St. Charles Parish Public Schools
Specialized Health Care Protocol for Physical Restraints

Rationale

St. Charles Parish Public Schools recognizes the importance of implementing a protocol for Restraints. Restraints are a measure of last resort and may be used only in an educational program after personnel have used less restrictive measures, including de-escalation techniques. The use of physical restraints is limited to controlling acute or episodic aggressive or self-injurious behavior when the student is acting in a manner as to be a clear and present danger to self, to other students, or to employees, and only when less restrictive measures and techniques have proven to be less effective.

Restraint

A "restraint" is defined as any physical or chemical means or device that restricts a student's freedom to and ability to move about and cannot be easily removed by the student.

A "physical restraint" is defined as "any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the student's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body", according to the Centers for Medicare and Medicaid Services. Other examples of physical restraints are soft padded wrist restraints that are used to prevent the dislodgment of tubes, lines and catheters.

The "least restrictive restraint" is defined as the restraint that permits the most freedom of movement to meet the needs of the student. For example, mittens are the least restrictive device or restraint that can be used to prevent dislodging of catheters and medically necessary lines such as an intravenous line or a central venous device.

Under Louisiana law, Mechanical restraint does not include:

(i) A protective or stabilizing device used in strict accordance with the manufacturer's instructions for proper use and which is used in compliance with orders issued by an appropriately licensed health care provider. Wrist restraint may be used in accordance with doctor's orders and manufacturer's instructions then it is not a "mechanical restraint".

At any time a student poses an immediate threat to himself or to others, trained staff shall implement the Handle with Care techniques. The restraint shall only last as long as is necessary to protect the safety of the student or others as the circumstances require.

Restraint Orders

A complete doctor's order with parent/ guardian's signature is required to initiate and maintain the use of restraints.

The minimal components of orders for restraint include the reason for and rationale for the use of the restraint, the type of restraint to be used, how long the restraint can be used, the client behaviors that necessitated the use of the restraints, and any special instructions beyond and above those required by the facility's policies and procedures.

School Nurse

When a student who may need to be restrained for medical reasons enters a school, the school nurse is the lead team member in assessing the needs of the student, performing a nursing appraisal/assessment and developing a care plan that meets the needs of the student in school. The school nurse is responsible for making all other school personnel involved with the student aware of the student's needs.

The school nurse is responsible for obtaining the student's medical/health history from the parent/guardian and health care providers. The school nurse is also responsible for obtaining any physician's orders regarding health services required by the student during the school day (i.e. oxygen, medications, suctioning, etc.)

When the registered nurse monitors and evaluates the student's responses to the restraints or safety device, the nurse will assess and evaluate the student and their:

- Mental Status. Is the person afraid or fearful? Is the person confused? Is the student angry, upset, or agitated?
- Physical Status. Is the person safely restrained and safe from strangulation from a vest restraint, for example? Are the client's respiratory and circulatory systems normal? Is the person clean, comfortable, and dry? Is the skin showing any signs of irritation or breakdown?
- Response to the Restraint. Has the person improved to the point where they may no longer be in need of restraint?

Note: When restraints are warranted, the nurse shall determine if a nursing assessment must be completed before applying restraints.

Individualized Education Program/Plan

The use of restraints may only be included in a student's IEP if the student's parent/ guardian(s) agree and when the IEP team meets all of the following conditions:

- They are utilized with specific elements of positive behavior/ medical support.
- Staff are authorized and trained to use restraint.
- There is a plan for eliminating the use of restraint through the application of positive behavior /medical support. The plan shall include updated present levels, a measurable goal, baseline data, methods of monitoring progress, and the specially designed instruction and/or related services that will enable goal attainment, if appropriate.
- The Local Education Agencies (LEA) must notify the parent/guardian(s) of the use of a restraint and schedule an IEP team meeting within 10 school days of the use of the restraint in the educational program; an IEP team meeting invitation shall be issued to the parent/guardian for that purpose. During the meeting, the IEP team shall consider the need for a new or revised functional behavioral assessment and positive behavior/ medical support plan, reevaluation, or change of placement to address the inappropriate behavior. LEAs shall not be proposing that the parent/guardian(s) waive these meetings as a matter of course. The parent/guardian(s) may agree in writing to waive the IEP team meeting; however, the written notice provided by the LEA shall not influence a parent/ guardian's decision to waive the meeting.

- Restraints may not be included in a student's IEP in lieu of a positive behavior support plan or for the convenience of staff or be employed as punishment. When an IEP team, including the Parent/guardian determines that it is necessary to include the use of restraints in an IEP; the types of physically restrictive procedures used shall be fully explained and documented in the IEP or positive behavior/ medical support plan in order to enable informed consent by the parent/guardian(s). LEAs may not use restraints in the IEP as part of a pre-designed program for all students with disabilities. If the student's behavior is dangerous to self or others, the IEP team develops a behavior plan that includes conditions as stated above.

Educational Opportunities for Students with Exceptionalities (EOSE)

Specifically, the procedural safeguards employed under the EOSE are governed by La.R.S. 17:1946(C), as follows:

- No person, who is an employee of a public school system, or his employer, who in good faith renders school health services and medical services to students with exceptionalities which are required by state or federal law, shall be liable for any civil damages because of any act or omission in rendering the care or services required.
- The provisions of this Section shall not exempt from liability those individuals who intentionally or by grossly negligent acts or omissions cause damages to a student with an exceptionality or other individual participating in a special education program for individuals with exceptionalities.

Monitoring the Client during Restraint

When you monitor the student who is restrained, you must observe and monitor the student's physical condition, the student's emotional state, and the student's responses to the restraint or seclusion.

