

TITLE: Restraint Use in Non Violent Situations			
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Type: Patient Care		Author: System Restraint Policy Team (Mary Keenan)	
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Facility: System			
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Replaces: System #5863, #7302; BTMC, #5774, #2102, #5968; McKee, #1797; #1798; #4867; BBWMC/BDWMC, #10877; NCMC, #2842; #2841; BHH, #2311; BDMC #5513, #5713; BGSMC #5875; WMC #11244;			
Approved by: CNOs, BH System Practice Oversight Team, Risk Management			

TITLE: *Restraint Use in Non-Violent Situations*

I. Purpose/Expected Outcome:

- A. To reduce the use of restraints
- B. To provide for patients' safety, rights, dignity, and well-being.
- C. This policy does not apply to:
 - 1. Use of drugs, such as sedatives, within standard dosing parameters for the patient's condition.
 - 2. Restraint use in Emergency Situations (See *Use of Restraints for Violent Situations*).
 - 3. Patients with Forensic Correctional Restrictions.
 - 4. Patients in sub-acute rehabilitation units which are restraint-free.
 - 5. Patients in the Behavioral Health setting (exception: Fairbanks Memorial Hospital).

II. Definitions:

- A. **Adaptive Support:** Orthopedic appliances, braces, wheelchairs, or other devices used for postural support of the patient to assist in obtaining and maintaining normative bodily functioning, or performing activities of everyday living.
- B. **Restraint:** Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.
- C. **Medical/Surgical Immobilization:** The use of devices and practices that can inhibit a patient's movement, such as
 - 1. Prescribed orthopedic devices,
 - 2. Surgical dressings or bandages,
 - 3. Protective helmets,
 - 4. Procedures
 - 5. Methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests,
 - 6. Methods that permit the patient to participate in activities without the risk of physical harm,
 - 7. Methods to protect the patient from falling out of bed,
 - a. Including, but not limited to:

- i. Patient on a stretcher
 - ii. Recovering from anesthesia
 - iii. Sedated
 - iv. Experiencing involuntary movement
 - v. Certain types of therapeutic beds
 - vi. Seizure precautions
- D. **Alternative Interventions:** Preventive strategies and innovative actions that are intended to meet the patient's unmet needs and eliminate the cause of behaviors that put the patient at risk for restraint use, such as being fall-prone, wandering or interfering with medical treatment devices.
- E. **Restraint Use for Non-violent Situations:** Restraints applied in situations where less restrictive interventions have failed to produce the desired behavioral change to protect the patient from interfering with medical treatment or risk of physical harm.
- F. **Restraint Use Violent Situations:** Restraints applied to manage violent or self-destructive behavior that poses an imminent danger to the physical safety of the patient, staff or others, regardless of the patient's location. (See Restraint Use for Violent Patients)
- G. **Seclusion:** Involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.
- H. **Use of Drug as a Restraint:** Medication used as a restriction to manage the patient's behavior or restrict movement and is not a standard treatment or dosage for the patient's condition.
- I. **Validated Staff:** Staff that have completed the requirements for restraint education.

III. Policy:

- A. Staff shall promote the safety, rights, dignity and well being of patients through the use of preventive strategies and alternative interventions whenever possible.
- B. **All possible alternative measures shall be used prior to use of restraints.**
- C. Restraint will be an intervention of last resort to prevent interference with medical treatment. Restraints will be used in the least restrictive manner possible. Restraints will be discontinued as soon as possible.
- D. An education program is provided annually. (See Additional Information)
- E. Only those members of the staff who have completed the training program may apply and care for patients in restraints.
- F. All physicians and Licensed Independent Practitioners responsible for ordering restraints will be educated on hospital restraint policies during orientation to the facility and following adoption of any changes to the policy that impact Medical Staff.
- G. Patients and their families/significant others will be educated about the reason for restraint use as appropriate, and alternatives to eliminate restraints. Educational materials will be provided to educate and help reduce restraint use. Educational materials are available in Krames.
- H. Banner Health will comply with all mandatory reporting requirements.
- I. **Restraint Availability:** Soft limb restraints, mittens that are tied, bed side rails, and Freedom Splints (where available) and enclosed beds (where available) will be the only restraints available for use for non-violent situations in Banner Health. Not all restraints are available in all facilities.

1. Each facility will determine the mechanism for controlling the availability of restraints.
- E. Each facility will have a mechanism in place to identify and monitor restraint use.

