

SCOPE:

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|--|---|--|
| <input type="checkbox"/> Sheppard Pratt (all) | <input type="checkbox"/> Inpatient (Towson) | <input type="checkbox"/> Community Treatment |
| <input type="checkbox"/> Hospital (all) | <input type="checkbox"/> Inpatient (BWC) | <input type="checkbox"/> Rehabilitation & Recovery |
| <input checked="" type="checkbox"/> Schools (all) | <input type="checkbox"/> Partial Hospitalization Program (Towson) | <input type="checkbox"/> Families & Communities |
| <input type="checkbox"/> Community Services (all) | <input type="checkbox"/> Partial Hospitalization Program (BWC) | <input type="checkbox"/> Community Development |
| | <input type="checkbox"/> Retreat | <input type="checkbox"/> Schools (Type I) |
| | | <input type="checkbox"/> Schools (Type II) |
| | | <input type="checkbox"/> RTC (Adolescents) |
| <input type="checkbox"/> Other (<i>specify department/program/unit</i>): _____ | | |

PURPOSE:

- To provide guidelines for the staff regarding the appropriate use of seclusion or restraint as a restrictive intervention in conformance with COMAR 13A.08.04 Student Behavior Interventions.
- To ensure that all reasonable precautions have been taken to prevent students from physically harming self or others and to prevent emergencies that have the potential to lead to the use of seclusion and restraint.

POLICY:

Sheppard Pratt is committed to preventing, reducing, and striving to eliminate the use of seclusion and restraint through organizational awareness, staff training and education, and performance improvement initiatives. Less restrictive, non-physical, and positive behavior interventions are preferred in the management of behavior. If an emergency as defined below exists and less intrusive, non-physical techniques are ineffective or inappropriate, then seclusion or restraint may be initiated with the intent to discontinue its use as soon as feasible. Seclusion and restraint will be conducted in a safe, humane, and effective manner, without intent to harm or create undue discomfort for the student, while preserving the student's dignity. The student has the right to be free from seclusion or restraint imposed for the purpose of coercion, discipline, convenience, or retaliation by staff. Sheppard Pratt schools do not practice exclusion.

DEFINITIONS:

- Behavior intervention plan**- a proactive plan designed to address problem behavior exhibited by a student in the educational setting through the use of positive behavioral interventions, strategies, and supports. Behavior intervention plan includes:
 - Clear and specifically defined targeted behaviors;
 - Data on the targeted behaviors, as collected through a functional behavior assessment;
 - Specific methods of data collection for progress monitoring; and
 - A hierarchy of responses to address student behavior.
- Communicate** means to convey information verbally or nonverbally. Communicate" includes, but is not limited to:

- a. Speech;
 - b. Gestures;
 - c. Symbols; and
 - d. American Sign Language.
3. **Debrief-** an intentional process wherein a restraint or seclusion incident is reviewed by school personnel in order to prevent future incidents and improve responses to the student's challenging behavior. Debrief includes:
 - a. Review of the events leading up to the restraint or seclusion incident;
 - b. Analysis of school personnel's compliance with an existing behavior intervention plan, Section 504 plan, or IEP; and
 - c. Consideration of new or additional behavioral strategies to address the behavior that led to the use of restraint or seclusion.
4. **Exclusion-** the removal of a student to a supervised area for a limited period of time during which the student has an opportunity to regain self-control and is not receiving instruction including special education, related services, or support; Sheppard Pratt Schools do not utilize exclusion.
5. **Functional Behavior Assessment-** the systematic process of gathering information to guide the development of an effective and efficient behavior intervention plan for the problem behavior. "Functional behavior assessment" includes the:
 - a. Identification of the functions of the problem behavior for the student;
 - b. Description of the problem behavior exhibited in the educational setting; and
 - c. Identification of environmental and other factors and settings that contribute to or predict the occurrence, nonoccurrence, and maintenance of the behavior over time.
6. **Health care practitioner-** includes:
 - a. A physician licensed to practice under Health Occupations Article, Title 14, Annotated Code of Maryland;
 - b. A psychologist licensed to practice under Health Occupations Article, Title 18, Annotated Code of Maryland;
 - c. A clinical social worker licensed to practice under Health Occupations Article, Title 19, Annotated Code of Maryland;
 - d. A registered nurse licensed to practice under Health Occupations Article, Title 8, Annotated Code of Maryland; or
 - e. A clinical professional counselor licensed under Health Occupations Article, Title 17, Annotated Code of Maryland.
7. **IEP-** an individualized education program as defined and developed in accordance with COMAR 13A.05.01.03.
8. **Mechanical Restraint-** the use of any device or equipment to restrict a student's freedom of movement. Mechanical restraint does not include devices implemented by trained school personnel, or used by a student, that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, including:
 - a. Adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports;
 - b. Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle;
 - c. Restraints for medical immobilization; or
 - d. Orthopedically prescribed devices that permit a student to participate in activities without risk of harm.
9. **Physical Restraint-** a personal restriction that immobilizes a student or reduces the ability of a student to

