



**Restraints**

Nursing

11020

**Official** (Rev: 2)

**Affected Departments:**

- All Clinical Providers

**I. PURPOSE:**

To create an environment that limits restraint use to clinically appropriate and adequately justified situations and that actually reduces restraint use through preventive or alternative strategies, and that assist staff to focus on the patient's well being.

**II. POINTS TO EMPHASIZE:**

**A. Philosophy**

In keeping with the Medical Center's value of dignity of person, the Medical Center's approach to restraints is one that protects patient health and safety, while preserving his dignity, rights and well-being, and which protects staff from injury. Restraints shall be used to provide safety for the patient and not used as punishment or for the convenience of the staff.

It is the goal of the Medical Center to support a physical, social and cultural environment that limits restraint use to clinically appropriate and adequately justified situations. This environment is created through appropriate staffing planning; staff orientation and education emphasizing prevention, appropriate use and alternatives; patient/family education; assessment processes that identify, and when appropriate, prevent potential behavioral risk factors; the design and delivery of patient care; and the development and promotion of preventive strategies and use of safe and effective alternatives. The Medical Center performance improvement program supports limited, and when appropriate, reduced restraint use, and should identify opportunities for improvement. The Medical Center should ensure staff who use restraints are competent and trained. Patients in restraints should be monitored and assessed appropriately, and their physical and emotional needs met during restraint use. Restraint use should be ordered by a physician for defined time limits with appropriate documentation.

**B. Definitions**

Term	Definition
Restraint	<p>Restraint is any physical method of restricting a person's freedom of movement, physical activity, or normal access to his or her body or medication used to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.</p> <p>Restraint is 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 <u>not</u> a standard treatment or dosage for the patient's condition.</p> <p>A restraint <u>does not</u> include devices, such as orthopedic prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this</p>

	<p>does not include a physical escort).</p> <p>Types of restraint utilized at SJMC include, but are not limited to: Soft or hard extremity restraints, vest/posey, waist or belt support, modified chair, mittens, enclosure bed, and all four side rails up.</p> <p>Top two bed rails are not considered restraints and may be raised at any time.</p> <p>Bedside rails on pediatric cribs are not considered restraints and should be up at all times unless nursing personnel or a parent is at the bedside.</p>
<p>Behavioral Restraint (TJC term)</p>	<p>An emergency situation of an unanticipated outburst of severely aggressive or destructive behavior that poses an imminent danger to the patient or others. The use of restraints in such situations is sometimes referred to as "behavioral restraint.</p> <p>Does not include handcuffs or other restrictive devices applied by law enforcement officials who are not employed or contracted by the hospital, that are for custody, detention, and public safety reasons and are not involved in the provision of health care.</p> <p>Does not include a drug that is a standard treatment for the patient's medical or psychiatric condition.</p>
<p>Seclusion</p>	<p>Involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving and may only be used for the management of violent or self-destructive behavior of patients when there is an immediate danger of harm to the patient, a staff member or others. SJMC does not practice seclusion.</p>

C. Preventive Strategies/Alternative Uses To Restraints

1. St. Jude Medical Center leadership recognizes that a restraint has the potential to produce serious consequences, such as physical or psychological harm, loss of dignity, violation of an individual's rights, and even death. Because of the associated risks and consequences of use, the Medical Center leadership promotes an environment that limits restraint use to clinically appropriate and adequately justified situations, and that seeks to identify opportunities to reduce the risks associated with restraint use through preventive strategies, innovative alternatives and process improvements.
2. Data collection regarding patterns of restraint use should drive the organizational performance improvement activities to develop prevention strategies, as well as alternatives for use. This data should be considered in the planning of facilities, human resources planning and the development of education programs and organizational policies and procedures.
3. On an individual basis, comprehensive patient assessment by the R.N. should be undertaken to identify potential behavior risk factors that might benefit by early intervention to prevent use of restraint. Alternatives to restraint use that may be considered include: bed alerts; resting splints; abdominal binders; toileting programs; activity programs; concealing devices to limit access; positioning; active listening; exercise; increased supervision; re-location of room for closer supervision; consultation with therapists, pharmacy or other appropriate disciplines. Patient and family preferences should be considered in choosing alternatives.

