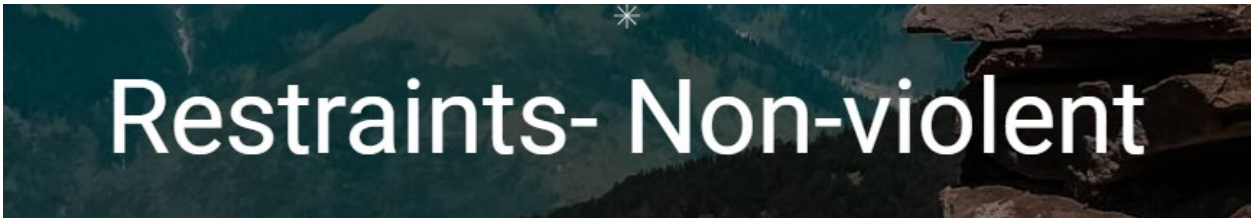


For Clinical Staff

Purpose of Training

- Samaritan Health Services has created the following training to meet the didactic requirement for education related to CMS regulation 482.13(f)
- Assignment of this training has been approved by SHS VPs of Patient Care Services.

Objectives

Lesson 2 of 13

- Distinguish patient rights and safety related to restraint use.
- Recognize the importance of trying alternative interventions prior to restraint use.
- Identify appropriate indications for non-violent restraint use.
- Review essential elements of SHS Non-Violent Restraints procedure.
- Outline documentation requirements and standards of care.

Why Do We Apply Non-Violent Restraints?

Lesson 3 of 13

For patient safety, protection and to support healing.

We do not apply restraints:

- To prevent falls: evidence shows that restraint use does not prevent falls.
- For protection during seizures: restraints are contraindicated during seizure activity.
- For agitation or staff convenience.

Patient's Perspectives of Restraints

What does it feel like to be restrained?

It varies:

- Patients might feel lonely or isolated.
- They might feel like they are being punished.
- Others feel angry, fearful, or humiliated.
- Some may become anxious or suffer from an exacerbation of PTSD.

Risks Related to Restraint Use

- Traumatization or re-traumatization
- Injury
- Death

Definitions

NON-VIOLENT RESTRAINT	VIOLENT/SELF DESTRUCTIVE RESTRAINTS
A restraint applied as a protective intervention to support medical or surgical care and healing. e.g., soft wrist restraints, mitts	

Definitions

NON-VIOLENT RESTRAINT	VIOLENT/SELF DESTRUCTIVE RESTRAINTS
	Restraints used to fully immobilize a patient displaying violent or self-destructive behavior.

At SHS, any restraint that immobilizes all four extremities is considered a violent restraint.

Indications for Restraint

Restraints may be initiated only:

- When clinically justified after a documented physical and environmental assessment to rule out identifiable problems that may be causing the behavior.

After alternatives to restraints have failed:

- The individual assessment must indicate that the use of less intrusive measures poses a greater risk than that of utilizing restraint.

Prior to Applying Restraints, Ask Yourself:

- Are the patient's behaviors/actions interfering with their care?
- Have all alternative interventions to avoid restraints been tried and allowed to fail?
- Has an assessment been made to determine the behaviors cause?

If the answer to these questions is yes, then restraints may be indicated.

****Restraints may only be applied by direct patient care staff, providers, and medical staff trained in the application and discontinuation of restraints****

Scenarios

Consider whether the following are appropriate uses of non-violent restraints:

- A patient who is intubated, has attempted to remove their endotracheal tube, and all other alternatives have been exhausted (appropriate).
- A patient who is intubated and unable to move their upper extremities (inappropriate).

Alternatives to Restraint

Possible alternatives to restraint include but are not limited to:

- Reorienting / reassuring the patient
- Involving family members or staff at beside
- Offering distractions, e.g., videos, TV, food
- Discussing stressors
- Re-evaluate/disguise equipment
- Medicating the patient
- Bed alarms/chair alarms

Remember to document all alternatives tried and the patients response; this is required by Center for Medicare and Medicade (CMS)

Devices NOT Considered Restraints

1. Padded side rails when put up for seizure precautions.
2. Special air mattress like beds with movement to prevent pressure ulcers (can put up all four rails).
3. Side rails and lap belts while transporting a patient via wheelchair, stretcher, stroller, cart, or any other transportation vehicle.
4. Postural support devices for positioning or securing.
5. If patient can lower side rails when he or she wants, this is not a restraint and should be documented on the patient's record.
6. Orthopedically prescribed devices such as; surgical dressings or bandages, and Protective helmets.
7. Crib tops, safety belts and side rails which are to be used as safety precautions considering the age and development of the child.
8. Soft protective safety devices such as IV arm boards that may be used for the protection of the child.
9. Swaddling/nesting an infant for comfort measures.
10. Handcuffs or other restrictive devices applied by law enforcement officials (these still need to be monitored and observed for safety reasons by law enforcement.)

