



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) |

Other (specify department/program/unit): _____

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 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.
 - c. Identification and description of functionally equivalent replacement behaviors; and
 - d. 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 plan designed to address problem behavior exhibited by a student in the educational setting through the use of positive interventions, strategies, and supports. A behavior intervention plan shall include:
 - a. Clear and specifically defined targeted behaviors;
 - b. Data on the targeted behaviors, as collected through a functional behavior assessment;
 - c. Specific methods of data collection for progress monitoring; and
 - d. A hierarchy of responses to address student behavior.
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 during school hours. Seclusion may not exceed 30 minutes. 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 and a staff member remains in close proximity of the door and actively observe a student placed in seclusion at all times. 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 that occurs during school hours. 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 (staff members must account for non-speaking students who communicate using alternative modalities, such as sign language or alternative, augmentative communication systems), 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. 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 haven 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
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:
- 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 themselves, 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. **Eloperment off grounds** is an act or instance of leaving a safe area or safe premises without visual contact by a staff member.
14. **Debrief** - An intentional process wherein a restraint or seclusion incident is reviewed by school personnel in order to prevent future incidents and improve response to student's challenging behavior. A debrief includes a review of the events leading up to the restraint or seclusion incident; analysis of school personnel's compliance with existing behavior intervention plan, section 504 plan or IEP and consideration of new or additional behavioral strategies to address the behavior that led to the use of restraint or seclusion.
15. **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.
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:

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. At the start of each school year, the components of training shall include a written examination and/or physical demonstration of proficiency in the described skills and competencies:
 - a. Continuum of positive behavioral interventions, strategies, and supports for use by school personnel; 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; procedures for diffusing potentially dangerous behaviors and prevention of self-injurious behaviors;
 - e. Procedures for diffusing potentially dangerous behaviors and prevention of self-injurious behaviors;
 - f. Exclusion;
 - g. Restraint and alternatives to restraint;
 - h. Seclusion;
 - i. Symptoms of physical distress and positional asphyxia;
 - j. First aid and cardiopulmonary resuscitation (CPR);
 - k. Suicide risk assessment and prevention; and
 - l. 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. Contraindications and 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 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,

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 physical assault.
 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 their designee will provide the student's parent/legal guardian with oral, written, or electronic communication notification within 24 hours. Staff will document the date and time of notification and name of the staff person providing the notification on the BIF.
- C. Each time seclusion or restraint is used, the Education Director or their designee will provide the Local Education Agency representative with oral, written, or electronic communication notification within 24 hours. Staff will document the date and time of notification and the name of the representative notified.
- D. The administrator, behavior manager/specialist, nurse, or their designee will be notified of each use of seclusion or restraint. This notification will be documented on the Behavior Intervention Form (BIF).
- E. Each time seclusion or restraint is used, school personnel involved in the incident will debrief and document the debrief as soon as possible but no longer than 72 hours after the seclusion or restraint incident.
- G. 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.

III. 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 BIF 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 to evaluate the student before the end of the school day.
- D. If restraint or seclusion is used for a student with a disability, 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 does not 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. Consult with a qualified healthcare practitioner to review 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. Consider information provided by the parent.
 - 3. Consider observations by teachers and related service providers.
 - 4. Consider the student's current placement; and
 - 5. Consider 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 fifteen business days of the IEP team meeting, the IEP team may implement the proposed use of restraint or seclusion.

The Local School System or the school shall provide the parent of the student with written notice in accordance with COMAR 13A.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.

IV. Documentation and Administrative Procedures

- A. The following information is documented in the student's record for each episode of seclusion or restraint use:
 - 1. Student demographic information

2. Previous number of restraint and/or seclusion incidents in the current school year
3. The actual time seclusion or restraint began and ended
4. Length of time in the restraint and/or seclusion
5. The location of the restraint or seclusion
6. Whether the student has a current FBA and BIP
7. Date of the most recent BIP review
8. Whether the BIP includes provision or physical restraint and/or seclusion
9. Dates of parent consent for physical restraint and/or seclusion
10. The student's resident county, service county, and service school
11. The student's special education and disability status
12. Preventative strategies implemented or determined inappropriate
 - a. Alternative efforts made to de-escalate the situation and prevent challenging behavior.
 - b. Description of efforts made by staff to avoid the use of physical restraint.
13. The precipitating event or antecedent to challenging behavior that resulted in restraint or seclusion.
14. The behavior that prompted the use of restraint or seclusion
15. Type of restraint applied:
 - a. Name of the evidence-based crisis intervention program
 - b. Name of specific restraint from system-approved evidence-based crisis intervention program
16. Student behavior and reaction during the restraint or seclusion
17. The names and signatures of team members who observed, implemented, and/or monitored the restraint or seclusion.
18. The names and signature of administrator notified of the restraint or seclusion
19. Reported and/or observed student injuries following evaluation by school staff.
 - a. Description of all injuries
 - b. Name(s) and position(s) of individual(s) evaluating student injuries.
20. Parent notification
21. Local Education Agency (LEA) notification
22. Debrief information:
 - a. Participant names and roles/titles
 - b. Summary of next steps/modifications/additional resource

The Education Director or designee in each school will monitor the overall use of seclusion and restraint at their respective school. If a student is physically restrained and/or secluded ten times or more in one school year, an administrator must provide notice to the local school system representative and Maryland State Department of Education (MSDE) within 4 business days of the 10th incident. The ten incidents can occur across interventions; that is, if a student has ten or more seclusions and restraints COMBINED, the nonpublic school must provide notice to the local school system representative and MSDE

V. Potentially Dangerous and Egregious Behaviors

- i. 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.

- ii. 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.
- iii. 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.

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/or 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.

The Sheppard Pratt School reviews policy and procedures on an annual basis.

References:

Attachments:

Revised Dates:

6/23

Reviewed Dates:

5/22, 6/23

Signatures:

Claire Cohen: 6/09/23

Kathleen Flannery: 6/13/23