**PURPOSE:**

1. 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.

2. 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:**

1. **Positive behavior interventions**, **strategies**, **and supports** means 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.

2. **Functional Behavior Assessment** describes a 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.

3. **Behavior Intervention plan** means a proactive, data-based, structured plan that is developed as a result of a functional behavioral assessment which is consistently applied by trained staff to reduce or eliminate a student's challenging behaviors and to support the development of appropriate behaviors and responses.
4. **Trauma-informed intervention** means an approach that is informed by the recognition of the impact that trauma, including violence, abuse, neglect, disaster, terrorism, and war, may have on a student's physical and emotional health and ability to function effectively in an educational setting.

5. **Seclusion** is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. Seclusion may not exceed 30 minutes. This room is specifically constructed and minimally furnished for the protection of the student. At a minimum, a room used for seclusion shall be free of objects and fixtures with which a student could self-inflict bodily harm, provides school personnel an adequate view of the student from all angles, and provides adequate lighting and ventilation. 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. Use of seclusion should be appropriate to the student's developmental level and severity of behavior. Seclusion may not restrict the student's ability to communicate distress. To provide for continuous observation, the door is fitted with an observation window. In the case of concerns of self-harm, students' shoes and belt may be removed to maintain safety.

   Seclusion does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming.

6. **Physical Restraint** means a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. Restraint may not exceed 30 minutes. In applying restraint, school personnel may not place a student in a face down position, place student in any other position that will obstruct a student's airway or otherwise impair a student's ability to breathe, obstruct a staff member'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 straddle a student's torso.

   Physical Restraint does not apply to:

   a. briefly holding a student in order to calm or comfort the student,
   b. a physical escort, which is the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purposes of inducing a student who is acting out to walk to a safe location
   c. moving a disruptive student who is unwilling to leave the area if other methods such as counseling haven been unsuccessful,
   d. intervening in a fight in accordance with Education Article §7-307, Annotated Code of Maryland.

7. **Mechanical Restraint** means the use of any device or equipment to restrict a student's freedom of movement. Mechanical restraints are not utilized by Sheppard Pratt School Programs. 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; and
   d. orthopedically prescribed devices that permit a student to participate in activities without risk of harm.

8. **Protecting or Stabilizing Device** means 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.
   Protecting 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.

9. An **emergency** is an instance in which there is an imminent risk of an individual harming himself, herself, or others, including staff; when nonphysical interventions are not viable; and safety issues require an immediate physical response.

10. **Exclusion** is the removal of the student to a supervised area for 30 minutes or less during which time the student has an opportunity to regain control and is not receiving instruction including special education, related services or support.

11. **IEP** means an individual education program as defined and developed in accordance with COMAR 13A.05.01.

12. **Adaptive equipment** refers to devices that are used to assist with completing activities of daily living prescribed by a health professional, if used for the purpose for which the device is intended by the manufacturer.

13. **Calm** is not showing observable signs of nervousness, anger, agitation, or other extreme emotions or as defined in student's BIP.

14. **Risk of harm** is defined as any detrimental effect of a significant nature on a child's well-being.

15. **Elopement off grounds** is an act or instance of leaving a safe area or safe premises without visual contact by a staff member.

16. A **debriefing** is conducted to question an incident formally and systematically in order to obtain useful intelligence or information to better serve students.

**GUIDELINES:**

**Staff training/competency**

Staffing levels and assignments are based on a variety of factors and are set to minimize circumstances that may result in the use of seclusion or restraint and to maximize safety when seclusion or restraint must be used.

1. Staff will receive ongoing training in and demonstrate an understanding of the use of alternative interventions and the proper and safe use of seclusion and restraint. This includes formal training that is provided at new employee orientation and in-service sessions that are provided annually at a minimum.

