-solving and follow up steps

Date of Debrief: _____

Team members included in the debriefing process:

Post-incident protocol steps

- Injury report completed: Yes n/a
- Parent contacted by: _____
- Control measures administered by: _____
- Reassurance and follow up for affected students
- o Student debrief and resolution completed by: _____
- o Class debrief completed by: _____ Yes n/a
- Alternative Strategies used:
 - Reduced verbal demands Self-regulation
 - Allowed space/time Co-regulation
 - Offered choices Class evacuated
 - Other strategies

Reflections from Debriefing Process:

What was the student's response to the use of the control measure(s), if used? Could anything else have been done to reduce the intensity or duration of the crisis for the student?

Were adaptations made to the school or student protocol during the crisis?

What reflections did the team have to prevent and plan for future situations and the team's response?

Further follow up steps:

SCHEDULED PROTOCOL REVISION DATE
August 30 2026

Team Members

Name:
Role:

Name:
Role:

Name:
Role:

Name:
Role:

School Crisis Protocol: Glossary of Terms

***in line with the Quebec Ministry of Education's guidelines
for the use of control measures in schools***

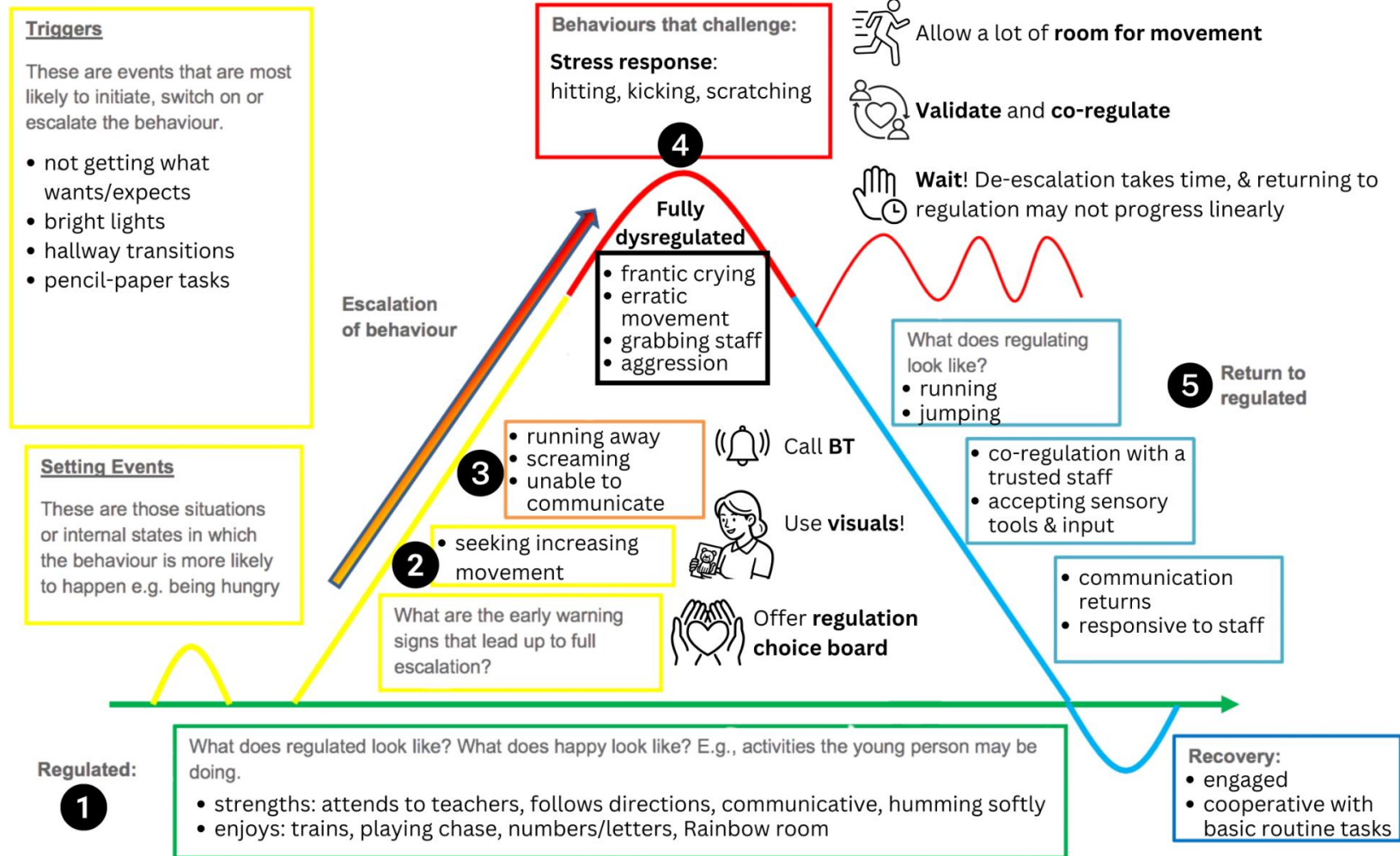
School Crisis Protocol	The School Crisis Protocol is a document guiding <u>unplanned crisis management</u> whereby control measures are unexpectedly applied for the first time in response to high risk student behaviour. Following this <i>first application of control measures</i> , a referral to Psychology must be made in order to evaluate the need for control measures and develop an individualized plan for preventing and addressing future crises.
Student Crisis Protocol	Following the completion of an evaluation of the need for control measures by the psychologist, the Psychologist and BCBA will co-develop an <u>individualized behaviour support plan</u> (i.e., Student Crisis Protocol) detailing if and how control measures will be used, and how proactive measures should be implemented to prevent crises and thus prevent the need for control measures.
Control Measures	Control measures are strategies that prevent or limit a student's movement in order to prevent danger to the student or others. More specifically: <ul data-bbox="499 1149 1871 1365" style="list-style-type: none">• <u>Isolation</u>: Confining a student to a designated area and preventing their exit (i.e., Quiet Room).• <u>Restraint</u>: Physical intervention (e.g., physically transporting a student or restricting their movement, or forcefully separating a student from the body of another person) or mechanical restraint (e.g., bus harness).• <u>Use of chemical substances</u>: limiting a person's ability to act by administering medication (i.e., giving a PRN medication).

