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HB1166-Education – Physical Restraint and Seclusion – Requirements, Reporting, and Training

POSITION:SUPPORT

WAYS AND MEANS HEARING DATE 2/24/2021

As a national school health consultant and a delegating nurse for 37 schools in the nation, this bill is important to ensure that training for staff who provide behavioral assistance to students' displaying temporary aggression are properly equipped with appropriate interventions. Students who have mental, emotional and physical disabilities are often times misunderstood, disciplined, restrained and or secluded as a method of calming and attempting to force compliance. Staff in many school environments are not adequately trained with proper interventions and clinical strategies to de-escalate a student's emotions before they accelerate to a potential risk.

This bill would require that all types of schools receiving public dollars have certain training and reporting guidelines around restraint and seclusion. As appropriate staff and student training increases to de-escalate aggressive behavior and encourage positive talk therapy using trauma informed interventions, restraint and seclusion numbers will decline. Having licensed clinical professional staff available in schools where there is a high incidence of the use of restraint and seclusion will undoubtedly improve techniques to calm students and create learning opportunities for all staff in schools to minimize R&S.

Nurses and other health care professionals in schools play an integral role in assisting with minimizing the use of restraint and seclusion and empower staff to use calming strategies and positive behavioral supports. The National Association of School Health Nursing (NASN) published an article on this subject:

[Use of Restraint and Seclusion in the School Setting - National Association of School Nurses \(nasn.org\)](https://www.nasn.org/2019/05/01/use-of-restraint-and-seclusion-in-the-school-setting/)

School nurses and other clinical professional behavioral staff are key members of the schools' health care team and are educated on strategies to avoid the use of R and S, create a safe learning environment and provide technical support for healthy student outcomes. The American Academy of Pediatrics supports the use of healthy discipline by setting limits and teach students in need how to "thought redirect" to minimize aggressive behaviors. ESSA stipulates that LEAs must decrease disciplinary practices that remove students from learning environments. Many students who have been restrained and secluded are those with IDEA eligibility diagnoses (14%) but account for 80% of those physically restrained and 71% of those secluded (Prince and Gothberg, 2019). Black and brown students are disproportionately identified as needing the most restrictive school environments, utilizing R and S.

By passing this bill, much needed training, support and reporting requirements will occur and Maryland students will have a safer, healthier and more equitable education in our school buildings.

Sincerely,

Lori E. Scott RN,BSN,MS