move their torso, arms, legs, or head freely. "Physical restraint" does not include:

- a. Briefly holding a student in order to calm or comfort the student;
- b. Holding a student's hand or arm to escort the student safely from one area to another;
- c. Moving a disruptive student who is unwilling to leave the area when other methods such as counseling have been unsuccessful; or
- d. Breaking up a fight in the school building or on school grounds in accordance with Education Article §7-307, Annotated Code of Maryland.

10. **Positive behavior interventions, strategies, and supports-** the school-wide and individual application of data-driven, trauma-informed actions, instruction, and assistance to promote positive social and emotional growth while preventing or reducing challenging behaviors in an effort to encourage educational and social emotional success.
11. **Protective or stabilizing device-** any device or material attached or adjacent to the student's body that restricts freedom of movement or normal access to any portion of the student's body for the purpose of enhancing functional skills, preventing self-injurious behavior, or ensuring safe positioning of a person. "Protective or stabilizing device" includes:
 - a. Adaptive equipment prescribed by a health professional, if used for the purpose for which the device is intended by the manufacturer;
 - b. Seat belts; or
 - c. Other safety equipment to secure students during transportation in accordance with the public agency or nonpublic school transportation plan.
12. **Section 504 Plan-** a plan developed to provide a qualified student with a disability a free appropriate public education consistent with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and its implementing regulation, 34 C.F.R. §104.33.
13. **Serious Physical Harm-** the same meaning as "serious bodily injury" as defined in 18 U.S.C. §1365(h)(3).
14. **Student with a Disability-** has the meaning stated in COMAR 13A.05.01.03.
15. **Seclusion-** the confinement of a student alone in a room, an enclosure, or any other space from which the student is physically prevented from leaving during school hours. "Seclusion" does not include a behavior intervention plan of separating a student by placing the student:
 - a. Into a nonlocked room from which the student is allowed to leave; or
 - b. Within a separate location in a classroom from which the student is not physically prevented from leaving.
16. **Trauma-Informed Intervention-** an approach to behavior intervention that is informed by the recognition that the experience of trauma, including the experience of violence, abuse, neglect, disaster, terrorism, and war, may have a significant impact on an individual's physical and emotional health and ability to function.

GUIDELINES:

I. Professional Development

- a. At the beginning of each school year, Sheppard Pratt Schools shall identify school personnel authorized to serve as a school-wide resource to assist in ensuring proper administration of restraint and seclusion.
- b. School personnel shall receive training annually in current professionally accepted practices and standards regarding:
 - i. Positive behavior interventions strategies and supports, including methods for identifying and defusing potentially dangerous behavior;
 - ii. Trauma-informed intervention;
 - iii. Functional behavior assessment and behavior intervention planning;
 - iv. Exclusion (Sheppard Pratt Schools do not use exclusion);

- v. Restraint and alternatives to restraint;
 - vi. Seclusion;
 - vii. Symptoms of physical distress and positional asphyxia;
 - viii. First aid and cardiopulmonary resuscitation (CPR); and
 - ix. Individualized behavior interventions based on student characteristics, including disability, medical history, and past trauma.
- c. The professional development shall include a written examination and physical demonstration of proficiency in the described skills and competencies.

