Implications for School Nursing Practice in Restraint and Seclusion Activities

The presence of professional registered nurses who engage in patient-focused interventions has been shown to reduce the adverse outcomes of restraints and seclusion (R&S) (Canatsey & Roper, 1997). School nurses have been called upon to take a leadership role in preventing and reducing R&S in schools (Mohr et al, 2010).

School nursing interventions for the prevention and reduction of the use of restraint and seclusion in the school setting are two-fold: at the school and district-wide level and as well as at the individual student intervention level. "School nurses advocate for the health and well-being of all children; with or without disabilities." (NASN, 2013). The American Nurses Association (ANA) strongly supports nurse participation in reducing restraint and seclusion. "Restraining or secluding [individuals] either directly or indirectly is viewed as contrary to the fundamental goals and ethical traditions of the nursing profession, which upholds the autonomy and inherent dignity of each [individual] (ANA, 2012).

The Massachusetts Board of Registration in Nursing (BORN) regulations governing Nursing Practice 244 CMR 9.00 (Standards of Conduct) address issues of concern for the school nurse who is involved in the use of R&S in the school setting (BORN, 2013). Under 244 CMR 9.00, 9.02, 9.03(5)(6)(7)(9)(15)(17) and (38), the licensed nurse may be involved in the use of restraints only when there is (a) immediate danger to life or limb or (b) a detailed plan that has received parent/guardian active consent in writing in the parent/guardian's native language, defining when and how restraints should be implemented has been established. This position is further supported by the American Nurses Association Standards and Scope of Practice, which state the nurse may not be involved in restraints unless certain conditions are met per these

nursing practice standards (ANA, 2012). Without such a plan (or if there is no immediate danger to life or limb), restraints would be considered abusive and, as a mandated reporter, *the nurse is required to file a 51A report with the Massachusetts Department of Children and Families on any school staff imposing the restraint (*M.G.L. c,119, §51A).

Nursing Role at the School-wide Level

The Office of Technical Assistance of the National Association of State Mental Health Program Directors has developed Six Core Strategies To Reduce the Use of Seclusion and Restraint © (Huckshorn, 2005). Using these strategies has been approved as an evidence-based tool for facilitating change, including prevention and was adopted by youth serving state agencies – Department of Mental Health (DMH), Department of Children and Families (DCF), Department of Youth Services (DYS), Department of Developmental Services (DDS), Department of Early Education and Care (DEEC), and the Department of Elementary and Secondary Education (DESE) and the Massachusetts Office of the Child Advocate (OCA). The planning tool includes the following strategies toward implementation of change:

1. Leadership Toward Organizational Change
2. Use of Data to Inform Practices
3. Workforce Development
4. Use of R&S Reduction Tools
5. Consumer Roles in Intervention Settings
6. Debriefing Techniques

The school nurse can work with others in the school to use these same strategies to create a school-wide environment for the prevention and reduction of the use of R&S in the school setting:

1. Develop a multi-disciplinary team to provide leadership to define a vision and values that incorporate an understanding of trauma-informed practices that are sensitive to the needs of all children. The team may create a school-wide plan to prevent and reduce the use of R&S.

2. Provide the multi-disciplinary team with data collected from nursing observations and interventions, as well as classroom or guidance data to assess environmental, psycho-social, neurobiological and other causes and risk factors related to student behaviors. The team could identify high impact areas for intervention.

3. Educate staff on trauma-sensitive care strategies that are less likely to be coercive or act as triggers for conflict as a primary prevention intervention. School nurses should include information related to the prevalence of "out-of-control behaviors" among the students served, the effects of traumatic life experiences on developmental learning and subsequent emotional development of students during professional development programs for all staff.

4. Implement appropriate assessment, planning and intervention tools that are integrated into all school and classroom policies and procedures. This includes the need to identify risk for violence and provide plans to prevent the escalation of out of control behaviors.

5. Support environmental changes such as comfort and sensory rooms (a therapeutic calming space) that promote opportunities for students to self-manage emotional responses.

6. Include students, staff, family and other providers as part of a team approach to implement programs to assist in the prevention and reduction of R&S in the school setting. All individuals should take responsibility for supporting, protecting and advocating for a R&S free school environment. Teachers should learn how to assist students with self-regulation skills (high academic standards, known safety priorities, expected behaviors, setting limits, etc.) in the classroom. As members of this team, school nurses can advocate for student and family voice in this program planning.

