

Restraint or Seclusion* Single Incident

*Seclusion is only allowed in a nonpublic special education school.

A public agency may not use seclusion as a behavioral health intervention for a student. Neither a public agency nor a nonpublic school may use physical restraint on a student as a behavioral health intervention unless: (1) physical restraint is necessary to protect the student or another individual from imminent serious physical harm; and (2) other less intrusive, nonphysical interventions have failed or been demonstrated to be inappropriate for the student. MD Code, Education, § 7-1102.

Student Demographic Information

Student Name:

DOB:

Student Age:

Grade:

SASID:

Local ID:

Student Ethnicity

Student Race

Student Gender:

Date of Emergency Incident:

Type of incident: **Restraint** **Seclusion**

Previous number of restraint incidents in the current school year.

Previous number of seclusion incidents in the current school year.

Time behavior event began:

Time behavior event ended:

Time restraint or seclusion began:

Time restraint or seclusion ended:

Total time of restraint or seclusion:

Note: MUST not exceed 30 minutes duration.

Location of behavior:

Location of restraint or seclusion:

Does the student have a current FBA: **Yes** **No**

	<p>Does the student have a current BIP: Yes No</p> <p>If yes, the date of the most recent BIP review:</p> <p>If yes, does the BIP include the provision of Physical Restraint? Yes No</p> <p>Date of parent consent:</p> <p>If yes, does the BIP include the provision of Seclusion? Yes No</p> <p>Date of parent consent:</p>
<p>Resident School:</p> <p>Resident County:</p> <p>Service School:</p> <p>Service County:</p>	<p>Special Education: Yes No or Date of Referral</p> <p>Disability</p> <p>Current LRE</p> <p>504 Plan Yes No</p>

Preventative Strategies Implemented or Determined Inappropriate

Describe the less intrusive interventions, nonphysical interventions implemented prior to the use of restraint or seclusion that failed or were determined inappropriate for the student.

*Choose **all** that apply and then describe in narrative **why** the strategies failed or were deemed to be inappropriate:*

Alternative efforts made to de-escalate the situation & prevent behaviors (check all that apply):	Describe what staff did to avoid the use of physical restraint and/or seclusion.
<ul style="list-style-type: none"> <input type="checkbox"/> Redirection <input type="checkbox"/> Verbal intervention & de-escalation techniques <input type="checkbox"/> Provided choices <input type="checkbox"/> Proximity control <input type="checkbox"/> Calming technique/meditation <input type="checkbox"/> Use of sensory room <input type="checkbox"/> Movement break/take a walk <input type="checkbox"/> BIP strategies (if applicable) <input type="checkbox"/> Planned ignoring <input type="checkbox"/> Reduced demands <input type="checkbox"/> Reminder of reinforcement system <input type="checkbox"/> Reminder of rules <input type="checkbox"/> Set limits of inappropriate behavior <input type="checkbox"/> Removal of other students <input type="checkbox"/> Request for assistance <input type="checkbox"/> Voluntary removal of student to another location 	<p>Enter text below.</p>

- Protective strategies/interventions
- Other: Limited language
- Other: Blocking techniques

Each time a student is in a restraint or placed in seclusion, school personnel shall document other less intrusive interventions that have failed or been determined inappropriate.

COMAR 13A.08.04.05A(3)(a)(i) and COMAR 13A.08.04.05B(7)(a)(i).

Precipitating Event/Antecedent

Describe in detail the precipitating event immediately preceding the behavior that prompted the use of restraint and/or seclusion (e.g., directive for the non-preferred task, unexpected change) and any other factors that may have impacted the student's behavior (e.g., loss of family member, lack of sleep).

- Demand/Request
- Denied access to item, person, or location
- Did not earn reward
- Difficulty/Non-preferred task
- Environmental stimuli
- Interruption to activity
- Peer behavior
- Adult behavior

- Reduced/Diverted attention
- Self-reported distress or frustration
- Self-reported/suspected illness or physical discomfort
- Staff change
- Transition
- Unexpected schedule/routine change
- Unstructured time
- Other:

Describe in detail the precipitating event/antecedent:

Describe any other factors that may have impacted the student's behavior:

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the precipitating event immediately preceding the behavior that prompted the use of restraint.

COMAR13A.08.04.05A(3)(a)(ii) and COMAR13A.08.04.05A(7)(a)(ii)

Behavior that Prompted the Use of Restraint or Seclusion

Operationally define the behavior that resulted in the use of restraint or seclusion (i.e., describe what the behavior looked like).

A behavior prompting the use of restraint or seclusion must meet the threshold for “imminent, serious, physical harm” defined as bodily injury that involves 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 (18 U.S.C. § 1365(h)(3) and 34 C.F.R. § 300.530(h)(i)(3)).