2. The components of training shall include a written examination and/or physical demonstration of proficiency in the described skills and competencies:

    a. Positive behavior interventions strategies and supports, including methods for identifying and defusing potentially dangerous behavior; and preventing self-injurious behavior.
    b. trauma-informed interventions including an understanding of underlying causes of threatening behavior, related to the student's medical or psychiatric condition; an understanding of how staff behavior may affect a student's behavior; and recognizing factors which may affect how the student reacts to physical contact;
    c. functional behavior assessment and behavior intervention planning;
    d. individualized behavior interventions based on student characteristics, including disability, medical history, and past trauma;
    e. exclusion;
    f. restraint and alternatives to restraint;
    g. seclusion;
    h. symptoms of physical distress and positional asphyxia;
    i. first aid and cardiopulmonary resuscitation (CPR);
    j. suicide risk assessment and prevention; and
    k. the school's behavior management policies and procedures.

**PROCEDURE:**

I. Initial Assessment

A. Upon admission, the student and parent/legal guardian are apprised of the policy regarding use of seclusion and restraint for emergency safety situations. 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. Upon admission to the program, 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. Alternatives to the use of seclusion or restraint are discussed with the student and parent/legal guardian, as appropriate.

II. Initiation of Seclusion or Restraint

A. Physical restraint and/or seclusion shall only be applied by school personnel who are trained in the appropriate use of physical restraint consistent with Regulation .06C. In
order to establish the need for seclusion or restraint, a trained staff member shall determine if:

1. There is an emergency situation, and seclusion or restraint is necessary to protect the student or others from imminent, serious, physical harm after less restrictive, nonphysical alternative approaches have failed or been determined inappropriate; or
2. The student's behavior intervention plan or IEP describes the specific behaviors or circumstances in which seclusion or restraint may be used.

The decision to use seclusion or restraint shall **NOT** be made:

1. for refusal to follow directions;
2. for resistance to treatment by refusal to attend activities or meetings or to interact with students or staff;
3. for verbal defiance, insult, or criticism to staff without evidence of escalation of behavior to the level of assaultiveness;

4. if less restrictive or alternative approaches have not been considered and attempted or the approaches have not been determined to be ineffective or inappropriate;
5. as an automatic consequence for certain behavior, such as a student's return from an elopement

B. Each time seclusion or restraint is used, the Education Director or his / her designee will provide the student's parent/legal guardian with oral or written notification within 24 hours, unless otherwise provided for in a student's behavior intervention plan or IEP. On the Observation Sheet for Seclusion or Restraint, staff will document the date and time of notification and name of the staff person providing the notification.

C. The administrator, behavior manager/specialist, nurse, or his/her designee will be notified of each use of seclusion or restraint. This notification will be documented on the Observation Sheet.

D. Each time seclusion or restraint is used, school personnel involved in the incident will debrief and document the incident.

III. Monitoring and Assessment

A. Only a trained staff member shall continuously in-person observe the student's behavior and reactions and potential for early release. Assessments will be made every 15 minutes and documented on the Observation Sheet. Assessments will monitor for:
1. signs of any injury associated with seclusion or restraint;
2. hygiene and elimination;
3. physical and psychological status and comfort;
4. nutrition/hydration;
5. circulation and range of motion in the extremities;
6. vital signs; and
7. readiness for discontinuation of seclusion or restraint.

B. Upon termination of seclusion or restraint, a trained staff member will assess the student and document this assessment on the Observation Sheet.

IV. Release from Seclusion or Restraint

A. Continuous assessment of behavior for early release is an expectation. As early as possible the student is made aware of the behavior that resulted in seclusion or restraint and the behavior required to return to the learning environment. Seclusion or restraint should be discontinued as soon as the student is calm.

B. The trained staff member shall document the rationale for the termination of seclusion or restraint on the Observation Sheet and evaluate the well-being of the student immediately after the student is removed from seclusion or restraint.\

C. A medical professional shall be called evaluate the student before the end of the school day.

D. If restraint or seclusion is used for a student with a disability, and the 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 IEP team shall meet to review or revise, as appropriate, the student's IEP or behavior intervention plan, in accordance with COMAR 13A.05.01 and 13A.08.0.

