

# Use of Restraints, Seclusion and Corporal Punishment in the School Setting



## *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, seclusion or corporal punishment can potentially cause injury or death. Restraint and seclusion should only be used as a brief intervention where there is the risk of imminent danger to the child, staff, or classmates and only where permitted by law (Mohr, LeBel, O'Halloran, & Preustch, 2010; USDE, 2012). In addition, school nurses are in a position to promote alternative non-violent forms of positive behavior support in the school setting.

### **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 follows:

- Physical restraint -- prevention, by personnel, of the ability for a student to move freely;
- Mechanical restraint -- any device that is intended to restrict movement except 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 United States 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 follows:

- 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 into 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 United States 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).

Corporal punishment-- which is currently allowed in 19 states-- can also adversely affect students’ self-image, can lead to anxiety and depression, can result in physical harm, inhibits the development of appropriate social skills, can cause lack of involvement in school work, and is possibly linked to domestic violence (Han, 2011; Rollins, 2012). The “Ending Corporal Punishment in Schools Act of 2014” was introduced to 113TH CONGRESS 2D SESSION. It describes corporal punishment as generally involving paddling or striking students with a wooden paddle, which can lead to abrasions, bruising, muscle injury or life threatening hemorrhages (Civic Impulse, 2015).

## **RATIONALE**

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);
- Recognizing that corporal punishment places students at risk for negative outcomes that include physical injury, increased aggression, altered social development, and mental health issues (Rollins, 2011);
- Facilitating optimal 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;
- Supporting the development of policy that includes staff training for the prevention of restraints in school settings 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, and
  - 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 and the elimination of corporal punishment 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), and
  - 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); and

- 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, and
  - 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 and promptly implement appropriate remediation.

## 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, and the law permits NASN supports schools developing specific policies related to brief use of restraints/seclusion and the use of alternative non-violent forms of positive behavior support in the school setting. 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.

## REFERENCES

- American Nurses Association. (2012). *Reduction of patient restraint and seclusion in the healthcare setting*. Retrieved from <http://www.nursingworld.org/restraintposition>
- Civic Impulse. (2014a). *H.R. 4247 (111th): Keeping all students safe act*. Retrieved from <https://www.govtrack.us/congress/bills/111/hr4247/text>
- Civic Impulse. (2014b) *H.R. 1381 (112th): Keeping all students safe act*. Retrieved from <https://www.govtrack.us/congress/bills/112/hr1381/text>
- Civic Impulse. (2015). *H.R. 5005 — 113th Congress: Ending Corporal Punishment in Schools Act of 2014*. Retrieved from <https://www.govtrack.us/congress/bills/113/hr5005>
- Han, S. (2011) Probability of corporal punishment: Lack of resources and vulnerable students. *Journal of Educational Research*, 104, 420—430. doi:10.1080/00220671.2010.500313
- LeBel, J., Nunno, M. A., Mohr, W. K., & O'Halloran, R. (2012). Restraint and seclusion use in U.S. school settings: Recommendations from allied treatment disciplines. *American Journal of Orthopsychiatry*, 82(1), 75-86. doi:10.1111/j.1939-0025.2011.01134.x
- Mohr, W.K., LeBel, J., O'Halloran, R., & Preustch, C. (2010). Tied up and isolated at the school house. *The Journal of School Nursing*, 26(2), 91-101. doi:10.1177/1059840509357924
- National Association of School Nurses. (2010). *Definition of school nursing*. Retrieved from <http://www.nasn.org/RoleCareer>
- Rollins, J.A. (2012). 2012: Revisiting the issue of corporal punishment in our nation's schools: Editorial. *Pediatric Nursing* 38 (5) 248.
- United States Department of Education (USDE). (2012). *Restraint and seclusion: Resource document*. Retrieved from

[http://find.ed.gov/search?client=default\\_frontend&site=default\\_collection&output=xml\\_no\\_dtd&proxystyle=sheet=default\\_frontend&q=restraint+and+seclusion&sa.x=0&sa.y=0](http://find.ed.gov/search?client=default_frontend&site=default_collection&output=xml_no_dtd&proxystyle=sheet=default_frontend&q=restraint+and+seclusion&sa.x=0&sa.y=0)

United States Government Accountability Office (USGAO). (2009). *Seclusions and restraints: Selected cases of death and abuse at public and private schools and treatment centers*. Retrieved from <http://www.gao.gov/products/GAO-09-719T>

**Acknowledgement of Authors**

Lynnette J. Ondeck, MEd, BSN, RN, NCSN

**Acknowledgement of 2014 Authors:**

Elizabeth Clark, MSN, RN, NCSN

Linda Compton, MS, RN

Georgene Westendorf, MPH, BSN, NCSN

Sue Buswell, MSN, BSN, RN, NCSN

Elizabeth Chau, SRN, RN

Adopted: June 2015

This document replaces the Position Statement *The Use of Restraints or Seclusion in the School Setting* adopted June 2014

Suggested citation: National Association of School Nurses. (2015). *Use of restraints, seclusion and corporal punishment in the school setting (Position Statement)*. Silver Spring, MD: Author.

*All position statements from the National Association of School Nurses will automatically expire five years after publication unless reaffirmed, revised, or retired at or before that time.*

---

[www.nasn.org](http://www.nasn.org)  
National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130