7. Attend and facilitate as needed, meetings to debrief and follow-up on any incident in which R&S is used. The reduction of R&S comes from (a) understanding the causes of behavioral issues; (b) implementing policies, procedures and practices created to avoid use of R&S and (c) address potentially dangerous behaviors in the school setting. Debriefing also serves to reduce the adverse and traumatizing effects of R&S on students, staff and others who have witnessed any R&S. These debriefings should include an assessment of the situation in which R&S was used as well as the identification of educational needs of school staff to prevent and reduce future incidents of R&S.

8. Provide classroom teachers with an understanding and a plan for appropriate interventions to students with out-of-control behavior. This includes trauma informed responses (responses that are respectful and sensitive to a child's past adverse experiences) to a student's behavior in the classroom as well as prevention of triggers and means to de-escalate out-of-control behaviors. The school nurse should assist with teaching the student self-regulation of emotions and behavioral responses as identified for the student.
9. Work with school administration and teachers to develop trauma-sensitive classrooms school-wide; support individual teachers with creating trauma-sensitive classrooms as well as

environmental responses that include individual sensory and comfort interventions to assist students with emotional self-regulation in the classroom and other school environments

Nursing Role at the Individual Student Level

While the above describes the school nurse's role at a school/district-wide level, the school nurse also has a responsibility for the prevention and reduction of the use of R&S at the individual student level. Using the same Six Core Strategies©, the school nurse should work with individual students to ensure that:

1. A history and assessment is completed PRIOR TO ENTRY to school for students at risk for behavioral issues.

2. Members of the student's multi-disciplinary team understand the student's trauma history and response (emotional, behavioral, or trauma history; psychosocial, and/or cultural concerns, developmental delay, autism assessment; hearing and speech problems; learning issues; substance abuse, etc.). Planning for appropriate responses to the student's behavior should begin prior to admission to the school.

3. A Functional Behavioral Assessment (FBA) is completed concerns are identified. The student's FBA should lead to positive behavioral interventions and supports (Amos, et al, 2012). By identifying antecedent to and reinforcers of aggressive behaviors, individual student plan for interventions can be developed for use in the classroom and other school settings (Mohr, 2010). The school nurse should assist the process of functional analysis and make it part of the ongoing nursing assessment and intervention process for the student.

4. An Individual Health Care Plan (IHCP) is developed that involves a multi-disciplinary team approach and includes the student and his/her family in the planning process. The plan should incorporate interventions that prevent and reduce risk factors and triggers, and include use of sensory techniques and comfort measures to alleviate out-of-control behaviors.
5. Documentation should include all triggers, signs, symptoms and responses to interventions in the student's school health record. This documentation should be used to monitor and evaluate responses to interventions and determine appropriate outcomes.
6. Classroom teachers have an understanding and a plan for appropriate interventions. This includes trauma informed responses (responses that are respectful and sensitive to a child's past adverse experiences) to a student's behavior in the classroom as well as prevention of triggers and means to de-escalate out-of-control behaviors. The school nurse should assist with teaching the student self-regulation of emotions and behavioral responses as identified for the student.
7. Encourage school administration and teachers to develop trauma-sensitive classrooms; support teachers with creating trauma-sensitive classrooms as well as environmental response, techniques that include individual sensory and comfort interventions to assist the student with emotional self-regulation in the classroom and other school environments.
8. A debriefing includes a review and revision of the student's treatment plans as necessary. School nurses, in coordination with other school staff, should notify the student's parents/guardians each time restraint or seclusion is used in response to their

child's behavior. The debriefing should include the classroom teacher and other school staff and the behavioral response plan should be revised as needed. School nurses should provide opportunities for other witnesses of any restraint or seclusion to verbalize feelings and emotions resulting from such events.

Nursing Protocol for Response to Restraint and/ or Seclusion

School nurses should work toward the prevention and reduction in the use of restraints and the prevention of seclusion in the school setting. "School nurses should be active members of the crisis intervention teams and be involved in the development and planning of prevention and intervention programs within the school." (NASN 2013). If, however, interventions fail and an incident involving restraint and seclusion occurs due to imminent danger to life or limb of the student or others, the following protocol should be observed:

1. As soon as a school nurse is aware of a physical restraint or seclusion being used, the school nurse should ensure the safety of the student by assessing the situation for risks to the student and others.