- Is the student safe?
- Are the restraints still in place and safely applied?
- Are the student's vital signs normal?
- Are the skin color, intactness of the skin, and circulation good?
- Is the restraint too tight?
- Is the student comfortable and without any physical needs that you can attend to like toileting, food and/or fluids?
- Is the student confused?
- Is the student angry, upset, or agitated?
- Is the student afraid or fearful?

After the restraint is applied, initial monitoring is done whenever necessary but at least every 15 minutes for the first hour by the qualified registered nurse (RN) or trained unlicensed staff. When the student is stable and without significant changes, the monitoring and correlated documentation is then done at least every 4 hours for adults, every 2 hours for children from 9 to 17 years of age, and at least every hour for those less than 9 years of age.

The scope of monitoring must include an evaluation or reassessment of the patient's:

- Physical status, including vital signs, any injuries, nutrition, hydration, circulation, range of motion, hygiene, elimination and physical comfort

- Psychological and emotional status, including psychological comfort and the maintaining of dignity, safety and patient rights

- Restraint need, discontinuation readiness and how the student acts and reacts when the restraint is temporarily removed for ongoing care. Does the student's condition justify the need for the continuation of the current restraint device, a less or more restrictive restraint or the discontinuation of restraints?

- The correct and safe application, removal and reapplication of the restraint

Emergency Protocols/Plans

Parents/guardians are required to sign a written authorization for the use of restraints. A written physician order must also be obtained. Parents /guardians are required to provide all necessary equipment/supplies.

The School Nurse will coordinate with the IEP team and compose an Emergency Plan.

Delegation

Personnel authorized to perform the procedure can be performed by an RN or LPN, or by any designated unlicensed trained staff.

Equipment required: Restraint in accordance with order by medical provider.

Daily checklist

School personnel must be trained and knowledgeable regarding the proper usage and placement of the restraints during the school day. The restraints must be secured properly when in use and the student shall be monitored per restraint protocol

It is essential to have a written emergency plan that takes into consideration the individual needs of students who use restraints. The manufacturer's guidelines shall be followed for the use of restraints during the school day.

Management

The following aspects of care must be provided as needed to a restrained student and documented at least every two (2) hours when the person is restrained for non-behavioral reasons, and at least every four (4) hours when the person is restrained for behavioral reasons and more often for children (every two (2) hours for those 9 to 17 years of age, and at least every hour for those less than 9 years of age, unless the person needs more frequent care.

The components of this care are based on the client's needs and it typically includes:

- Range of motion exercises to the restrained body part unless the person is sleeping
- Turning and repositioning the individual
- Skin care if the skin assessment indicates a need to do so
- Checking the circulatory status of the affected body part
- Providing for all other physical needs such as toileting, hydration, nutrition, etc.
- Providing for the patient's psychological needs, such as their need for as much independence as possible, the need for dignity and respect and freedom from anxiety

Some facilities use restraint flow sheets to document and record the use of restraints, the monitoring of the client, the care provided and the responses of the student who is restrained or in seclusion. When these flow sheets are not used, the nurse must document all monitoring and care elements in the progress notes.

Procedure

Wash hands

Assemble equipment: restraints

Explain procedure at the student's level of understanding.

Attach restraint

Document procedure and problems on student's log sheet.

Wash hands.

Monitor and follow management steps

St. Charles Parish Public Schools
Specialized Health Care Protocol for Physical Restraints

Restraint Application Skills Checklist				
Student's Name: _____			DOB: _____	
Person Trained: _____			Position: _____	
	Demo Date	Return Demonstration Dates		
Identifies student using two patient identifiers				
Verifies Doctors orders				
Gathers necessary equipment and supplies				
Performs hand hygiene				
Provide for students privacy				
Using calm approach, explained to student procedure and purpose of restraints.				
Inspected area to which restraint will be applied, noting skin.				
Applied restraint following manufacturer's instructions: Extremity restraint: wrapped restraint with soft part around student's skin, ensured restraint was not too tight.				
Ensured straps were attached to stationary part of chair.				
Secured restraints with a quick-release tie, or buckle.				
Double checked to make sure restraints were not too tight.				
Removed restraints at appropriate intervals, checking for redness and circulation.				
Documented and reported student's response				
Student specific/ comments: _____				
Overall Rating: _____ PASS *Successful completion of a minimum of three demonstrations with 100% accuracy*				
_____ FAIL *Practical must be repeated. Trainer must complete summary of skills form and attach to this checklist.*				
Date: _____ Employee Signature _____ School Nurse SIgnature: _____				

Daily Restraint Flow sheet

Day	Time	Restraint: ON	OFF	Circulation check	Redness check	Staff initials:
Mon	7:15 AM					
	8:15 AM					
date	9:15 AM					
	10:15 AM					
	11:15 AM					
	12:15 PM					
	1:15 PM					
	2:15 PM					
Tues	7:15 AM					
	8:15 AM					
date	9:15 AM					
	10:15 AM					
	11:15 AM					
	12:15 PM					
	1:15 PM					
	2:15 PM					
Wed	7:15 AM					
	8:15 AM					
date	9:15 AM					
	10:15 AM					
	11:15 AM					
	12:15 PM					
	1:15 PM					
	2:15 PM					
Thur	7:15 AM					
	8:15 AM					
date	9:15 AM					
	10:15 AM					
	11:15 AM					
	12:15 PM					
	1:15 PM					
	2:15 PM					
Fri	7:15 AM					
	8:15 AM					
date	9:15 AM					
	10:15 AM					
	11:15 AM					
	12:15 PM					
	1:15 PM					
	2:15 PM					
	Staff In: _____	Staff Name: _____		Staff In: _____	Staff Name: _____	