

TITLE: Restraint/Seclusion**Page 1 of 11****Policy Number: ACUPP.144****Dept: Acute/Skilled**

PURPOSE: Provide guidelines for the use of restraints or 1:1 precautions in any Non-Violent (i.e. altered mental status, fall risk, etc.) or emergent Violent (i.e. harmful to self or others, etc.) patients. This policy maximizes patient and staff safety; and minimizes the risk of patient harm in the ED and Swing bed unit.

DEFINITIONS:

- A. Restraint** A restraint is 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.
1. Soft Limb Restraints
 2. Side Rails up x4
 - a. The use of side rails up x 4 (or 2 sides up for non-split rails) should be used **ONLY** when based on assessed needs of the patient.
 - b. Exceptions:
 - i. When a patient is placed on seizure precautions and all side rails are raised, the use of side rails would not be considered restraint.
- B. 1:1 Precautions** A staff member will monitor patient at all times utilizing a 1 staff member to 1 patient ratio, to ensure patient, staff, and environmental safety.
- C. Chemical Restraint:** A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Whether or not an order for a drug or medication is as needed (PRN) does not determine whether or not the use of that drug or medication is considered a restraint. Criteria used to determine whether the use of a drug or medication, or combination of drugs or medications is a standard treatment or dosage for the patient's condition includes all of the following:
1. The drug or medication is used within the pharmaceutical parameter approved by the FDA and the manufacturer for the indications that it is manufactured and labeled to address, including listed dosage parameters;
 2. The use of the drug or medication follows national practice standards established or recognized by the medical community, or professional medical association or organizations; and,
 3. The use of the drug or medication to treat a specific patient's clinical condition is based on that patient's symptoms, overall clinical situation, and on the

TITLE: Restraint/Seclusion

Page 2 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

provider’s knowledge of that patient’s expected and actual response to the medication.

The standard use of a drug or medication to treat the patient’s condition enables the patient to more effectively or appropriately function in the world around them than would be possible without the use of the drug or medication.

D. Protective/Adaptive/Supportive Devices:

1. Protective devices compensate for physical deficits and prevent injury related to cognitive impairment (i.e. Helmet).
2. Adaptive/Supportive devices permit the patient to achieve maximum body functioning
 - a. Adaptive Devices: orthopedic appliances & braces
 - b. Postural Support Devices: geri-chairs, side rails for positioning, lap tray, lap belt (with easy release)
3. The **intent** of the device determines if it is a protective device or a restraint. E.g. A Geri-Chair used to maintain posture for an alert stroke patient is considered a supportive/adaptive device. If a patient can easily remove a device, the device would not be considered a restraint.

PROCEDURE:

- A. Determine when the policy/procedure for restraint/1:1 precaution does **NOT** apply as in the following situations:

The restraint is associated with medical, dental, diagnostic, or surgical procedures and used as a positioning or securing device to limit mobility or temporarily immobilize (e.g., surgical positioning, Intravenous arm boards, radiology procedures, and protection of surgical/treatment sites in pediatric patients);

x The restraint device is used to meet the assessed needs of the patient requiring adaptive support of protective equipment such as helmets, postural support and orthopedic appliances;

x Side rails when used to protect the patient from falling out of bed (e.g. on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement or on certain types of therapeutic beds to prevent the patient from falling out of bed). When a patient is placed on seizure precautions and all side rails are raised, the use of side rails would not be considered restraint. Placement in a crib with raised rails is an age appropriate standard safety practice and would not be considered restraint.

