

Therapeutic Restraint

These procedures are established for the purposes of meeting the obligations of the SAD 3 Board of Directors under state law and local school board policies governing the use of therapeutic restraint. These procedures shall be interpreted in a manner consistent with state law and regulations.

- I. Definitions: For purposes of these procedures, the term “therapeutic restraint” shall mean:

Therapeutic Restraint: Therapeutic restraint is physical restraint of a student for the purpose of preventing that student from injuring himself/herself or others, when such restraint is undertaken in accordance with an individualized, written plan that specifically calls for therapeutic restraint. Therapeutic restraint as defined in these procedures should be administered by personnel trained in that restraint.

Therapeutic restraint does not include any intervention by any school official that would otherwise be governed by state law on the use of reasonable force (20-A M.R.S.A. § 4009), which includes the use of a reasonable degree of force by school officials against a person who is creating a disturbance, when the official believes that force is necessary to control the disturbing behavior or to remove the person from the scene of the disturbance.

- II. Use of Therapeutic Restraint:

1. Therapeutic restraint as covered by these procedures shall be used only for the purpose of preventing a student from injuring him or herself or others, when such restraint is undertaken in accordance with an individualized, written plan that specifically calls for therapeutic restraint. Therapeutic restraint as covered by these procedures shall be used only after less intrusive interventions have failed to bring the student’s behavior under control.
2. Attempts shall be made to involve a child’s parent or guardian in developing an individualized, written plan that specifically calls for therapeutic restraining. For students with disabilities, the student’s Pupil Evaluation Team (P.E.T.) or 504 Team may develop such a plan if the Team determines it is appropriate to do so.
3. Therapeutic restraint as covered by these procedures shall involve the least amount of physical contact that is required to bring the behavior under control, and should be implemented by persons who have successfully completed an appropriate training program in the identification and de-escalation of potentially harmful behaviors and the safe use of passive physical therapeutic restraints. At least two adults should be involved in the use of therapeutic restraint as covered by these procedures, and if possible, both adults should have completed an appropriate training program in the identification and de-escalation of potentially harmful behaviors and the safe use of passive physical therapeutic restraints. In the event that an emergency situation prevents the presence of two adults of the therapeutic restraint, one individual may undertake the intervention and his/her conduct shall be protected to the full extent allowed by state law on the use of

reasonable force in emergencies (20-A M.R.S.A. § 4009). If an untrained adult is involved in the intervention, his/her conduct shall also be protected to the full extent allowed by state law on the use of reasonable force in emergencies.

4. The use of therapeutic restraint as covered by these procedures should not exceed one hour in length. If the student continues to present dangerous behaviors after that time, the use of therapeutic restraint may be continued with written authorization of the building principal or designee. In that event, the student's parent or guardian should also be called for the purpose of taking the student home for the remainder of that school day.
5. If at any point during the therapeutic restraint, the building principal or his/her designee, believes that the child cannot be maintained safely even with that restraint, the building principal or designee shall call the child's parent to come pick up the child, and may also call other emergency personnel for the purpose of taking custody of the child and ensuring the child's safety.
6. In the event that school officials use restraint on a child in any manner inconsistent with these procedures, that intervention shall be protected to the full extent permitted by state law on the use of reasonable force (20-A M.R.S.A. § 4009).

III. Documenting Use of Therapeutic Restraint:

1. Each time a child is subject to therapeutic restraint as covered by these procedures, a school official involved in that decision shall document the action. The documentation must include the following: the name of the student; the date and time of the restraint; the time that the restraint ended; the events preceding the behavior requiring the restraint; the specific behavior requiring the restraint; other types of intervention that may have been used; the names of staff members involved in the incident; and the names of staff members who participated in the restraint. If a call is placed to the family or to emergency personnel, that should be noted in the documentation as well.
2. The written documentation described above shall be provided to the building principal or designee within two school days of the incident. Whenever therapeutic restraint is used on a child, the child's parent or guardian shall be notified of the incident. If possible, the child's parent or guardian shall be notified of the incident on the same day that therapeutic restraint is used or as soon as possible thereafter.

IV. Prohibition of Aversive Therapy:

1. School officials shall not use aversive therapy on a student to modify or change that student's behavior. "Aversive therapy" is the application of unusual, noxious or potentially hazardous substances, stimuli or procedures to a student. Aversive therapies include the use of water spray, hitting, pinching, noxious fumes, extreme physical exercise, or embarrassing costumes or signs.
2. The use of mechanical or chemical restraints by school officials is prohibited by these procedures. These procedures do not prohibit protective equipment or devices or prescription medications that are part of a treatment plan prescribed by a physician or psychologist for treatment of a chronic condition.

V. Frequency of Use:

1. In the event that a child receives multiple time-outs, multiple therapeutic restraints, or exhibits a pattern of dangerous or disruptive behavior during a school year, and the use of interventions including therapeutic restraint to bring the behavior under control, the student's P.E.T. Team should be convened to discuss whether the current placement is appropriate or to amend the student's Individual Education Plan (I.E.P.). If the student is not identified as eligible for special education services, school officials should consider whether a referral should be made for the purposes of evaluation and possible identification.

References: 20-A M.R.S.A. § 4502 (5) (M) and accompanying regulations, 20-A M.R.S.A. § 4009.