IV. Procedure/Interventions:

A. Assessment and alternative interventions

1. Notify physician immediately if patient behavior is a significant change as there may be a physiological change that requires immediate intervention (**RN**).
2. Identify behaviors that are interfering with medical treatment or placing the patient at risk of harm.
3. Investigate triggers or contributing factors that may be reasons for the behavior, including physical, physiological, psychological and environmental factors.
4. Implement preventive strategies and alternative interventions to meet the patient's needs and eliminate the cause of behaviors that put the patient at risk for restraint use. Several different measures may be required.
 - a. See Appendix A and
 - b. Mosby Nursing SkillsTM at the following link:
<http://63.111.3.50/SkillsConnect/Default.aspx?Token=AZ294&SkillID=584>
5. Notify family regarding patient condition and discuss alternatives being considered to reduce necessity for restraint.
6. Consider services of a Patient Care Companion (where applicable).
7. Consult with patient's physician if nursing interventions are not effective. Contributing factors such as pain or anxiety may require medication orders.

B. Application of Restraints

1. Apply restraints under the direction of a RN, physician, or other licensed independent practitioner (LIP) (**VALIDATED STAFF**)
2. Obtain an order for restraint from the physician or other LIP as soon as possible after application of restraint.
 - a. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint.
 - b. Orders for restraints must be obtained daily or with each new episode of restraint.
 - c. Use of a "PRN" order for restraint use is not acceptable.
 - i. Exceptions:
 - (i) **Geri chair.** If a patient requires the use of a Geri chair with the tray locked in place in order for the patient to safely be out of bed, a standing or PRN order is permitted. Given that a patient may be out of bed in a Geri chair several times a day, it is not necessary to obtain a new order each time.
 - (ii) **Raised side rails.** If a patient's status requires that all bedrails be raised (restraint) while the patient is in bed, a standing or PRN order is permitted. It is not necessary to obtain a new order each time the patient is returned to bed after being out of bed.
 - (a) When a patient is on a bed that constantly moves to improve circulation or prevents skin breakdown, raised side rails are a safety intervention to prevent the patient from falling out of bed and are not viewed as restraint.

- (b) When a patient is placed on **seizure precautions** and all side rails are raised, the use of side rails would not be considered restraint. The use of padded side rails in this situation should protect the patient from harm; including falling out of bed should the patient have a seizure.
 - (c) Placement in a crib with raised rails is an age-appropriate standard safety practice for every infant or toddler. Therefore, placement of an infant or toddler in the crib with raised rails would not be considered restraint.
 - (d) If the patient is on a **stretcher** (a narrow, elevated, and highly mobile cart used to transport patients and to evaluate or treat patients), there is an increased risk of falling from a stretcher without raised side rails due to its narrow width, and mobility. In addition, because stretchers are elevated platforms, the risk of patient injury due to a fall is significant. Therefore, the use of raised side rails on stretchers is not considered restraint but a prudent safety intervention. Likewise, the use of a seat belt when transporting a patient in a wheelchair is not considered restraint.
- (iii) **Repetitive self-mutilating behavior.** If a patient is diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyham Syndrome, and the patient engages in repetitive self-mutilating behavior, a standing or PRN order for restraint to be applied in accordance with specific parameters established in the treatment plan would be permitted. Since the use of restraints to prevent self-injury is needed for these types of rare, severe, medical and psychiatric conditions, the specific requirements (1-hour face-to-face evaluation, time-limited orders, and evaluation every 24 hours before renewal of the order) for the management of violent or self-destructive behavior do not apply.
- 3. Obtain an order with each new episode of restraint and daily if patient restrained greater than 24 hours..
 - 4. Re-assess the patient every 2 hours and/or based on the individual needs of the patient.
 - a. Take into consideration
 - i. Patient's condition,
 - ii. Cognitive status
 - iii. Risks association with the chosen intervention,
 - iv. Type of intervention used
 - v. Other relevant factors
 - b. Include in the assessment
 - i. Circulation and range of motion in restrained extremities,
 - ii. Nutrition,
 - iii. Hydration,
 - iv. Hygiene,
 - v. Elimination,
 - vi. Comfort,
 - vii. Physical/psychological status and
 - viii. Readiness for discontinuation of restraints.
 - 5. Inform patient, patient's family or authorized representative about reasons for restraint use and provide an educational handout entitled "Understanding Restraints", #441, as appropriate.