TITLE: Restraint/Seclusion

Page 3 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

- x A staff member(s) physically redirects or holds a child, without the child’s permission, for 30 minutes or less. (Note: staff competency and training requirements are still met);
 - x Forensic and correctional restrictions for security reasons applied to and monitored by law enforcement officials.
- B.** Once it has been determined that the use of restraint/1:1 precaution falls within the scope of the policy, the next step is to determine the reason for its use since that determination will guide the procedures to be followed. In all instances, restraint/1:1 precaution can be considered only when less restrictive and nonphysical measures/alternatives have been ineffective.
- 1. Restraint/1:1 Precautions is used for one of two reasons:**
 - a.** The reason for the restraint/1:1 precaution is driven by a psychiatric/mental health problem, it is an emergency use (violent restraint). The patient’s behavior is aggressive, violent, or assaultive and presents an emergency. This behavior is an immediate and serious danger to the safety of the patient, other patients, or staff as in when the patient:
 - attempts to strike out at others;
 - attempts to hurt self; or
 - attempts to destroy property that result in danger to self or others.
 - b.** The reason for the restraint is driven by the need to promote healing when the patient is unable to cooperate in maintaining medical interventions. The goal is to promote physical healing (non-violent restraint). The patient is unable to cooperate AND is attempting to interfere with a treatment site(s), as in the patient:
 - needs to be protected from injury;
 - medical equipment/tube needs to be maintained; or
 - patient safety needs to be ensured.

****When restraint is associated with medical, diagnostic, or surgical procedures and used as a positioning or securing device to limit mobility or temporarily immobilize it is not a restraint.**

Procedures	Restraint Category	
	Non-Violent	Violent

TITLE: Restraint/Seclusion

Page 4 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

<p>Assessment of Need for Restraint or 1:1 Precautions</p>	<p>x RN assesses the need for restraint/ 1:1 precautions</p>	<p>x RN assesses the need for restraint/ 1:1 precautions by identifying:</p> <ol style="list-style-type: none"> 1. Techniques that would help the individual control their behavior. 2. The individual's need for methods or tools to manage their behavior. 3. Pre-existing medical conditions or any physical disabilities that would place the
		<p>individual at greater risk during restraint/1:1 precautions.</p> <ol style="list-style-type: none"> 4. Any history of sexual or physical abuse that would place the individual at greater risk during restraint/1:1 precaution. 5. The patient and significant other (SO) are informed of the hospital's philosophy regarding the use of restraint/ 1:1 precaution to the extent that such information is not clinically contraindicated.
<p>Provider Order Obtain</p>	<p>x An order for restraints is obtained prior to or concurrently with application.</p> <p>x In a quickly escalating situation, there may not be time to contact the provider before taking action. The provider is contacted at the earliest possible time (while the intervention is being initiated or immediately after the patient is restrained or 1:1 precautions) to obtain an order for the restraint/1:1 precaution.</p> <p>x Enter order in the Electronic Medical Record (EMR).</p> <p>x A provider must see the patient in person, within 1 hour of the initiation of restraint.</p>	
<p>Order Specifications</p>	<p>x Orders have a start and stop time for the restraint/1:1 precautions, are specific to type and location of the restraint, dated, and signed.</p> <p>x Restraint/1:1 precautions orders are not written as a standing or PRN order.</p>	