PROCEDURE:

I. Upon Admission

- A. The student and parent/legal guardian are apprised of the policy regarding use of seclusion and restraint for emergency safety situations annually. The student and parent/legal guardian will be requested to acknowledge, in writing, that they were informed about the policy. This acknowledgement will be filed in the student's record. The student and parent/legal guardian will also receive a copy of the policy. In addition, notification if seclusion or restraint is used will be discussed with the parent/legal guardian, and this discussion will be documented in the student's record. The IEP Team shall review available physical, psychological, and psychosocial data to make a determination on behalf of the student.
- B. The social worker or designee assesses the student to identify any history of sexual or physical abuse, any pre-existing medical conditions or physical disabilities/limitations, and current techniques, methods, or tools that the student uses to control his/her behavior. Contraindications and alternatives to the use of seclusion or restraint are discussed with the student and parent/legal guardian, as appropriate.
- C. School personnel are encouraged to use an array of positive behavior interventions, strategies, and supports to increase or decrease targeted student behaviors.
- D. School personnel shall only use restraint or seclusion:
 1. After less restrictive or alternative approaches have been:
 - Attempted; or
 - Determined to be inappropriate;
 - In a humane, safe, and effective manner;
 - Without intent to harm or create undue discomfort;
 - Consistent with known medical or psychological limitations and the student's behavioral intervention plan; and
 - Consistent with an evidence-based, trauma-informed crisis prevention intervention program.
 2. School personnel conducting an escort shall use a natural position and safe manner.

II. Requirements for the use of Restraint or Seclusion

- A. The use of physical restraint is prohibited in Sheppard Pratt Schools unless:
 - Physical restraint is necessary to protect the student or another individual from imminent, serious physical harm; and
 - Other less intrusive, nonphysical interventions have failed or been demonstrated to be inappropriate for the student.
- B. Physical restraint shall only be implemented and monitored by school personnel who are trained in the appropriate use of physical restraint consistent with COMAR 13A.08.06

- C. In applying physical restraint, school personnel shall only use reasonable force as is necessary to protect a student or other person from imminent, serious physical harm.
- D. Physical restraint:
1. Shall be removed as soon as the student no longer poses a threat of imminent, serious physical harm; and
 2. May not exceed 30 minutes.
- E. In applying physical restraint, school personnel may not:
1. Place a student in a face down position;
 2. Place a student in any other position that will obstruct a student's airway or otherwise impair a student's ability to breathe, obstruct school personnel's view of a student's face, restrict a student's ability to communicate distress, or place pressure on a student's head, neck, or torso; or
 3. Straddle a student's torso.
- F. Mechanical Restraint.
1. Sheppard Pratt Schools do not utilize mechanical restraint.
- G. Protective or stabilizing device may be used:
1. As prescribed by a health professional; or
 2. For a student with a disability, in accordance with the student's IEP or behavior intervention plan.

III. Documentation of the Use of Restraint

- A. Each time school personnel use restraint on a student, school personnel involved in the restraint shall debrief and document the incident using a form approved by MSDE that includes:
- Other less intrusive, nonphysical interventions that have failed or been determined inappropriate;
 - The precipitating event immediately preceding the behavior that prompted the use of restraint;
 - The behavior that prompted the use of a restraint;
 - The type of restraint;
 - The length of time in restraint;
 - The student's behavior and reaction during the restraint;
 - The names of the school personnel who observed the behavior that prompted the use of restraint;
 - The names and signatures of the school personnel implementing and monitoring the use of restraint; and
 - The name and signature of the administrator informed of the use of restraint.
 - The debrief and documentation shall occur as soon as possible after the event.
- B. The documentation shall be maintained in the student's educational record and available for inspection by the student's parent or legal guardian in accordance with COMAR 13A.08.02.
- C. Each time restraint is used, parents shall be provided oral or written notification within 24 hours.

IV. Use of Seclusion

- A. The use of seclusion is prohibited in Sheppard Pratt Schools unless:
- Seclusion is necessary to protect the student or another individual from imminent, serious physical harm;
 - Other, less intrusive interventions have failed or been demonstrated to be inappropriate for the student;
 - A qualified health care practitioner is on-site and is directly observing the student during the seclusion; and

- The health care practitioner concludes that seclusion is not contraindicated for the physical, psychological, or psychosocial health of the student.
- Before a health care practitioner may use seclusion as a behavioral health intervention for a student in a Sheppard Pratt Schools, the health care practitioner shall:
 - Receive training in all topics required in accordance with COMAR 13A.08.06 and,
 - Be clinically familiar with the student.