2. The school nurse will be notified by a staff member at the start of any physical restraint or incident of seclusion. As soon as possible, the school nurse will be available and participate only as an observer during the restraint.

3. The nurse is to take immediate action to end the hold/restraint as soon as possible; the restraint should be stopped immediately if the student shows any sign of distress.

4. The restraint should be released immediately upon determining that the student is no longer at risk of causing imminent physical harm to him/herself or others. No child

should be placed in seclusion at any time. This is illegal in Massachusetts schools and should be reported to school administration.

5. The student in restraint should be assessed for skin color, respiratory effort, level of consciousness, level of agitation, and range of motion and/or swelling of the extremities.

6. A restraint should be stopped immediately if the student shows any signs of medical or emotional distress.

7. After the hold/restraint the nurse will assess the student as well as staff for any injury.

8. The school nurse should provide the results of any nursing assessment following the use of *any* known use of physical restraint or seclusion of a student to the parents/ guardians of the student on the same day of the occurrence. (If the school provides a parent or guardian of a student with report cards and other school-related information in a language other than English, the written restraint report and assessment should also be provided to the parent or guardian in that language). The report to the parent may include additional information as provided by school staff:

    a. The names and job titles of the staff who administered the restraint, and observers, if any; the date of the restraint; the time the restraint began and ended;
    b. A description of the activity, as reported to the school nurse, in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint. This includes the behavior that prompted the restraint; efforts made to de-escalate the situation;

alternatives to restraint that were attempted; and the justification for initiating physical restraint.

c. A description of the administration of the restraint including the type of restraint used. This report should include the student's behavior and reactions during the restraint, how the restraint ended, documentation of injury or distress to the student and/or staff, if any, during the restraint, and any medical care provided (CAPS, 2013).

9. The school nurse, with administrative support, will ensure that a debriefing of the situation occurs with all staff and students involved to determine the cause for the restraint or seclusion. The debriefing will occur within a reasonable amount of time (no more than 48 hours following any incident).

10. If a restraint has been administered to a student pursuant to an Individualized Education Plan ("IEP") or other written behavioral plan which has been developed in accordance with state and federal laws, and the student's parent or guardian have provided active, written consent, the school nurse should report and document the restraint in the same manner as above.

11. Any restraint that does not meet the requirements of 603 CMR 46.00 should be reported to the Department of Children and Family in accordance with all other mandated reports of abuse.

12. If there is a certain frequency of the use of “emergency restraints” that is, more than two in a week or three in a month (Anzer, 2009), the school nurse should assess the situation and identify teaching or other strategies or interventions that will reduce the

need for emergency restraints in the future. The school nurse has the responsibility to review with the student, his/her family, the school staff and other team members the circumstances that created a need for restraint and to develop an intervention to reduce that need.

13. The nurse, as part of the multi-disciplinary school team, should ensure that a debriefing of any use of restraint or seclusion in the school occurs within 48 hours (see Debriefing and Evaluation below). This debriefing should also include a plan to review the situation with all the students and other staff who may have witnessed the event.

14. Documentation of the incident in the student's health record, including precipitating factors, any resulting injuries and when parents/ guardians were notified, should be completed immediately following the incident.

Debriefing and Evaluation

All school staff and other individuals who were involved in any incident of restraint or seclusion should participate in a debriefing after each episode. This should occur as soon as possible, preferably by the end of the next school day. The debriefing should be used to:

1. Identify antecedents that led to the incident and identify what actions were taken, especially any known trauma history that student may have;
2. Assess what might have been done to prevent the need for restraints;
3. Determine if the individual behavioral plan was used (if in place);
4. Evaluate whether the student's wellbeing, comfort and right to privacy were addressed;

5. Process the episode with the student who was restrained and, with the student's input (if appropriate) modify the behavior plan accordingly;
6. Determine the need for counseling/ medical evaluation/ treatment for the student, classmates or staff involved;
7. Interview student, parent/guardians, and school staff re: restraint to assist in determining causative behaviors or triggers, if known (Belchertown Public Schools, 2013).

Literature related to the adverse and sometimes, fatal, consequences of the use of restraint and seclusion in schools, compels school nurses to take a leadership role in preventing and reducing the use of sometimes abusive and neglectful interventions. School nurses should intervene to prevent and reduce the use of R&S by educating colleagues and other adults, establishing safe environments for all children, and leading efforts to build positive behavioral supports for the entire school community.

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