TITLE: Restraint/Seclusion

Page 5 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

<p>Order Time Limitations</p>	<ul style="list-style-type: none"> x The restraint order may not exceed: <ul style="list-style-type: none"> o 4 hours for adults age 18 or older, o 2 hours for children and adolescents ages 9-17, o 1 hour for children under 9. x Any patient requiring restraints will be evaluated and arrangements made for transfer of care to an appropriate facility. x Any patient requiring restraints will be placed on 1:1 precautions. x The order for 1:1 precautions will be assessed and ordered every 24 hours. The patient will be evaluated and arrangements made for transfer of care to an appropriate facility as needed.
<p>Discontinuation Of Restraint</p>	<ul style="list-style-type: none"> x Restraints/1:1 precautions are discontinued when the patient is able to cooperate and is no longer interfering with the treatment and no longer poses a risk to the safety of themselves or others.
<p>Patient Care</p>	<ul style="list-style-type: none"> x Restraint is used in the least restrictive manner possible. x Restraint/1:1 precautions are ended at the earliest possible time. x The patient’s dignity (i.e., keeping patient covered, assessing psychological status and comfort) are maintained. x The condition of the patient is being continually assessed, monitored, and reevaluated. Staff are responsible for providing monitoring and reassessment that will protect the patient’s safety. x The restrained extremity or extremities are released from the restraints and the restraints are rotated every 2 hours or more often based on assessed need.
<p>Notifications or Reporting</p>	<p>The Hospital Risk Manager must report deaths associated with the use of restraint per Center for Medicare and Medicaid Services (CMS) regulations.</p> <ul style="list-style-type: none"> x Each death that occurs while a patient is in restraint. <ul style="list-style-type: none"> x Each death that occurs within 24-hours after the patient has been removed from restraint. x Each death known to the hospital that occurs within 1 week after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to a patient’s death.

TITLE: Restraint/Seclusion

Page 6 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

Staff Education	<ul style="list-style-type: none"> x All staff that has direct patient contact has education and training in the proper and safe use of restraint. x Staff training includes the techniques for minimizing the use of restraints, as well as management of patients in restraint before application.
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RESOURCES:

1. Cerner Model Restraint Documentation Work Group (2015).
2. CMS Interpretive Guidelines for Hospital CoP for Patient's Rights
3. Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS). CMS Manual System, Pub. 100-07, Revised Interpretive Guidelines for Restraint and 1:1 Precautions.
4. JC, CAMH Refreshed Core. Provision of Care, Treatment, and Services (PC), Update July 2,2014.
5. Journal of Psychosocial Nursing (2009). Clinical Practice Guideline: 1-Hour Face-to-FaceAssessment of a Patient in a Mechanical Restraint. 47 (6), 37-43.
6. Trinity Health Behavioral Medicine Team and Restraint Redesign Team (2012).

Addendum I

Definitions

Types of Restraint: All Side Rails Up

- Enclosure Bed/Net Bed
- Leathers (x4: bilateral wrists and ankles (add waist also)
- Leathers (x2: opposite wrist and ankle (add waist also)
- Mitt x1, Mitt x2
- Seclusion
- Side Rail Wedge
- Vest
- Soft Limb x1, Soft Limb x2, Soft Limb x3, Soft Limb x 4
- Geri Chair
- Lap Belt
- Tray Chair
- Waist Belt

Note: The use of side rails up x 4 (or 2 sides up for non-split rails) should be used ONLY when based on assessed needs of the patient. Exception: Crib rails for pediatric patients should be in the "up" position at all times. When a patient is placed on seizure precautions and all side rails are raised, the use of side rails would not be considered restraint.

TITLE: Restraint/Seclusion

Page 7 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

Note: A net bed enclosure can be a form of restraint, as the determined needs of the patient, its intended use, and if it is voluntary.

Protective/Adaptive/Supportive Devices:

Protective devices compensate for physical deficits and prevent injury related to cognitive impairment. Adaptive/Supportive devices permit the patient to achieve maximum body functioning. The care of the patient and specific use of the device follows defined policy and procedure. The **intent** of the device determines if it is a protective device or a restraint. E.g. A Geri-Chair used to maintain posture for an alert stroke patient is considered a supportive/adaptive device. A vest restraint used to confine movement of a disoriented elderly patient is considered a restraint. If a patient can easily remove a device, the device would not be considered a restraint. Easily remove means the device can be removed intentionally by the patient in the same manner as it was applied by the staff.

Protective Devices

- Helmets
- Protective nets

Adaptive Devices

- Orthopedic appliances
- Braces
- Ultimate Walker (with easy release)

Postural Devices

- Wedge cushion
- Rolls
- Geri-Chairs
- Lap Buddy
- Side rails for positioning
- Lap tray
- Lap belt (with easy release)

Support

Immobilization during Medical/Post-Surgical Procedures:

When restraint is associated with medical, dental, diagnostic, or surgical procedures and used as a positioning or securing device to limit mobility or temporarily immobilize (e.g., surgical positioning, I.V. braces/arm boards, radiology procedures, and protection of surgical/treatment sites in pediatric patients) it is not a restraint.