<p>Danger</p>	<p>Danger is assessed in the moment by a Psychologist/BCBA/Behaviour Technician based on three risk criteria. All 3 risk factors must be present in order to justify the use of control measures.</p> <ol style="list-style-type: none"> 1. <u>Predictability of danger</u>: Is the student’s behaviour likely to pose a real danger to himself or others? 2. <u>Immediacy of danger</u>: Are control measures the only possible option given the timeframe, or is there time to use another effective strategy? 3. <u>Severity of possible consequences</u>: Is the student’s behaviour likely to result in serious consequences to themselves or others (e.g., injuries requiring significant care)?
<p>Neurodiversity-affirming lens</p>	<p>Neurodiversity-affirming care embraces and respects the incredible diversity of neurotypes (i.e., types of brains) among humans. These differences in how the brain works are considered to be part of natural human variation (i.e., neurodiversity) rather than problems to be fixed. Neurodivergent brains are considered different, not wrong or inferior. Applying a <u>neurodiversity-affirming lens</u> in a school setting involves: using a strengths-based approach, presuming competence, respecting bodily autonomy, building relationships with students, and prioritizing regulation-focused strategies to support behaviour.</p>
<p>Trauma-informed lens</p>	<p>The core principle of <u>trauma-informed care</u> is to "do no harm" and to prioritize safety, both physical and psychological, in all interactions. Applying a trauma-informed lens in a school setting highlights practices that promote safety (real and perceived), predictability, supportive relationships, and self-/co-regulation, in order to strengthen students’ capacity to engage and succeed at school. In particular, this approach acknowledges the role of regulation in student behaviour and recognizes that challenging behaviours often represent the body’s response to stress rather than intentional troublesome actions.</p>
<p>Regulation</p>	<p>Regulation refers to the brain/body’s ability to flexibly adjust one’s responses to meet the expectations of a situation and to recover from stressful experiences with relative ease. While <u>self-regulation</u> refers to the act of regulating oneself, <u>co-regulation</u> refers to connecting with another person in order to match responses and support adjustment to expectations or recovery from stressors as needed.</p>