E. If the student's IEP or behavior intervention plan doesn't include the use of seclusion or restraint, the IEP team shall meet, in accordance with COMAR 13A.08.03, within 10 business days of the incident to consider:

1. the need for a functional behavioral assessment;

2. developing appropriate behavioral interventions;
and

3. implementing a behavioral intervention plan.

F. When an IEP team meets to review or revise a student's IEP or BIP, the 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. the student's current placement; and
5. the frequency and duration of restraint or seclusion events that occurred since the IEP team last met.

G. The IEP team must obtain the written consent of the parent if the team proposes to include restraint or seclusion in the behavior intervention plan or IEP to address the student's behavior. If the parent does not provide written consent, the IEP team shall send the parent written notice within 5 business days of the IEP team meeting that states:

1. the parent has the right to either consent or refuse to consent to the use of restraint or seclusion, and
2. if the parent does not provide written consent or a written refusal within 15 business days of the IEP team meeting, the IEP team may implement the proposed use of restraint or seclusion.

H. The Local School System or the school shall provide the parent of the student with written notice in accordance with COMAR13A.05.01.12A when an IEP team proposes or

refuses to initiate or change the student's IEP or BIP that includes restraint and/or seclusion.

V. Documentation

The following information is documented in the student's record for each episode of seclusion or restraint use:

A. Consideration or failure of less intrusive, non-physical interventions;
B. The precipitating event immediately preceding the behavior that prompted the use of seclusion or restraint;
C. The names of the school staff who observed the behavior that prompted the use of seclusion or restraint;
D. The behavior that prompted the use of seclusion or restraint;
E. Length of time in the restraint;
F. The actual time seclusion or restraint began and ended;
G. The name, signature, and title of staff involved in implementing and monitoring the use of seclusion or restraint;
H. Oral or written notification to the student's parent/legal guardian;
I. Type of restraint used (e.g. child control);
J. Behavior criteria for discontinuation of seclusion or restraint;
K. Behavior and reaction during seclusion or restraint;
L. The name and signature of the administrator or his/her designee informed of the use of seclusion or restraint;
M. Any injuries sustained and treatment received for these injuries;
N. Any injuries to staff resulting from seclusion or restraint; and
O. Any suicide attempt or death as a result of using seclusion or restraint.

The Education Director in each school will monitor the overall use of seclusion and restraint at his/her school.

VI. 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.

VII. 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.

VIII. Monitoring the use of Seclusion and Restraint

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 the Education Director. At each meeting the number of seclusion and restraints, duration, injuries (if any) and the effectiveness of incidents of seclusion and restraint as a behavioral intervention will be monitored. Results of the meeting, including data, will be reviewed. Based on data and results of the team meeting one of the following actions will take place:

A. No action necessary, current policy and plans are effective,
B. Change in individual student plans to address specific needs and improve effectiveness,
C. Change in policy to address specific issues and/or needs for the program.

**References:**

CM-310.6 Patient Grievance Procedure
School Behavior Management Policies and Procedures

**References:**

**Attachments:**

**Revised Dates:**

**Reviewed Dates:**

5/22

**Signatures:**

Claire Cohen: 3/08/22
Maust, Charles K., VP and Chief of Schools and RTC's (416VCS): 5/09/22
Kathleen Flannery: 4/14/22

Sheppard Pratt
School

# Use of Exclusion, Seclusion, and Restraint in Schools Policy Addendum

*Effective July 1, 2022*

**GENERAL INFORMATION**

Starting July 1, 2022, new legislation related to seclusion and restraint in Maryland is in effect (Senate Bill 705 or SB705). Sheppard Pratt Schools are currently waiting for guidance from the Maryland State Department of Education that will inform policy updates. Until we receive further guidance, this addendum to our current policy (May 9, 2022) will be used.

