# Chemical Restraint – Administering PRN medication to control behaviour

This advice defines chemical restraint and explains that administering Pro Re Nata (PRN) medication to a student to control their behaviour is not permitted in Victorian government schools.

## Overview

## Chemical restraint is the use of medication (or chemical substance) for the primary purpose of influencing a student’s behaviour (“behavioural control”).

## Chemical restraint includes medication prescribed by a medical practitioner, obtained “over-the-counter”, and those classified as herbal or natural remedies.

## Medication given for the treatment of, or to enable the treatment of, a mental disorder or a physical illness or physical condition is not chemical restraint. Schools must comply with Medication policy and guidance when administering medication for these reasons.

## This advice on chemical restraint in Victorian government schools only applies to Pro Re Nata (PRN) medication, that is, medication given “as necessary” or “as required”. Medication given at a set time or series of times according to a schedule, is not PRN medication.

## Administering PRN medication to a student to control their behaviour is not permitted in Victorian government schools.

## Parents/carers/medical practitioners cannot require school staff to administer PRN medication to a child for behavioural control.

## Parents/carers are not permitted to attend their child’s school for the purpose of administering PRN medication to control their child’s behaviour.

## Schools cannot require parents/carers to obtain medication as a prerequisite for their child’s enrolment in, or attendance at, a school. Nor can schools request a student’s medication be changed from PRN to medication given at a set time or series of times according to a schedule or for a diagnosis to be given or changed to justify the use of PRN medication for behavioural control.

## Advice

The regulation of medications used for chemical restraint occurs through Regulation 25 of the Education and Training Reform Regulations 2017 which states: A member of staff of a Government school may take any reasonable action that is immediately required to restrain a student of the school from acts or behaviour that are dangerous to the member of staff, the student, or any other person.

Medications administered orally do not have immediate effects, so their use is not a reasonable action for the immediate restraint of a student from acts or behaviour that are dangerous. Nor is it reasonable to delay responding to a student’s imminent dangerous behaviour to source, document and then approach a student with the intention of administering oral medication when the student or others may be in danger.

NDIS legislation, rules, and processes do not apply in schools. This advice on chemical restraint and PRN medication used to control a student’s behaviour is different to what is permitted in services provided through the National Disability Insurance Scheme (NDIS). Chemical restraint in an NDIS plan is not automatically permitted to be used in Victorian government schools.

## Impacts of PRN behavioural medications on student learning

## Chemical restraint may temporarily de-escalate a situation and may seemingly make a problem ‘go away’ but medication given to a student to control their behaviour is not a remedy.

## Any observed decrease in a behaviour of concern that follows the administration of behavioural medication is primarily due to side effects, often sedation. These medications do not treat behavioural problems instead they are used to temporarily change a student’s behaviour.

Medication givento a student to control their behaviour does not promote skill development. Instead the student’s brain function may be affected resulting in temporary changes in perception, mood, consciousness, and/or behaviour. There may also be other side effects as the medication goes through the student’s body as medication doesn’t necessarily stop having an impact when it has done the work it was intended to do.

Changes in perception, mood, consciousness, and/or behaviour can negatively affect a student’s attendance and achievements at school, and their social development.

Common but less serious side effects (e.g. sedation, blurred vision, dizziness) may also negatively affect a student’s participation in their education. Sedation, blurred vision, and dizziness will influence a student’s alertness, attention, and concentration. They may become sleepy, drowsy, and inattentive.

Comprehension problems, decreased time spent involved in schoolwork, failure to complete work and lack of engagement also may be experienced. Performance on tests and assessments may be significantly impaired as well.

Students that present as sleepy, drowsy, and inattentive may experience rejection, bullying, or other social, emotional, or behavioural consequences and may fall behind their more alert and engaged peers.

Medication for behavioural control can cause visual disturbances which can directly affect school success. Blurred vision can both distract from and directly impair visual perception, attention and concentration, and participation in class.

Dizziness can limit students’ capacity to attend to academic tasks because of the distracting and potentially anxiety-inducing impact of visual and proprioceptive sensations that accompany dizziness. Dizziness may also affect many non-academic domains (e.g., physical education, social activities, mealtime, transitioning from class to class), potentially interfering with social and personal development.

## Impacts of chemical restraint on behavioural intervention

There is no evidence of long-term academic gains for students taking medication for their behaviour. Conversely, behavioural interventions have been found to have lasting benefits.

Some medications have been found to alter the value of positive and negative reinforcement. This can make feedback and other forms of encouragement less appealing to students, limiting options for educators to use reinforcement.

## Medication side effects

All medication poses a risk for potential adverse effects occurring at any dose. Side effects often vary in their frequency and severity over time. Medications affect people differently and a child may experience a medication in a vastly different way to how adults or a peer experience it.

Children may also not understand or be able to accurately recognise or report side effects (i.e., they may deny, minimise or exaggerate symptoms), and may report side effects differently at home and at school, or may not have the communication skills to covey complicated symptoms. This is especially true for students with disability who are subject to higher amounts of medication for behavioural control than their peers without disability.

Common side effects for groups of medications are displayed in the table below. This is not an exhaustive list; it is indicative only. It is for information and not for clinical reference. Many of these possible side effects are the very behaviours which schools are attempting to control. This means that medications used for behavioural control can be causing more behavioural problems.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Stimulants | Antipsychotics | Anxiolytics | Antihypertensives |
| **Physical side effects** |  |  |  |  |
| Nausea | X | X | X |  |
| Headache | X | X |  |  |
| Dry mouth | X |  |  |  |
| Dizziness |  | X | X |  |
| Increased appetite |  | X |  |  |
| Sedation |  | X | X | X |
| Weakness |  |  | X |  |
| Constipation |  |  | X |  |
| Fatigue |  |  | X |  |
| **Psychological side effects** |  |  |  |  |
| Hallucinations | X |  |  |  |
| **Mood side effects** |  |  |  |  |
| Irritability | X |  | X |  |
| Anxiety | X | X |  |  |
| Depression |  |  |  | X |
| **Performance side effects** |  |  |  |  |
| Confusion |  |  | X | X |
| Memory loss |  |  | X |  |
| Decreased cognitive performance |  |  | X |  |
| **Motor side effects** |  |  |  |  |
| Worsening of tics | X |  |  | X |
| Restlessness |  | X |  |  |
| Involuntary movements |  | X |  |  |
| **Behavioural side effects** |  |  |  |  |
| Aggression |  |  | X |  |
| Excitement |  |  | X |  |
| Disinhibition |  |  | X |  |

## Frequently Asked Questions

Q: What if I don’t know why a PRN medication is to be given to a student?

A: School staff must understand why a medication is given to a student. Seek clarification from the student’s parent/carer and update records accordingly.

Q: The instructions say to give a PRN medication for “anxiety”. What does this mean?

A: “Anxiety” is not an observable behaviour. Ask the parent/carer to have the instructions amended to clearly state what directly observable behaviour the medication has been prescribed for, acknowledging that PRN medication for behavioural control is not permitted in Victorian government schools.

Q: The instructions say to give a PRN medication “when heightened”. What does this mean?

A: “Heightened” is a subjective term. Ask the parent/carer to have the instructions amended to clearly state what directly observable behaviour the medication has been prescribed for, acknowledging that PRN medication for behavioural control is not permitted in Victorian government schools.

## Related policies or advice

[Medication: Policy | education.vic.gov.au](https://www2.education.vic.gov.au/pal/medication/policy)

## Relevant legislation

Health Records Act 2001 (Vic)

<https://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/045>

## Advice last updated

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## Scope

For schools

## Contact

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