### III. POLICY:

A. Reporting of Deaths of Patients in Restraint

1. The Medical Center should report deaths associated with the use of restraint or seclusion to the Center for Medicare Services (CMS). CMS regional office should be notified by telephone or fax report not later than the close of business the next CMS business day following knowledge

of the patient's death. Reporting may also occur to other external agencies as required by state law and/or organization policy. The following should be reported:

- a. Each death that occurs while a patient is in restraint or seclusion.
- b. Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
- c. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to the patient's death.

"Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, or restriction of breathing or asphyxiation.

Exception to reporting includes deaths that occur when:

- No seclusion has been used, *and*
- The only restraint used on the patient were applied to the patient's wrist(s) *and*
- The restraint was composed solely of soft, non rigid, cloth-like materials.
  - In such a case; hospital staff must record the death in an internal log or other system only (no later than seven (7) days after the death; and do not need to report the death to CMS.
  - The internal log must be available in either written or electronic form to CMS immediately upon request. Each entry must include the patient's:
    - Name
    - Date of birth
    - Date of death
    - Attending physician's name, or other licensed independent practitioner who was responsible for the care of the patient
    - Medical record number
    - Primary diagnosis(es)

2. Document the date and time the death was reported to CMS and/or recorded in the hospital's internal log or system in the patient's medical record.

#### A. Reducing the Use of Restraint through Performance Improvement

The Medical Center should make all reasonable efforts to reduce the use of restraint. To accomplish this, a performance improvement process occurs. This process may include, but not be limited to:

1. Collection of date on the incidence and reason(s) for restraint use in care settings where such use occurs.
2. Aggregation and analysis of the data to determine if patterns, trends, or clusters of restraint use are evident.
3. Identification and evaluation of opportunities to reduce the use of restraint.
4. Development, implementation, and evaluation of actions taken to address opportunities identified.

#### B. Training and Competency of Staff

1. Staff who are involved with the application of a restraint, implementation of seclusion, providing care for a patient in restraint, or with assessing and monitoring the condition of the restrained or secluded patient should be trained and competent. Staff should be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint prior to doing so.
2. Training of staff should occur upon hire (during the first 90 days of employment) and on at least as annual basis thereafter.
3. Staff is required to have education, training, and demonstrated knowledge based on the specific needs of the patient population served in at least the following:
  - a. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint.

4. The use of nonphysical intervention skills includes:
  - a. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.
  - b. The safe application and use of all types of restraint used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).
  - c. Clinical identification of specific behavioral changes that indicate that the restraint is no longer necessary.
  - d. Monitoring the physical and psychological well being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the one-hour fact-to-face evaluation.
  - e. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
  
5. Individuals providing staff training should be qualified as evidenced by education, training, and experience in techniques used to address patient's behaviors. The Medical Center should document in the staff education records that the training and demonstration of competency were successfully completed.

#### C. General Requirements of Ordering of Restraint

1. The use of restraint should be in accordance with the order of a physician who is responsible for the care of the patient.
2. Orders for the use of restraint should not be written as a standing order or on an as needed basis (PRN).
3. If a physician is not available to issue such an order, a registered nurse may initiate the least restrictive, yet effective restraint based on an appropriate assessment of the patient. In this case, the physician should be notified immediately, and a verbal or written order obtained and entered into the patient's medical record.
4. A written order, based on an examination of the patient by a physician, should be entered into the patient's medical record within 24 hours of the initiation of restraint.
5. The attending physician should be consulted as soon as possible (within a 24 hour period following issuance of the restraint order) if the attending physician did not order the restraint.
6. Each order for restraint should contain at least the following information:
  - a. The name of the patient being restrained or placed into seclusion
  - b. The date and time of the order
  - c. The name of the physician ordering the restraint
  - d. The type of restraint to be applied
  - e. The time limit (duration) of the restraint.
  
7. The initial order for medical restraint should be time limited and shall not exceed 24 hours. Renewal orders for restraint shall be obtained at least once each calendar day. Renewal orders should be based on an examination of the patient by physician.
8. Restraint should be discontinued at the earliest possible time, regardless of the length of time identified in the order.
9. If restraint is discontinued before the original order expires, a new order is required to reinitiate any restraint.