TITLE: Restraint/Seclusion

Page 8 of 11

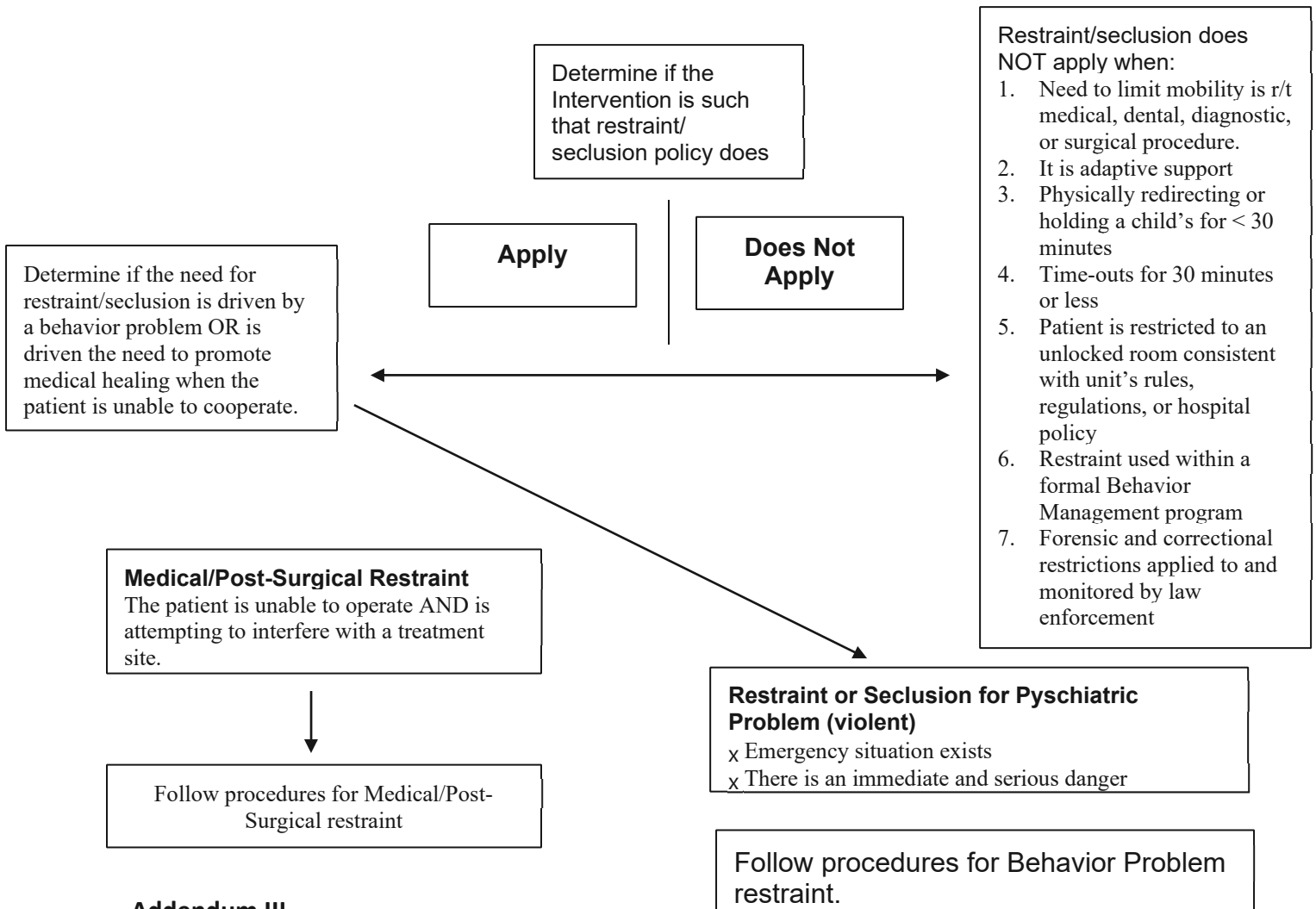
Policy Number: ACUPP.144

Dept: Acute/Skilled

ADDENDUM II

Decision Tree for Restraint or Seclusion Use

Alternatives to Restraint or Seclusion have been tried and were ineffective



Addendum III

Non-Violent
Bed Alarm
Chair Alarm

Alternatives to Restraint/Seclusion

Violent
1:1 Intervention
Counseling

TITLE: Restraint/Seclusion

Page 9 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

Decreased Environmental Stimuli Approaching patient in a calm, unhurried manner	Decreased Environmental Stimuli
Diversional Activities Providing a safe object to handle Television Listening to favorite music	Diversional Activities
Environmental Modification Increasing frequency of nursing rounds Moving patient closer to nurses' station Covering IV sites or tubes Having the SO stay with the patient	Environmental Modification
Frequent Toileting	Limit Setting
Limit Distractions	Medication**** Pain relief/comfort measures
Medication****	Reality Orientation
Pads/pillows	Redirection
Pain relief/comfort measures	Refocusing Attention
Promote normal sleep pattern	Reorientation
Promote physical activity as tolerated	Room Time
Refocusing Attention	Therapeutic Holding
Re-Orientation	Time Out
Verbal Reminders	Verbal Reminders
Visual Supervision	Visual Supervision

****See definition of chemical restraint

Addendum IV

Understanding the Use of Restraints: Information for Patients & Families

Our goal is to protect the rights, dignity and safety of our patients. It is our desire to create an environment limiting the use of restraints. Family members can help us achieve our goal. At times it is your presence that calms the patient and allows us to avoid the use of restraints.

What are restraints?

A restraint is 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. Restraints are used to protect the patient from injuring themselves or others.

TITLE: Restraint/Seclusion**Page 10 of 11****Policy Number: ACUPP.144****Dept: Acute/Skilled**

