

DEPARTMENT OF EDUCATION

Chapter 33: REGULATIONS GOVERNING TIMEOUT ROOMS, THERAPEUTIC RESTRAINTS AND AVERSIVES IN PUBLIC SCHOOLS AND APPROVED PRIVATE SCHOOLS

Comments submitted by: NAMI Maine, November 1, 2010

Section 1. In General

Implement Positive Behavioral Supports (PBS) and implement positive, evidence-based plans and procedures for all students who exhibit behaviors that interfere with learning or that may threaten to place themselves or others in imminent danger.

1.3 Documentation

Parents and caregivers be informed immediately of all emergency interventions and incidents of restraints or seclusion occurring that day that involve their child. If the school is unable to immediately reach parents or caregivers to inform them about the emergency use of restraints or seclusion, then the school must document attempts made to reach them.

Section 2 Definitions

2.1 Timeout

Provide that restraints and seclusion are not to be used as a means of punishment or as a response to property destruction, disruption of school order, refusal to comply with school rules or directives, or in response to verbal threats that do not constitute an imminent danger to self or others.

2.2 Timeout Room

The room used for this purpose must be designed to provide a safe and non-threatening environment. The door to the room may not be locked, but it may be temporarily held closed with a device that requires a staff person to hold it in place and to see and hear the child at all times. Staff must be able to visually and audibly monitor the child at all times. Occasional checks are not acceptable.

2.3 Therapeutic restraint

Prohibit the use of restraints except in emergency cases defined as those involving an imminent risk of danger to the child or adolescent or others and no other safe, effective intervention is possible. Restraints may only be used by staff who have received intensive training and with rigorous supervision and must cease as soon as the emergency ends. Prohibit the use of any form of restraint that interferes with breathing and/or the ability of students to speak or otherwise communicate, e.g., prone restraints (with the student face down on his or her stomach), supine restraints (with the student face up on the back), or any maneuver that places pressure or weight on the chest, lungs, sternum, diaphragm, back, neck, or throat.

Require that whenever there are multiple applications of restraints and/or seclusion, or whenever recurring use of restraints and/or seclusion is likely, a meeting must be promptly

convened with the student's teacher, the school principal, the student's family, a mental health provider, and other relevant school staff to identify the circumstances leading to the use of restraints or seclusion and to discuss the appropriateness of a Section 504 plan or an Individual Education Program (IEP);

Section 3. Time Out Room

3.1 Limitations on the use of timeout room

Prohibit the inclusion of restraints and seclusion in a student's individual education plan (IEP) or as part of a student's behavior intervention plan (BIP).

3.2 Time limitations on the use of timeout rooms

3.3 Adult supervision

3.4 Physical Characteristics

Prohibit the use of seclusion except in emergency cases defined as when a child must be physically separated from others because of an imminent risk of danger to an individual or others and when it has been documented that no other safe, effective intervention is possible. The child must be released from seclusion the moment the emergency ends. The room used for this purpose must be designed to provide a safe and non-threatening environment. The door to the room may not be locked, but it may be temporarily held closed with a device that requires a staff person to hold it in place and to see and hear the child at all times. Staff must be able to visually and audibly monitor the child at all times. Occasional checks are not acceptable. If a child is secluded for more than 15 minutes, either the school principal or an administrator responsible for the school in the absence of the school principal, must personally observe the child and note any reason for continued seclusion in a log maintained for that purpose. The school principal or administrator responsible for the school in the absence of the school principal must renew these observations every 15 minutes until the child is released from seclusion; and immediately attempt to notify the family of any continuous seclusion exceeding 15 minutes.

Section 4 Therapeutic restraint

4.1 Permitted uses of therapeutic restraint

Prohibit the use of restraints except in emergency cases defined as those involving an imminent risk of danger to the child or adolescent or others and no other safe, effective intervention is possible. Restraints may only be used by staff who have received intensive training and with rigorous supervision and must cease as soon as the emergency ends. Prohibit the use of any form of restraint that interferes with breathing and/or the ability of students to speak or otherwise communicate, e.g., prone restraints (with the student face down on his or her stomach), supine restraints (with the student face up on the back), or any maneuver that places pressure or weight on the chest, lungs, sternum, diaphragm, back, neck, or throat.

4.2 Time Limits on the use of therapeutic restraint

See Section 3

4.5 Training

Develop standards for training in restraints use, prevention and reduction and require all staff to be trained within the first month of each school year on the school's emergency and crisis

prevention procedures, de-escalation to help avoid crises, and debriefing procedures. Require that school staff receive training and demonstrate competence in the following areas:

- the early warning signs of mental illness and effective crisis intervention for students with mental illnesses;*
- positive behavioral supports and interventions;*
- communicative intent of behaviors;*
- relationship building;*
- alternatives to restrictive procedures and identifying events and environmental factors that may escalate behavior;*
- de-escalation methods; obtaining emergency medical assistance; the physiological and psychological impact of restraints and seclusion; and the skills that students need to better regulate and manage their behaviors;*

Keenan, Arthur

From: Towers, Denise
Sent: Monday, November 01, 2010 3:42 PM
To: Spear, Steve; Connolly, Nancy; Dube, Nancy; Hannigan, Debra
Cc: Keenan, Arthur
Subject: FW: DOE Ch. 33 comments
Attachments: DOE Ch. 33 NAMI comments.doc

From: Taglienti, Ron [mailto:ront@namimaine.org]
Sent: Monday, November 01, 2010 3:38 PM
To: Towers, Denise
Subject: DOE Ch. 33 comments

Hi Denise,
Attached please find comments on the Department's Regulations on Restraints and Seclusion from NAMI Maine.
Thank you for the opportunity.
Ron

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