<p>Describe the behavior prompting the use of restraint or seclusion.</p>	<p><u>Must</u> select at least 1 of the following:</p> <p><input type="checkbox"/> Threat of Imminent, Serious Physical Harm to <u>Self</u></p> <p><input type="checkbox"/> Threat of Imminent, Serious Physical Harm to <u>Others</u></p> <p>Optional:</p> <p><input type="checkbox"/> Physical restraint and/or seclusion is included in the BIP or IEP to address the student’s behavior in an emergency situation.</p> <p><input type="checkbox"/> Other:</p>	<p>Describe the circumstances that met the standard for imminent serious physical harm.</p>
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Each time a student is in a restraint or placed in seclusion, school personnel shall document: the behavior that prompted the use of restraint or seclusion.

COMAR13A.08.04.05A(3)(a)(iii) and COMAR13A.08.04.05A(7)(a)(iii)

Type of Restraint Applied <i>Describe what type of restraint intervention was used with the student.</i>	
Name of the evidence-based crisis intervention program:	Name of the specific restraint from your system-approved evidence-based crisis intervention program.
<i>Each time a student is in a restraint personnel shall document: the type of restraint.</i> COMAR 13A.08.04.05A(3)(b)(i)	

Student Behavior and Reaction During the Restraint or Seclusion

Describe the student's behavior and reaction during the restraint or seclusion.

- Attempts to injure others
- Attempts to injure self
- Self-expressed concerns (e.g., breathing, pain, etc.)
- Talking
- Continuous resistance (e.g., struggling)
- Crying
- Making verbal threats
- Spitting
- Yelling/Screaming
- Profanity/cursing
- Disrobing
- Enuresis/Encopresis
- Other:

Describe student behavior and response during the physical restraint or seclusion:

*Each time a student is in a restraint, school personnel shall document: **the student's behavior and reaction during the restraint. For a student who has an individualized education program and is placed in seclusion, the individualized education program 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.***

MD Code, Education, § 7-1102(d)(2)(i); COMAR 13A.08.04.05A(3)(b)(iii) and COMAR 13A.08.04.05B(7)(b)(iii).

Team Members Who Implemented or Monitored <i>Identify the name of each team member who <u>implemented or monitored</u> the restraint or seclusion and their respective role/title.</i>				
Name	Role/Title	Observed (O) Implementing (I) Monitoring (M)	Current training in the use of restraint	Staff Signature (Required)
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Qualified Health Care Provider Required if seclusion was utilized.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Each time a student is in a restraint or placed in seclusion, school personnel shall document: the names and signatures of the staff members implementing and monitoring the use of restraint. COMAR 13A.08.04.05A(3)(a)(v) and COMAR 13A.08.04.05B(7)(a)(iv).				

Administrator Notified of the Restraint or Seclusion	
Name and Title	Signature
<p><i>Each time a student is in a restraint or placed in seclusion, school personnel shall document: the name and signature of the administrator informed of the use of restraint.</i></p> <p>COMAR 13A.08.04.05A(3)(b)(iv) and COMAR 13A.08.04.05B(7)(b)(iv)</p>	

Student Injury
<p><i>Describe any reported and/or observed student injuries (e.g., physical, social-emotional, etc.) following evaluation by school staff. If no injuries occurred, please indicate.</i></p>
<p>Provide a description of all injuries or indicate “no injuries”:</p>
<p>Name(s) and position(s) of individual(s) evaluating student injuries (e.g., school nurse, nurse tech, health care practitioner, trained staff, etc.):</p>

Parent Notification

Describe how and when the parent was notified of the restraint or seclusion incident.

Name of Staff Who Notified Parent/Legal Guardian:

Name of Parent/Legal Guardian Notified:

Method of Notification:

Email In person Letter Phone call

Date of Parent Notification:

Time of Parent Notification:

School personnel shall provide the student's parent with verbal notification or send written notice within 24 hours, unless otherwise provided for in a student's behavior intervention plan or IEP.

COMAR 13A.08.04.05A(5) and COMAR 13A.08.04.05B(9)

LEA Notification (Nonpublic Use Only)

Describe how and when the student's LEA was notified of the restraint or seclusion incident.

Name of Nonpublic Staff Who Notified the LEA:

Name of LEA Contact Notified:

Method of Notification:

Email In person Letter Phone call

Date of Notification:

Time of Notification

Debrief

School personnel involved in the restraint and/or seclusion, and other appropriate individuals (e.g., parent, student, etc.), shall debrief and consider next steps to support the student and staff.

Date of the Debrief:

Participant Name	Role/Title
	Qualified Health Care Provider Required if seclusion* was utilized.

Summary of next steps/modifications/additional resources (including referral to IEP team or SST team, as appropriate):

*Each time a student is in a restraint or placed in seclusion, school personnel involved shall debrief.
 COMAR 13A.08.04.05A(3) and COMAR 13A.08.04.05B(7).*