6. Ensure staffing levels and assignments needed to minimize circumstances that might give rise to restraint use and to maximize safety when there is an episode of restraint use.
(UNIT MANAGER/DESIGNEE)
7. Update the restraint log per facility practice.

C. Discontinuing restraint use

1. Discontinue restraints under the supervision of an RN when the condition requiring the restraint no longer exists **(VALIDATED STAFF)**
 - a. Once restraint is discontinued, further use constitutes a new episode and the procedure must start at the beginning including requiring a new order.
 - i. *Exception: A restraint is NOT considered to be discontinued in the following situations:*
 - (i) A temporary, directly-supervised release that occurs for the purpose of caring for a patient's needs (e.g., toileting, feeding, or range of motion exercises) is **not** considered a discontinuation of the restraint or seclusion intervention. As long as the patient remains under direct staff supervision, the restraint is not considered to be discontinued because the staff member is present and is serving the same purpose as the restraint or seclusion.

D. Quality improvement activities related to restraint use

1. Quality improvement activities related to the use of restraint or seclusion:
 - a. All episodes of restraint will be documented on a restraint log/audit tool.
 - b. Review of restraint use will be conducted by designated personnel and restraint trends will be reported via facility quality reporting structure.
 - c. All potential restraint-related adverse events and/or deaths will be reported using the incident reporting system.
 - d. A report will be made to CMS per CMS guidelines for
 - i. Each death that occurs while patient is restrained
 - ii. Each death that occurs within 24 hours of restraint removal
 - iii. Each death occurring within one (1) week of the patient being restrained if it is determined that the death may be secondary to restraints.

V. Procedural Documentation:

- A. Document:
 1. Physician or LIP's order for restraint use.
 2. Initial assessment, including
 - a. Description of behavior that necessitated initiation of restraint use,
 - b. Alternative interventions used prior to initiation of restraints and
 - c. The effectiveness.
 3. Reassessment of patient every two hours, at minimum, including readiness for discontinuation of restraints.
 4. Significant changes in patient condition
 5. Modification to the patient's plan of care addressing the use of restraints or seclusion.
 6. **In the event of death:** The designated reporting department documents in the patient's medical record the date and time of CMS mandatory reporting and to whom the report was made.

VI. Additional Information:

- A. An educational program provides the staff with strategies and alternatives to meet the patient's needs. This program allows the staff to practice and demonstrate competence in:
1. Behavioral assessment
 2. Preventive strategies
 3. Alternative interventions
 4. Proper application of restraints
 5. Monitoring and care of patients in restraints, including supporting documentation
 6. Basic Life Support and basic first aid techniques (such as how to stop bleeding) for non-licensed personnel
- B. Side Rails and CMS/Joint Commission Standards:
1. ***A restraint does not include methods that protect the patient from falling out of bed.***
 - a. *Examples include raising the side rails when a patient is:*
 - i. *on a stretcher,*
 - ii. *recovering from anesthesia,*
 - iii. *sedated,*
 - iv. *experiencing involuntary movement, or*
 - v. *on certain types of therapeutic beds to prevent the patient from falling out of the bed.*
 - b. *The use of side rails in these situations protects the patient from falling out of bed and, therefore, would not be subject to the requirements of standard (e).*
 2. ***However, side rails are frequently not used as a method to prevent the patient from falling out of bed, but instead, used to restrict the patient's freedom to exit the bed. The use of side rails to prevent the patient from exiting the bed would be considered a restraint and would be subject to the requirements of standard (e).***
 - a. *The use of side rails is inherently risky, particularly if the patient is elderly or disoriented.*
 - b. *Frail elderly patients may be at risk for entrapment between the mattress or bed frame and the side rail.*
 - c. *Disoriented patients may view a raised side rail as a barrier to climb over, may slide between raised, segmented side rails, or may scoot to the end of the bed to get around a raised side rail and exit the bed.*
 - d. *When attempting to leave the bed by any of these routes, the patient is at risk for entrapment, entanglement, or falling from a greater height posed by the raised side rail, with a possibility for sustaining greater injury or death than if the patient had fallen from the height of a lowered bed without raised side rails.*
 - e. *In short, the patient may have an increased risk for a fall or other injury by attempting to exit the bed with the side rails raised.*
 - f. ***The risk presented by side rail use should be weighed against the risk presented by the patient's behavior as ascertained through individualized assessment.***
 3. ***When the clinician raises all four side rails in order to restrain a patient, defined in this regulation as immobilizing or reducing the ability of a patient to move his or her arms,***

legs, body, or head freely to ensure the immediate physical safety of the patient, then the requirements of this rule apply.

