

## Overall Emphasis and Purpose:

In 2017, the Maryland General Assembly created a task force to guide the use of restraint and seclusion in the state. The state now mandates that:

- Parents consent to including the use of restraint or seclusion on an IEP or BIP
- Staff performing restraint must be CPI certified

## What this means for you as a Special Educator/Service Provider:

- The revised definition of a BIP includes proactive, data-based decision-making that is a result of a current FBA that is consistently implemented to reduce or eliminate challenging behaviors and support appropriate behavior.
- The revised definition of a physical restraint is *“a personal restriction that immobilizes or reduces the ability of a student to move their torso, arms, legs, or head freely.”*
- Restraint **does not include**: holding a student to calm or comfort them; a physical escort (touching or holding of the hand, wrist, arm, shoulder or back to walk the student to a safe location); moving a disruptive student who is unwilling to leave if other methods have not been successful; intervening in a fight.
- Mechanical restraints are prohibited absent a physician’s order. Safety vests and other stabilizing devices used for safety or positioning are permitted as determined by the IEP team.
- Seclusion is defined as the *“involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving,”* and is prohibited in AACPS schools.
- Restraint may always be used in cases where it is necessary to protect the student or others from imminent, serious, physical harm, after other interventions have failed. However, if the team wants to include the use of restraint on an IEP or BIP, parental consent is required.
- Imminent serious physical harm is defined as: *“a substantial risk of death; extreme physical pain; protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.”*
- Schools are required to designate staff who are trained in the use of positive interventions, strategies, and supports; defusing potentially dangerous behavior; trauma informed intervention; symptoms of physical distress; first aid and CPR.

## What the Special Educator/Service Provider needs to do if not already doing:

- Consider data to identify any medical or trauma-based contraindications to the use of restraint.
- End the restraint as soon as the student is calm, but in no circumstance can a restraint last longer than 30 minutes.
- Document the use of restraint on the form in Tienet. The form must be signed at the time of the restraint by those involved in the restraint. The form must also be signed by the school administrator.
- Provide the parents with written notice (can be the form) within 24 hours of the incident.
- If the student’s BIP or IEP does not include the use of restraint, convene an IEP team meeting within 10 days of the incident necessitating:
  - the use of restraint
  - to determine the need for an FBA or to update the FBA
  - review, update, or draft a BIP or
  - include the use of restraint on an existing plan.
- If the team determines that the use of restraint should be added to the student’s IEP or BIP, parental consent is required. Obtain consent using the form in Tienet.
- If the parents are unsure about whether they are in agreement to include restraint on their child’s IEP or BIP, and they do not respond after 15 days, send them the letter in Tienet informing them that the recommendation of the team will be implemented.
- Document the use of exclusion (the removal of a student to a supervised area during which the student has opportunities to gain self-control) using the form on Blackboard.