

“Hold Up. Violence is an Occupational Hazard for Teacher Assistants!?” Examining Restraint Policies at Rutgers Behavioral Health Schools

Martin Duggan, DO,^{1,2} Julie Caruth, MD, MPH^{1,2}

¹Rutgers, The State University of New Jersey, School of Public Health, Environmental and Occupational Health and Justice, Piscataway, NJ

²Rutgers-Environmental and Occupational Health Sciences Institute, Piscataway, NJ

Introduction

In specialized educational settings, such as schools and partial hospitalization programs for children and adolescents with emotional and behavioral challenges, teaching assistants are integral members of the support team. These staff members are frequently called upon to manage situations involving imminent risk, where manual restraint is sometimes necessary. Rutgers University Behavioral Health Care (RBHC) developed the policy, “Use of Physical Holding of Youth in Child/Adolescent Partial Hospitalization Programs, the Children’s Transitional Residence, and Rutgers Day School,” to ensure safe interventions (RBHC, 2024).

While necessary for safety, these interventions carry risks, particularly for staff exposed to violence. Occupational safety is often underemphasized in policies governing restraint. Bureau of Labor Statistics (BLS) data from 2016 and 2023 highlight the prevalence of workplace injuries among educators, particularly teaching assistants involved in physical interventions (Spencer & Farrell, 2016; BLS, 2023). Reported injuries, such as sprains, strains, and contusions, often result from restraint procedures.

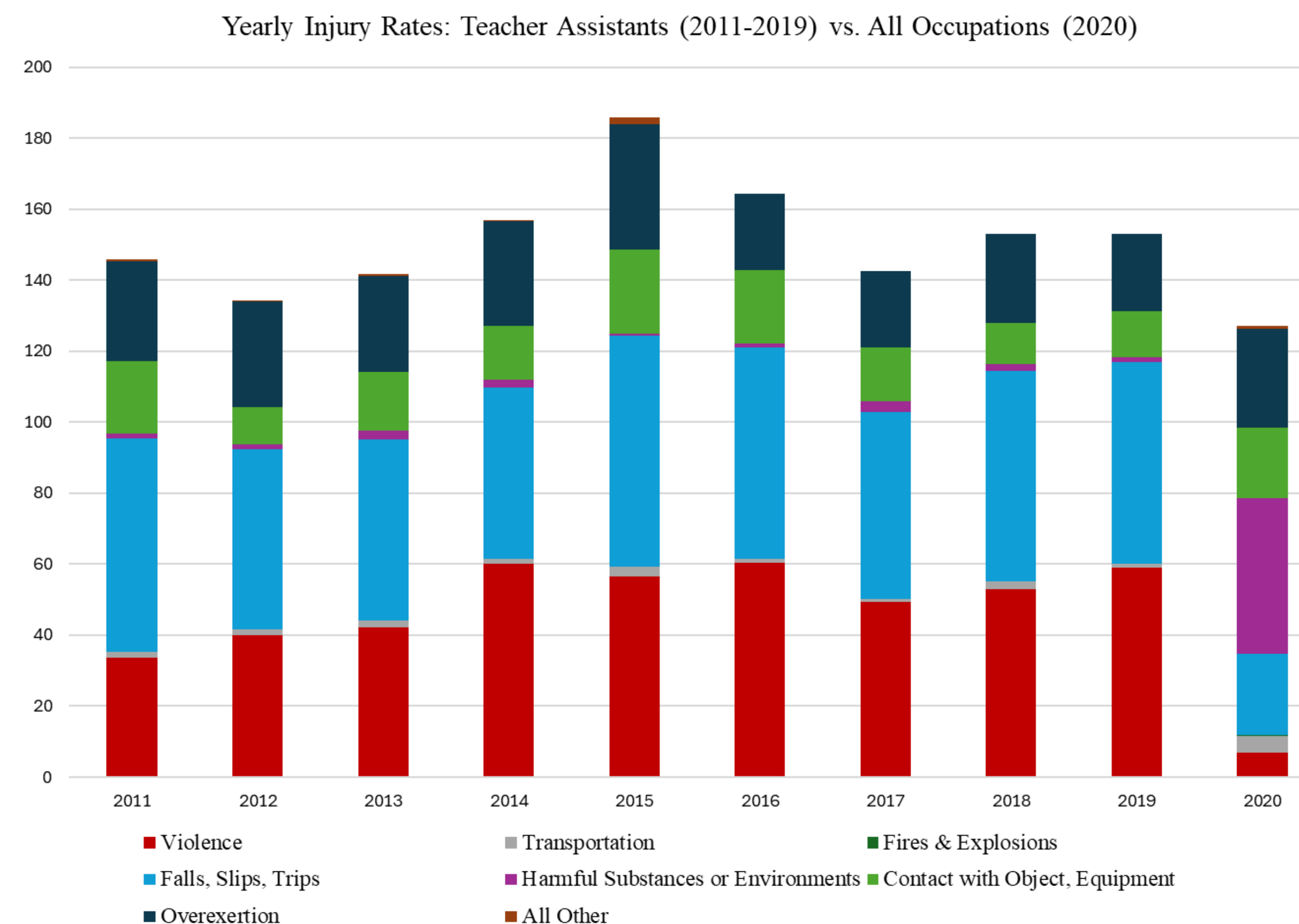
To address these risks, the RBHC policy mandates annual training for staff involved in manual restraint, including Crisis Prevention Intervention (CPI) and site-specific protocols (RBHC, 2024). Best practices from the American Psychiatric Nurses Association (APNA) and the United Kingdom’s National Collaborating Centre for Mental Health (NICE) emphasize comprehensive training in de-escalation and understanding restraint risks (APNA, 2022; NICE, 2015). Manual restraint also carries psychological and ethical implications for both staff and students.