<p>Behaviour/ Regulation Cycle</p>	<p>A student's <u>pattern of behaviour</u> whereby they escalate from baseline arousal (i.e., ready to learn/regulated) to crisis (i.e., complete dysregulation) can be conceptualized as <u>stages of escalation</u> and represented graphically in a curve. Identifying this pattern can help the student and others anticipate escalating dysregulation and specify precise points of intervention to facilitate self- or co-regulation. This concept acknowledges that a student's challenging behaviour likely represents a reflexive stress response to a trigger rather than willful misconduct. For an example of a behaviour cycle (including stages and interventions), please refer to the infographic below.</p>
<p>Ukeru (™)</p>	<p>Ukeru (™) is intended as a <u>trauma-informed approach to de-escalate</u> a crisis or block a student's aggressive behavior towards themselves or others using safety pads and <u>without the use of physical restraint</u>. It emphasizes relationship-building and verbal de-escalation prior to implementing blocking techniques.</p>
<p>Nonviolent Crisis Intervention</p>	<p>Nonviolent Crisis Intervention (NVC) refers to addressing crisis situations with <u>safe physical interventions</u> including disengagements (i.e., separating a student's teeth or hands from another person's body) and restraint (i.e., using one's body to limit a student's movement or transfer the student to another location). It is typically a last-resort intervention and is considered to be a control measure.</p>
<p>Behaviour Services Rooms</p>	<p><u>Behaviour Technician's office</u>: Each team has a designated Behaviour Technician (BT). Their office is a positive, supervised and supportive space where students can relax, take a break, regulate, receive rewards, or reflect on their actions.</p> <p><u>Quiet room</u>: Each team has a designated Quiet Room. When a student's behaviour is deemed to be a danger to themselves or others, the Quiet Room is used to help the student calm down in a safe and supervised space, with the door closed if necessary. The Quiet Room is monitored by the BT team, and is equipped with secure video surveillance equipment for the wellbeing and safety of students and staff. It is well lit, features windows for supervision, and has soft flooring and walls. This room is used as a last resort; aside from a first-time emergency use, this room may only be used with signed parental consent.</p>

<p>Sensory Rooms (OT)</p>	<p><u>Rainbow room</u>: Snoezelen-style sensory room with an aim for calm sensory exploration/play. Lights are dimmed and there are many visual features (bubble tube, fibre optic lights, twinkle lights), as well as beanbags, a therapy swing, a small trampoline, and a small ball pit.</p> <p><u>Jungle room</u>: Large sensory gym with opportunities for relaxation or active sensory-seeking exploration. Therapies are also conducted in this space.</p> <p><u>Small sensory rooms</u>: Each team has its own designated sensory space designed to meet the particular needs of the students on that team, including materials that allow for both relaxation (i.e., bean bags, rocking chairs) and movement (i.e., ropes, swings etc.)</p>
<p>PBIS & PEAKS</p>	<p><u>PBIS</u> (Positive Behavioural Interventions and Supports) is an evidence-based framework used to create a safe and positive learning environment for all students. <u>PEAKS</u> is a PBIS-style system developed at Summit School whereby all students learn prosocial values and skills via teaching, modelling, and reinforcement. <u>PEAKS</u> is an acronym of the 5 tenets that it espouses: Positive attitude, Effort, Act responsibly, Kindness, and Show respect.</p>

Alex Sample's Behaviour Cycle



Adapted from:



Empowering People, Launching Lives • Early Years • Schools • Post-19 • Outreach and Training

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