V. Seclusion Room

- A. At a minimum, a room used for seclusion shall:
1. Be free of objects and fixtures with which a student could self-inflict bodily harm;
 2. Provide school personnel an adequate view of the student from all angles; and
 3. Provide adequate lighting and ventilation.
 4. The door of a seclusion room shall not be fitted with a lock unless it releases automatically when not physically held in the locked position by school personnel on the outside of the door.
- B. School personnel shall:
1. Remain in close proximity to the door of a seclusion room at all times;
 2. Actively observe a student placed in seclusion at all times; and
 3. Provide a student placed in seclusion with:
 - An explanation of the behavior that resulted in the removal; and
 - Instructions on the behavior required to return to the learning environment.
 4. Seclusion shall only be implemented and monitored by school personnel trained in the appropriate use of seclusion consistent with COMAR 13A.08.06.
- C. A seclusion event:
1. Shall be appropriate to the student's developmental level and severity of the behavior;
 2. May not restrict the student's ability to communicate distress; and
 3. May not exceed the shorter of:
 - 30 minutes; or
 - A point in time during which the student no longer poses a threat of imminent, serious physical harm.

VI. Documentation of Seclusion

- A. Each time a student is placed in seclusion, school personnel involved in the seclusion incident shall debrief and document the incident using a form that includes:
1. Other less intrusive interventions that have failed or been determined inappropriate;
 2. The precipitating event immediately preceding the behavior that prompted the use of seclusion;
 3. The behavior that prompted the use of seclusion; and
 4. The length of time in seclusion;
 5. The student's behavior and reaction during the seclusion; and
 6. The names and signatures of the school personnel implementing and monitoring the seclusion; and
 7. The name and signature of the administrator informed of the use of seclusion.
 8. The documentation shall be maintained in the student's educational record and available for inspection by the student's parent or legal guardian in accordance with COMAR 13A.08.02.
 9. Each time seclusion is used, school personnel shall provide the student's parent with verbal notification or send written notice within 24 hours.

VII. Referral to the Section 504 or IEP Team

- A. If restraint or seclusion is used for a student who has not been identified as a student with a disability, the student shall immediately be referred to the school's Section 504 or IEP team.
1. If restraint or seclusion is used for a student with a disability, and the student's Section 504 plan, IEP, or behavior intervention plan does not include the use of restraint or seclusion, the Section 504 or IEP team shall meet within 10 business days of the incident to consider:

- The need for a functional behavioral assessment;
- Developing appropriate behavioral interventions;
- Implementing a behavioral intervention plan;
- Training for school personnel; and
- Revisions to the IEP or 504 plan.

- B. If the behavior of a student with a Section 504 plan or IEP is adversely affected after the use of restraint or seclusion, the student's 504 or IEP team shall convene a meeting on an expedited basis or at the earliest opportunity to discuss alternative behavioral health treatments.