Methods

We conducted a systematic evaluation of the RBHC policy titled “Use of Physical Holding of Youth in Child/Adolescent Partial Hospitalization Programs, the Children’s Transitional Residence, and Rutgers Day School.” This involved:

- **Policy Review:** Analyzed the policy's key components, including criteria for initiating restraint, staff training, monitoring, and post-incident debriefing.
- **Literature Review and Comparative Analysis:** Searched PubMed, PsycINFO, and CINAHL using terms such as “manual restraint,” “staff injuries,” and “workplace violence in education.” Compared the policy with APNA and NICE guidelines on de-escalation and staff safety.
- **Occupational Safety Data Integration:** Examined BLS workplace injury data, focusing on nonfatal injuries among teaching assistants due to violence, to provide context for risks linked to restraint interventions.
- **Synthesis and Evaluation:** Combined findings from the policy review, literature review, and data analysis to assess the RBHC policy’s effectiveness in protecting staff.

National Data from the BLS



Results

Policy Document Review:

The RBHC policy mandates physical holding of youth as a last resort during imminent risk, aligning with NICE guidelines (RBHC, 2024; NICE, 2015). However, it lacks specific examples to guide staff, leading to potential inconsistencies. Reliance on proprietary models like CPI, which may lack transparency, is required for annual training (RBHC, 2024; Hollins et al., 2022). The policy prioritizes youth injury prevention but neglects guidelines for staff injury prevention, contrary to APNA recommendations (APNA, 2022). Post-incident debriefings are mandated but omit psychological support for staff (APNA, 2022; NICE, 2015). Data collection for quality improvement is mentioned but lacks specifics (RBHC, 2024).

Literature Review and Comparative Analysis:

Concerns about proprietary training models like CPI include a lack of transparency and practical skill development (Hollins et al., 2022). Indirect training may lead to misuse of restraints without imminent risk (Chavis et al., 2020). The absence of clear staff injury prevention guidelines during restraint is a major gap (Schofield et al., 2019). APNA and NICE stress comprehensive training, de-escalation techniques, harm minimization, and staff safety measures, which the RBHC policy addresses partially but lacks in critical areas (APNA, 2022; NICE, 2015).

Synthesis and Evaluation:

While the RBHC policy includes essential elements, it falls short in critical areas of staff safety. Gaps include lacking explicit staff injury prevention guidelines, reliance on potentially inadequate training models, absence of psychological support for staff post-incident, and insufficient data utilization for continuous improvement. These gaps highlight the need for enhanced staff safety measures and data-driven improvements to the policy.

Conclusion

The evaluation of the RBHC policy on manual restraint interventions has identified several areas for improvement. To enhance staff safety and align with best practices, the following targeted recommendations are proposed:

1. Develop Transparent, Institutionally Controlled Training Programs

✓ **Rationale:** Reliance on proprietary programs like CPI may not fully prepare staff for the realities of manual restraint. RBHC should develop its own standardized training curriculum that is transparent, consistently applied, and regularly assessed to maintain staff competency.

2. Incorporate Specific Injury Prevention Guidelines

✓ **Rationale:** The current policy lacks explicit guidelines for staff injury prevention. RBHC should include ergonomic practices and risk-reducing strategies, such as training on body mechanics, use of protective equipment, and techniques to minimize physical strain during restraints.

3. Clarify and Integrate Injury Management Protocols

✓ **Rationale:** Clear procedures for managing staff injuries during restraint interventions are absent. RBHC should outline protocols that include immediate referral to Employee Health, access to psychological support through the Employee Assistance Program (EAP), and detailed injury documentation.

4. Expand Post-Incident Debriefing to Include Psychological Support

✓ **Rationale:** Post-incident debriefings should assess staff well-being, covering both physical injuries and psychological impacts. This ensures timely support and helps prevent long-term harm to staff.

5. Enhance Data Collection and Utilization for Quality Improvement

✓ **Rationale:** The policy lacks specifics on data handling. RBHC should establish detailed guidelines for data collection, storage, and application. Creating a centralized database to track all restraint-related incidents will enable regular reviews to inform training updates and safety protocols, focusing on reducing staff injuries.

References

- American Psychiatric Nurses Association. (2022). APNA Standards of Practice: Seclusion and Restraint.
- Bureau of Labor Statistics. (2023). Case and Demographic Characteristics for Work-related Injuries and Illnesses Involving Days Away From Work.
- Chavis, J. S. R. S. C. (2020, March 2). Schools aren’t supposed to forcibly restrain children as punishment. In Illinois, it happened repeatedly. ProPublica.
- Hollins, L., Seagrave, L., & Stubbs, B. (2022). What are the most common restraint techniques taught by expert practitioners? *Journal of Psychiatric and Mental Health Nursing*, 29(2), 274–286. <https://doi.org/10.1111/jpm.12761>
- National Collaborating Centre for Mental Health (UK). (2015). Violence and Aggression: Short-Term Management in Mental Health, Health, and Community Settings. British Psychological Society (UK).
- Rutgers University Behavioral Health Care Policy. (2024). Use of Physical Holding of Youth in Child/Adolescent Partial Hospitalization Programs, the Children’s Transitional Residence, and Rutgers Day School.
- Schofield, K. E., Ryan, A. D., & Stroinski, C. (2019). Student-inflicted injuries to staff in schools: Comparing risk between educators and non-educators. *Injury Prevention*, 25(2), 116-122.