#### D. Additional Requirements for Ordering Restraint for Severely Aggressive or Destructive Behavior (Behavioral Restraint)

1. Each order for restraint used for the management of severely aggressive or destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be ordered / renewed in accordance with the following limits, for up to a total of 24 hours:
  - a. Four (4) hours for adults age 18 and older
  - b. Two (2) hours for children and adolescents ages 9 to 17
  - c. One (1) hour for patients under age 9 years

2. One Hour Face to Face Evaluation by a Physician:
  - a. The patient should be seen face-to-face within one (1) hour after the initiation of the intervention by a physician who has been trained in accordance with the requirements of the policy. The one-hour face-to-face evaluation includes both a physical and behavioral assessment of the patient. Therefore, the physician who conducts this evaluation should be able to complete both a physical and behavioral assessment of the patient in accordance with California State law, his or her scope of practice, and the Medical Center policy.
  - b. The purpose of the face to face evaluation is to assess:
    - i. The patient's immediate situation;
    - ii. The patient's reaction to the intervention;
    - iii. The patient's medical and behavioral condition; and
    - iv. The need to continue or terminate the restraint or seclusion.
  - c. This face to face assessment should be documented in the patient's medical record.
3. By the time the order expires, before writing a new order, the physician should conduct an in-person re-evaluation at least:
  - a. Every 8 hours for patients ages 18 years and older and
  - b. Every 4 hours for patients ages 17 and younger.

#### E. Application of Restraint

1. Restraint shall be applied/removed in accordance with the following:
  - a. The type of restraint used shall be consistent with the type of restraint ordered.

An assessment should be conducted following the application of a physical restraint to assure that devices have been properly applied and that the patient did not sustain an injury or other untoward event in the process. Any significant findings should be documented in the patient's medical record along with actions subsequently taken.

- a. Restraint devices are to be applied/removed in accordance with the manufacturer's instructions and used in a manner consistent with their intended purpose.
- b. Restraint devices are to be applied / removed in a manner that preserves the dignity, comfort, and well-being of the patient.
- c. Restraints should be secured to the bedsprings or frame if being used while the patient is in bed. Restraints should never be tied to the mattress or side rails. Knots shall be tied so that they may be released quickly in the event of an emergency.
- d. Restraint devices are to be applied/removed only by staff authorized, trained, and with the demonstrated competency to do so.

#### A. Monitoring of the Patient in Restraint

1. The frequency, nature, and extent of monitoring and evaluation are dependent on the needs and health status of the individual patient but at a minimum of every two (2) hours. Appropriately qualified staff should monitor/evaluate the following, as appropriate:
  - a. The physical and emotional well being of the patient.
  - b. Circulation
  - c. Any hydration, hygiene, elimination, range of motion, or comfort needs the patient may have.
  - d. Skin integrity
  - e. Level of distress and agitation
  - f. Mental status
  - g. Cognitive functioning
  - h. That the patient's rights, dignity, and safety are maintained.
  - i. Whether less restrictive measures are possible.
  - j. Changes in the patient's behavior or clinical condition required to initiate the removal of restraints.
  - k. Whether the restraint has been appropriately applied, removed, or reapplied.

2. Patients in medical restraint should be evaluated / monitored at least every two (2) hours or more frequently if necessary.
3. Patients placed in restraint for violent or self-destructive behavior should be evaluated / monitored at least every fifteen (15) minutes or more frequently if necessary.

#### B. Education of the Patient and/or Family

1. When a patient is placed in restraint, the following education (as appropriate) should be provided to the patient and/or family:
  - a. An explanation as to the clinical justification for restraint.
  - b. An explanation of the purpose and use of the restraint.
  - c. The criteria by which restraint should be terminated.
  - d. An explanation as to the monitoring and care that should be provided to the patient
  - e. Other information necessary to assure the safety and comfort, dignity, preservation of rights, and well being of the patient.

#### C. Transport Of Patients In Restraints

1. The staff should notify the receiving unit in advance of transporting a patient requiring physical restraint.
2. Verbal instructions regarding the need for restraint should be given to the transporter by the staff, prior to the patient being transported.
3. The transporter should notify the receiving unit upon arrival, and remain with the patient until the receiving unit assumes care.
4. A restrained patient should be visualized at all times when in a department other than their room/ patient care area.
5. Needs for fluids, food or elimination should be addressed when the patient is in another Department for a period of time longer than 2 hours.

