

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) is an essential advocate for the health and well-being of all students. Promoting a safe and secure environment is vital to the educational success and emotional development of children. The use of restraints or seclusion can potentially cause injury or death and therefore should only be used as a brief intervention where there is the risk of imminent danger to the child, staff, or classmates (Mohr, LeBel, O'Halloran, & Preustch, 2010; USDE, 2012).

BACKGROUND

In May 2009, the United States Government Accountability Office (USGAO) published a report citing the lack of consistency in state laws governing seclusion and restraint in the school setting (USGAO, 2009). The report highlighted cases that led to the physical injury and death of students (USGAO, 2009), and the lack of background checks and adequate training for those in supervisory positions (USGAO, 2009). The report described or defined restraints and seclusion as:

- Physical restraint - prevention, by personnel, of the ability for a student to move freely;
- Mechanical restraint - any device that is intended to restrict movement, with the exception of equipment that has been prescribed by a healthcare professional; and
- Seclusion - the involuntary, solitary separation of a student to an area where he or she is physically prohibited from leaving.

In March 2010, the U.S. House of Representatives passed H.R. 4247, "The Preventing Harmful Restraint and Seclusion in Schools Act" (later amended to "Keeping All Students Safe Act") (Civic Impulse, 2014a) prohibiting the use of mechanical or chemical restraints, or any restraint that restricted breathing.

The report defined chemical restraint as:

- A drug or medication used on a student to control behavior or restrict freedom of movement that is not—
 - (i) prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under State law, for the standard treatment of a student's medical or psychiatric condition; and
 - (ii) administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under State law.

The law also required that physical restraint and seclusion should not be included in a student's individual education plan (IEP), although such measures may be written in to the crisis plan of a school "provided that such school plans are not specific to any individual student" (Civic Impulse, 2010a, p. 14). The Act was amended in October 2010 after complaints were issued by a number of disability organizations, citing a "double standard of accountability" (LeBel, Nunno, Mohr & O'Halloran, 2012, p. 77) specifically aimed at those students with behavioral disorders. In April 2011, the U.S. House of Representatives refiled the bill as H.R. 1381, and retained the name "Keeping All Students Safe Act" (Civic Impulse, 2014b). To provide support and information for school districts, educators, and parents on how to implement a safe learning environment for all students, the United States Department of Education (USDE) published a set of guidelines entitled *Restraint and Seclusion: Resource Document* (USDE, May 2012).

RATIONALE

NASN supports the following statements from other agencies and organizations who share a commitment to promoting the well-being of students.

The role of the school nurse is to advance the well-being, academic success, and lifelong achievement of students (NASN, 2010). To that end, school nurses provide leadership in:

- Recognizing that restraining/secluding a student either directly or indirectly is contrary to the fundamental goals and ethical traditions of nursing (American Nurses Association [ANA], 2012).
- Facilitating normal development and positive response to interventions;
- Assessing the physical and mental health needs of students;
- Identifying the meaning and/or purpose of student behavior;
- Providing therapeutic health interventions to prevent and/or de-escalate harmful behavior and/or potential health problems;
- Developing and promoting health, safety, and wellness policies and training needs of staff as they relate to behavioral interventions, while facilitating a healthy environment;
- Providing care coordination linking the student, family, healthcare provider and school;
- Actively collaborating with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning; and
- Supporting the development of policy that includes staff training for the prevention of restraints in school setting to address violent and other unwarranted behaviors.
- Recognizing that students are more likely to achieve when they:
 - Have clear expectations and routines.
 - Are acknowledged for positive behavior.
 - Are treated in a manner that preserves their human dignity (ANA, 2012; USDE, 2012).
- Recognizing that school nurses should advocate for reduction of the use of restraint/seclusion in schools by:
 - Encouraging the use of policies and procedures to keep students and school personnel safe (LeBel et al., 2012).
 - Identifying the meaning/purpose of student behavior, which may lead to the use of restraint/seclusion (USDE, 2012).
 - Promoting a systematic approach to assessment, intervention and evaluation as the best means of response to behavior (ANA, 2012).
 - Recognizing that adequate consistent staffing ratios in all classrooms are necessary, especially in at-risk classrooms (USDE, 2012).
- Recognizing that schools should provide prevention strategies, including positive behavioral support training and de-escalation methods for all school staff and administrators (USDE, 2012).
- Recognizing that schools should have clear policies related to the brief use of restraint/seclusion, where there is the risk of imminent danger to the child, staff or classmates, including the reporting process to alert parents/guardians and appropriate school staff (USDE, 2012).
- Recognizing that if restraint/seclusion must be utilized to protect the safety of the student, staff or fellow classmate:
 - It should be a developmentally appropriate method of restraint used in the least restrictive manner (ANA, 2012).
 - The child should be closely monitored on a one-to-one basis.
 - It should be used only in accordance with applicable law.

Organizations that utilize restraints/seclusion should keep and analyze data about such use, to provide constructive insight about how to decrease the need for such measures.

CONCLUSION

NASN recognizes that restraining or secluding a student, either directly or indirectly can potentially cause injury or death. Where there is the risk of imminent danger to the child, staff or classmates, NASN supports schools developing specific policies related to brief use of restraints/seclusion. School nurses are leaders within their schools and communities, and are positioned to support the implementation of the USDE recommendations, while advocating for policies that promote a safe and secure learning environment for students.

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Adopted: June 2014

This document replaces the Consensus Statement *The Use of Restraints or Seclusion in the School Setting* adopted 2009, revised March 2013.

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