VIII. Student with an IEP

- A. For a student who has an IEP and is placed in seclusion, the IEP team, in consultation with the health care practitioner who observed the seclusion, shall review the student's physical, psychological, and psychosocial health history to determine whether seclusion is contraindicated for the student.
- B. A determination shall be made:
1. At each annual review of the student's IEP; and
 2. Within 10 days of a student's placement being changed.
- C. Physical restraint or seclusion may be included in a student's behavioral intervention plan, Section 504 plan, or IEP to address the student's behavior in an emergency situation, provided that school personnel:
1. Determine restraint or seclusion has been used with the student;
 2. Review available data to identify any contraindications to the use of physical restraint or seclusion based on medical history or past trauma, including consultation with medical or mental health professionals as appropriate;
 3. Identify the less intrusive, nonphysical interventions that will be used to respond to the student's behavior until physical restraint or seclusion is used in an emergency situation; and
 4. Obtain written consent from the parent
- D. If restraint or seclusion is used for a student with a disability, and the Section 504 plan, IEP, or behavior intervention plan includes the use of restraint or seclusion, the student's IEP or behavior intervention plan shall specify how often the Section 504 or IEP team shall meet to review or revise, as appropriate, the student's Section 504 plan, IEP, or behavior intervention plan.
- E. When a Section 504 or IEP team meets to review or revise a student's Section 504 plan, IEP, or behavior intervention plan, as specified in §C(4) of this regulation, the Section 504 or IEP team shall consider:
1. Existing health, physical, psychological, and psychosocial information, including any contraindications to the use of restraint or seclusion based on medical history or past trauma;
 2. Information provided by the parent;
 3. Observations by teachers and related service providers;
 4. Student's current placement; and
 5. The frequency and duration of restraint or seclusion incidents and behavior events that occurred since the IEP team last met.
 6. The local school system or nonpublic school shall provide the parent of the student with written notice in accordance with COMAR 13A.05.01.12A when a Section 504 or IEP team proposes or refuses to initiate or change the student's Section 504 plan, IEP, or behavior intervention plan that includes the use of restraint or seclusion.

IX. Parental Consent

- A. The Section 504, or IEP team shall obtain the written consent of the parent if the team proposes to include restraint or seclusion in the behavior intervention plan, Section 504 plan, or IEP to address the student's behavior.
- B. If the parent does not provide written consent, the team shall send the parent written notice within 5 business days of the team meeting that states:
 - The parent has the right to either consent or refuse to consent to the use of restraint or seclusion; and
 - If the parent does not provide written consent or a written refusal within 15 business days of the team meeting, the team may implement the proposed use of restraint or seclusion.

X. Written Refusal

1. For Maryland students, if the parent of a student with a Section 504 plan or behavior intervention plan from a Student Services team provides written refusal, there is no right to the dispute resolution options listed in the Education Article, §8-413, Annotated Code of Maryland, to resolve the matter.
2. (ii) If the parent of a student with a behavior intervention plan from an IEP team provides written refusal, there is no right to the dispute resolution options listed in the Education Article, §8-413, Annotated Code of Maryland, to resolve the matter.

XI. Notice of Student's Tenth Incident of Physical Restraint or Seclusion

- A. If a Maryland student enrolled in a Sheppard Pratt School is physically restrained and/or placed in seclusion ten times or more in a school year, the school shall provide notice to MSDE and the local school system at the earliest opportunity, but not longer than 4 business days after the student's tenth incident of physical restraint and every tenth incident thereafter.

XII. Review, Assessment, and Recommendations

- A. For Maryland students, within 10 business days from receipt of notice from a Sheppard Pratt School the local school system shall:
 1. Review the student's case, including the circumstances of each incident of physical restraint or seclusion;
 2. Assess the Sheppard Pratt School's pattern of behavioral health interventions to evaluate whether the school could use less restrictive behavioral health interventions; and
 3. Share the local school system's recommendations with the Department and the nonpublic school.
- B. For Maryland students, within 10 business days from receipt of notice from the Sheppard Pratt School, MSDE shall:
 1. Review the student's case, including the circumstances of each incident of physical restraint;
 2. Assess the public agency's pattern of behavioral health interventions to evaluate whether the public agency could use less restrictive behavioral health interventions; and
 3. Share the Department's recommendations with Sheppard Pratt Schools.

XIII. Corrective Action

- A. For Maryland students, Sheppard Pratt Schools shall submit a corrective action plan, within a time period prescribed by MSDE, if a Sheppard Pratt School:
 1. Fails to comply with any provision of this chapter; or
 2. Reports to the Department that a Maryland student has been physically restrained or placed in seclusion ten times or more in a school year.
 3. The Department may require different or additional student specific or systemic corrective action within a prescribed time period as determined appropriate by the Department.