## IV. PROCEDURE:

#### A. ASSESSMENT / OBTAINING ORDER/ APPLICATION OF RESTRAINT

1. Asses the need for restraint and complete "Restraint Assessment" in PCS.
2. Contact the patient's attending physician and obtain order for restraint.
  - a. If restraint is applied in an emergency situation (possible Code Gray situation), the least restrictive, yet effective restraint is to be initiated by qualified staff, without an order- then contact the physician immediately and obtain a verbal or written order.
  - b. For restraint for severely aggressive or destructive behavior (Behavioral Restraint) advise the physician that a physician should conduct a face to face assessment of the patient within one (1) hour, and every eight (8) hours for patients aged 18 years and older, and every four (4) hours for patients aged 17 years and younger.
  - c. Assessments should be documented in the patient's medical record.
  - d. The attending physician should be contacted within 24 hours of restraint initiation if the attending physician did not order the restraint.
    - i. Obtain restraint equipment in appropriate size for the patient
    - ii. Identify the patient
    - iii. Provide patient privacy
    - iv. Explain purpose and procedure of restraint to family and/or patient if possible.
    - v. Apply the restraint device(s) according to the manufacture's instructions.
    - vi. When appropriate, assure that the call light is within the patient's reach before leaving the patient.
    - vii. Provide for patient safety- use of sitter or security stand-by, as appropriate

#### B. REASSESSMENT AND DOCUMENTATION

1. The RN should complete the "Restraint Assessment" in PCS every two (2) hours, at a minimum for medical restraint, and every 15 minutes, at a minimum, for restraint for severely aggressive or destructive behavior (Behavioral Restraint).

2. Restraints should be removed at the earliest possible time when patient is assessed as no longer requiring continued use of restraint.
3. If restraint is discontinued before the original order expires, a new order is required to reinstate any restraint.
4. The RN should complete the "Restraint Order Justification" and obtain physician's order for continued restraint,
  - a. Every twenty four (24) hours for renewal of medical restraint,
  - b. Every 4 hours for Behavioral Restraint for adult patients age 18 years and older,
  - c. Every 2 hours for Behavioral Restraint for children and adolescents ages 9-17 years, and
  - d. Every 1 hour for patients under age 9 years.
5. Contact the patient's physician if there is not a signed (electronic signature) restraint order within 24 hours of the initiation of restraint. Advise the physician if a signature is not obtained, the restraints shall be removed.
6. Notify Nurse Manager or designee if unable to contact the MD or if the patient and/or staff safety would be in jeopardy by removal of the restraint.
7. The RN should ensure the physician has conducted an in-person re-evaluation of patients in Behavioral Restraint, before the order expires, and before writing a new order. The physician in-person re-evaluation should occur at least:
  - a. Every 8 hours for patients ages 18 years and older, and
  - b. Every 4 hours for patients ages 17 years and younger.

#### C. Reporting of Patient deaths in Restraint

1. Staff should immediately notify their Manager/Director and/or Administrative Resource Nurse (ARN) for any patient death that occurs while a patient is in restraints or when it is reasonable to assume the patient's death was a result of restraint.
2. The Manager/Director and/or ARN should immediately notify the VP of Clinical Excellence, or designee. The VP of Clinical Excellence shall report the patient death to the Center for Medicare Services (CMS).
3. The VP of Clinical Excellence or designee should document the date and time the death was reported to the appropriate agency(s), and enter patient onto hospital's internal log.

## V. REFERENCE:

- A. JCAHO: 2013 Comprehensive Accreditation Manual for Hospitals: Provision of Care, Treatment and Services, Standards: Restraint and Seclusion.
- B. Federal Register, Part IV Department of Health and Human Services 42 CFR Part 482, Medicare and Medicaid Programs; Hospital Conditions of Participation: Patient' Rights; Final Rule, section 482.13 Conditions of participation: Patient's rights.
- C. California Hospital Association Consent Manual 34<sup>th</sup> edition, Chapter 1, Appendix 1-B Patient Rights- Restraint and Seclusion.
- D. CIS Meditech Quick Tip: Initial Restraint Order Process
- E. CIS Meditech Quick Tip: Verification and Renewal of Restraint Orders

## Referenced Documents

Reference Type	Title	Notes
Signed by	( 08/21/2013 ) Tracey Larsen	

( 08/22/2013 ) Linda Jenkins  
( 09/09/2013 ) Linda Palamara

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**Document Owner**

Larsen, Tracey

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