Why are restraints used?

Restraints are only used to prevent harm to our patients or others. Some behaviors that might require restraint include: x Trying to get out of bed and/or chair when the patient is not able to do so safely and does not ask for help.

x Pulling at essential lines or tubes. x Physically aggressive behavior towards another individual, family and/or staff, property.

When are restraints used?

Restraints are used only after many other methods to prevent their use have been tried. These may include: x Talking with the patient x Involving family x Taking the patient to the bathroom x Changing the patient's position x Moving closer to the nurse's station x Providing for fluid/food needs x Using medications

How can you help? x Spend time with your family member x Talk calmly and provide reassurance

x Help caregivers understand the patient's needs and gestures x Help communicate information to the patient x Bring personal reminders/items from home

Are there risks when using a restraint?

x Yes, however, in order to minimize any risks such as skin irritation, poor circulation or even more serious problems, the patient is monitored frequently and the restraint is removed just as soon as it is safe to do so. Restraints are generally removed when the patient demonstrates that this protection is no longer needed.

If you have other questions regarding the use of restraint, please feel free to ask the patient's nurse or physician.

RESOURCES:

1. Cerner Model Restraint Documentation Work Group (2015).
2. CMS Interpretive Guidelines for Hospital CoP for Patient's Rights
3. Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS). CMS Manual System, Pub. 100-07, Revised Interpretive Guidelines for Restraint and Seclusion.
4. JC, CAMH Refreshed Core. Provision of Care, Treatment, and Services (PC), Update July 2, 2014.

TITLE: Restraint/Seclusion

Page 11 of 11

Policy Number: ACUPP.144

Dept: Acute/Skilled

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