XIV. Potentially Dangerous and Egregious Behaviors

- A. Potentially dangerous egregious behaviors present a potential significant risk to student, staff, and/or overall school safety. Egregious behaviors include assault, elopement, possession, brandishing, and/or use of a weapon, and substance possession, use, and/or distribution. Some egregious behavior incidents may require more restrictive techniques, including disengagement and holding skills as outlined by Crisis Prevention Institute's Nonviolent Crisis Intervention Training. The magnitude of the behavior, along with the student's history for less significant events and/or other related events are evaluated. When egregious behavior occurs, the school team schedules a team debrief/meeting. After the debrief, a school administrator or designee finalizes the outcome and disseminates information to team.
- B. Suicidal/Homicidal Ideation – When students have thoughts of suicide/suicidal ideation, with or without a plan, staff immediately report the concern to the Education Director or their designee. The student will be supervised at all times. The Education Director or their designee will determine if the student needs formal assessment by a clinician. Clinician will make every attempt to assess risk using an assessment tool, such as the Columbia Suicide Severity Rating Scale or the Ask Suicide Questions (ASQ) Suicide Risk Screening Tool or Dewey Cornell Threat Assessment. Student's parent(s)/guardian(s)/caregiver(s) are contacted. The team develops a safety plan; concerns related to suicidal ideation and the safety plan will be documented. If imminent risk is determined, the clinician may complete the Emergency Petition (EP) process; the student will be transported to a local hospital emergency room.
- C. When students engage in self-injurious behavior (SIB), staff members use blocking, re-direction, and coaching to engage in replacement behaviors to maintain student safety. When the frequency and/or intensity of SIB is significant, staff may need to use more restrictive techniques, including disengagement and holding skills as outlined by the Crisis Prevention Institute's Nonviolent Crisis Intervention Training. The Education Director or their designee is notified when students engage in significant SIB. Parent(s)/guardian(s)/caregiver(s) and external parties are notified as required.

XV. Reporting serious injuries, suicide attempt, or death

Any serious injuries, suicide attempts, or unexpected deaths must be reported to Risk Management. These serious occurrences will be conveyed to the Board of Trustees for reporting to the appropriate agencies. The student's parent/legal guardian should be notified within 24 hours of the occurrence by the Education Director or his or her designee. Any serious occurrence and contacts made will be documented in the student's record.

XVI. Complaints regarding Seclusion or Restraint

Any complaints regarding seclusion or restraint by the parent or legal guardian may be directed to the student's Education Director or Principal. Complaints may be filed by phone, email, or regular mail. The Education Director or Principal shall respond within 24 hours of receiving the complaint. If the complaint is not resolved at this level, the parent or legal guardian may contact the Regional Director of the student's school or the Vice President and Chief of Schools. Contact information shall be provided by the student's school.

XVII. Monitoring the use of Seclusion and Restraint

- A. Data will be collected and maintained by the Behavior Specialists and Assistant Behavior Specialists. Behavior Management team meetings should be held regularly. The Behavior Management Team may include Behavior Specialists, Assistant Behavior Specialists, Clinicians Program Coordinators, and/or the Education Director. At each meeting the number of seclusion and restraints, duration, injuries (if any) and the effectiveness and/or adverse effects of incidents of seclusion and restraint as a behavioral intervention will be monitored. Results of the meeting, including data, will be reviewed.
- B. Based on data and results of the team meeting one of the following actions will take place:
- No action necessary, current policy and plans are effective,
 - Change in individual student plans to address specific needs and improve effectiveness,
 - Change in policy to address specific issues and/or needs for the program.
- C. The Department may monitor and request any information regarding any matter related to exclusion, restraint, or seclusion implemented by the Sheppard Pratt Schools.

The Sheppard Pratt School reviews policy and procedures and provides them to school personnel and parents and on an annual basis.

References: Attachments:

Revised Dates:

9/19/2024

Reviewed Dates:

5/22, 6/23, 8/24, 9/24

Signatures:

Claire Cohen:

Kathleen Flannery:

Updated 11/17/2023

Updated 6/5/2024

Updated 8/20/2024

Updated 9/13/2024

Updated 9/19/2024

References:

Attachments:

Revised Dates:

6/23, 8/24, 9/24

Reviewed Dates:

5/22, 6/23, 8/24, 9/24

Signatures:

References:

Attachments:

Revised Dates:

6/23, 8/24, 9/24, 10/24

Reviewed Dates:

5/22, 6/23, 8/24, 9/24, 10/24

Signatures:

Claire Cohen: 10/04/24

Kathleen Flannery: 10/04/24