- a. *Raising fewer than four side rails when the bed has segmented side rails would not necessarily immobilize or reduce the ability of a patient to move freely as defined in the regulation.*
 - i. *For example, if the side rails are segmented and all but one segment are raised to allow the patient to freely exit the bed, the side rail is not acting as a restraint and the requirements of this rule would not apply.*
 - ii. *Conversely, if a patient is not physically able to get out of bed regardless of whether the side rails are raised or not, raising all four side rails for this patient would not be considered restraint because the side rails have no impact on the patient's freedom of movement. In this example, the use of all four side rails would not be considered restraint. Therefore, the requirements of this rule would not apply.*

VII. References:

Centers for Medicare and Medicaid Services. (2008). *State operations manual: Appendix A:*

Interpretive guidelines. Retrieved November 12, 2009 from

http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf

Joint Commission Comprehensive Accreditation Manual for Hospitals (CAMH). (2009, June).

Standards PC.03.02.01 to PC.03.02.11

Park, M. and Tang, JH. Evidence-Based Guideline: Changing the Practice of Physical Restraint

Use in Acute Care. (2007). *J of Gerontol Nursing*; 33(2): 9-16.

VIII. Other Related Policies/Procedures:

- A. Companion Expectations (AZ Region)
- B. Use of Restraint or Seclusion for Violent Situations
- C. Use of Restraint or Seclusion for Violent Patients in Behavioral Health

IX. Cross Index As:

- A. Alternatives
- B. Non-emergent
- C. Non-violent
- D. Restraint Alternatives
- E. Restraints

X. Attachments:

- A. Appendix A: Alternatives to Restraints

ALTERNATIVES TO RESTRAINTS

Physical Modification Approaches to Reduce Restraint Use

1. Modify environment (e.g. increase/decrease lighting, establish wandering paths, disguise exits, room or bed change).
2. Adapt wheelchairs (e.g. wedge pillow, lap buddy).
3. Provide body props/postural enhancer (e.g. wedge pillow, lap buddy).
4. Install alarm/safety devices (e.g. bed or chair alarm).
5. Reduce unnecessary visual or auditory stimuli (e.g. eliminate buzzers, bells, intercoms, television, shut doors).
6. Personalize rooms.
7. Use secured unit (med/psych only).

Activity-Related Approaches to Reduce Restraint Use (Consider PT/OT consult)

1. Structure daily activities (e.g. utilize orientation boards in rooms).
2. Permit or encourage wandering/pacing.
3. Provide physical exercise (e.g. ambulating).
4. Provide appropriate assistive devices (e.g. cane, walker, wheelchair, slide board).
5. Provide appropriate stimulation/socialization (e.g. radio, TV, video).

Physiological and Nursing Care Approaches to Reduce Restraint Use

1. Evaluate underlying physical or psychological problems.
2. Evaluate sleep patterns.
3. Relieve pain.
4. Use appropriate footwear (e.g. slipper socks, supportive shoes).
5. Use eyeglasses, hearing aids, or dentures.
6. Adequate hydration (consider consult with Clinical Dietitian).
7. Relocate near nursing station.
8. Institute toileting schedule.
9. Implement repositioning techniques.
10. Schedule daily nap.
11. Reevaluate drug use/medications.
12. Take out of room as appropriate.
13. Provide frequent reminders and/or assistance to avoid a specific behavior.
14. Provide repeated reassurances.
15. Provide snacks.
16. Provide diversion/recreation (e.g. busy box).
17. All personal items within reach (e.g. water, hearing aide, glasses, dentures, Kleenex, call light, urinal).
18. Provide bath/shower/massage (e.g. back rub, foot rub).

Psychological Approaches to Reduce Restraint Use (Consider SS/CM consult)

1. Actively listen/explore feelings and perceptions of patient.
2. Encourage independence in other aspects of care.
3. Provide reality orientation (e.g. orientation boards, clocks).
4. Accept patient's perceptions of their reality.

5. Provide additional supervision and observation (e.g. family and friends to sit with patient).