*Please note this addendum relates to reporting of seclusion and restraint based on newly passed Maryland legislation. For students we serve from different Maryland jurisdictions, Sheppard Pratt Schools should continue to follow their established reporting procedures for incidents of seclusion and restraint. Additionally, Sheppard Pratt Schools are responsible for and should continue to follow their current reporting procedures for all jurisdictions outside of Maryland related to use of seclusion and restraint.*

**DEFINITION CHANGES**

- **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 that occurs during school hours"
- **Seclusion** – "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"
- **Qualified health care practitioner** – physician, licensed psychologist, licensed clinical social worker, registered nurse, licensed counselor who has received training in all topics required under COMAR 13A.08.04.06 (in effect on June 30, 2022) AND is clinically familiar with the student
- **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"

**PROCEDURAL CHANGES**

- Nonpublic schools may NOT use seclusion as a behavioral health intervention for a student **unless:**
  - A qualified health care practitioner is on site and is directly observing the student during the seclusion
  - The approved health care practitioner determines that seclusion is not contraindicated for the physical, psychological, or psychosocial health of the student
- If seclusion is included as an option in a student's IEP, the IEP team must:
  - Review, in consultation with the qualified health care practitioner, the student's physical, psychological, and psychosocial health history to determine if seclusion is contraindicated.
  - Review the decision to include seclusion in the student's IEP at each annual review AND within 10 days of a placement change.
- If a student is physically restrained and/or secluded 10 times or more ***in one school year***, an administrator must provide notice to the local school system representative ***within 4 business days of the 10th incident.*** The 10

incidents can occur across interventions; that is, if a student has 10 or more seclusions and restraints COMBINED, we must provide notice to the local school system representative.

- If the team determines that seclusion or restraint will be included in a student's IEP, note in the student's Behavior Intervention Plan (BIP) and IEP that seclusion and/or restraint are not currently contraindicated based on the student's physical, psychological, and psychosocial health, the team will re-evaluate the decision quarterly, and the treatment team members who collaborated on the decision ***(ensure that a qualified health care practitioner – as defined above – is included in the decision and documented in the BIP and IEP).***
- School Behavior Specialists, Assistant Behavior Specialists, and school administrators should monitor frequency of combined seclusion and restraint events for students. Once a student has **7 combined occurrences of seclusion and/or restraint within 1 school year**, the student's IEP team should hold a meeting wherein the seclusion and restraint events are reviewed. Additionally, the team should review the student's BIP and determine which, if any, preventative supports and/or behavior management strategies require revision. If the team does not revise the BIP, reason(s) for the decision should be documented.
- In addition to meeting as a team when a student has 7 combined occurrences of seclusion and/or restraint within one school year, an administrator will notify the Regional Director of Schools (Kathy Flannery or Claire Cohen), the Medical Director (Dr. Justine Larson), and the Regional Behavior Services Manager (Amanda Link or Megan Anders).

**SECLUSION AND/OR RESTRAINT CONTRAINDICATIONS**

Before physical restraint or seclusion can be included in a student's Behavior Intervention Plan and Individualized Education Program, the IEP team, including a qualified health care practitioner as listed in the legislation and outlined below, must meet to determine if the student has any physical, psychological, or psychosocial health factors that would contraindicate the use of restraint and/or seclusion. This determination should be re-evaluated at least quarterly by the IEP team, including a qualified health care practitioner as listed in legislation and outlined below.

**QUALIFIED HEALTH CARE PRACTITIONERS**

Providers who are listed below, have received training in all topics required under COMAR 13A.08.04.06 (in effect June 30, 2022), and are clinically familiar with the student are considered qualified health care practitioners as outlined in Senate Bill 705 (SB 705).

- Physician
- Licensed psychologist
- Registered nurse
- Licensed clinical social worker (LCSW-C)
- Licensed counselor (LCPC)