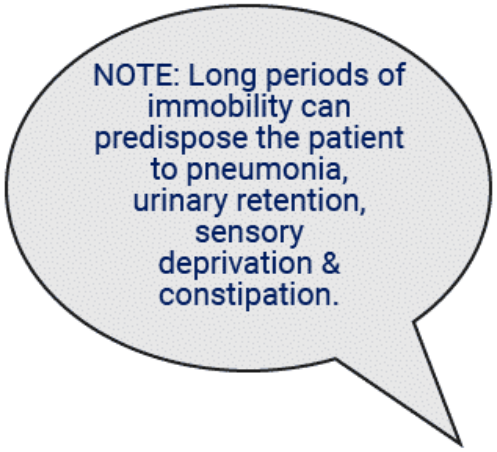
11 Physically holding the patient for the purpose of:

- conducting routine physical examinations or tests.
- to protect the patient from falling out of bed.
- to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

Non-violent restraint use during surgical procedures and post anesthesia care is not considered a restraint episode and does not apply to restraint standards

Patient Safety Monitoring

Lesson 5 of 13

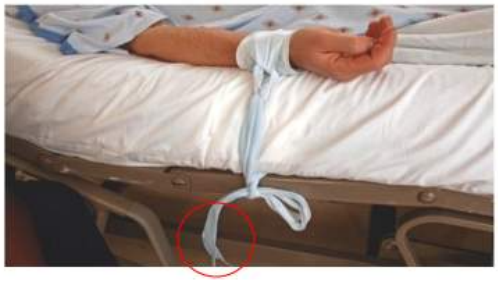


Restraints can cause numerous complications including but not limited to:

- Limited mobility
- Skin breakdown
- Impaired circulation
- Incontinence
- Psychological distress
- Strangulation

Safety is the #1 priority for our patients and staff.

- All staff in contact with a patient in non-violent restraints should be alert for possible complications.
- Notify the patients primary staff right away of any suspected or observed adverse conditions such as an injury or patient in distress.



Emergency Release from Restraint

- Patients in non-violent restraint, who are in an emergency situation such as a Cardiac Arrest or active seizure, must be released from restraints immediately.
- Non-violent restraints are released by pulling down quickly on the tail of the restraint tie on the bed frame.

Ongoing Evaluation Requirements

Refer to these standards of care for patients requiring non-violent restraints. Located in the Use of Non-Violent Restraints Policy?

Evaluation/Intervention Documentation		
Time Frame	**Discipline**	**Content**
At least every 4 Hours	RN/CNA	• Physical Comfort • Fluids/Food • Elimination
	RN Only	• Range of motion • Circulation/Skin integrity • Mental status • Patient reaction to intervention
Every 24 hours	RN/LIP	• Renewal order must be obtained to continue restraint use • If discontinued and reapplied a new order is required • The ordering LIP does not have to physically present to re-evaluate the need for continuing restraint use
Every 72 Hours	Treatment Team	• Review Plan of Care

Restraint Process

Ensure the following when applying non-violent restraints.

- Maintain respect for patient rights and dignity and provide for their privacy.
- Utilize at least two trained personnel to apply non-violent restraints.
- Soft cuffs are applied direct to patients skin securely without overtightening.
- tightness of cuff should be assessed by RN before leaving patient.
- Apply restraints securely to the bed frame, not the rails, using a quick release knot.
- Evaluate the need for 1:1 patient observation.

Restraint Assessment

- There are several methods that can be utilized to assess appropriate placement of non-violent restraints
- leaving one finger widths space between the cuff and skin is a good way to verify placement during application but should be followed up with one of the following:
    - Pulse check
    - Capillary refill
    - Skin color and temperature check

Non-violent Restraint Orders

- The use of restraints must be in accordance with the order of a physician or other licensed independent practitioner (LIP) who is responsible for the care of the patient. Physician Assistants/residents may write orders if delegated by the supervising provider.
- The attending provider/provider responsible for care and management of the patient must be notified at the earliest possible time if restraints are ordered by another LIP.

An order for restraint use must be obtained prior to their application except in emergent situations

The order must include:

- Clinical justification for application of restraint(s).
- The type of restraint(s) applied.

An order for non-violent restraint use is never to be written as a standing or PRN order.

- Restraints must be discontinued at the earliest possible time, regardless of the time identified on the order.
- A non-violent restraint order must be renewed at least every 24 hours if the order is to be continued
    - The ordering LIP does not have to be physically present to re-evaluate the need for continuing restraint use.
- If the restraints are discontinued, the order is considered discontinued as well.
    - A new order must be obtained prior to re-initiation of the restraints.

Documentation and Reporting

Prolonged Use

- Non-violent restraints in use greater than three days is considered “prolonged use”.
- An exception to this is a non-violent wrist restraint used to protect an intubated patient.
- If non-violent restraints are used greater than three days, (except on an intubated patient), the treatment team, including the LIP, PA, management, and staff will review the plan of care.
- The outcome of the review must be documented in the patients chart every 72 hours while in use.

Documentation

Nursing documentation required upon initiation of non-violent restraint is:

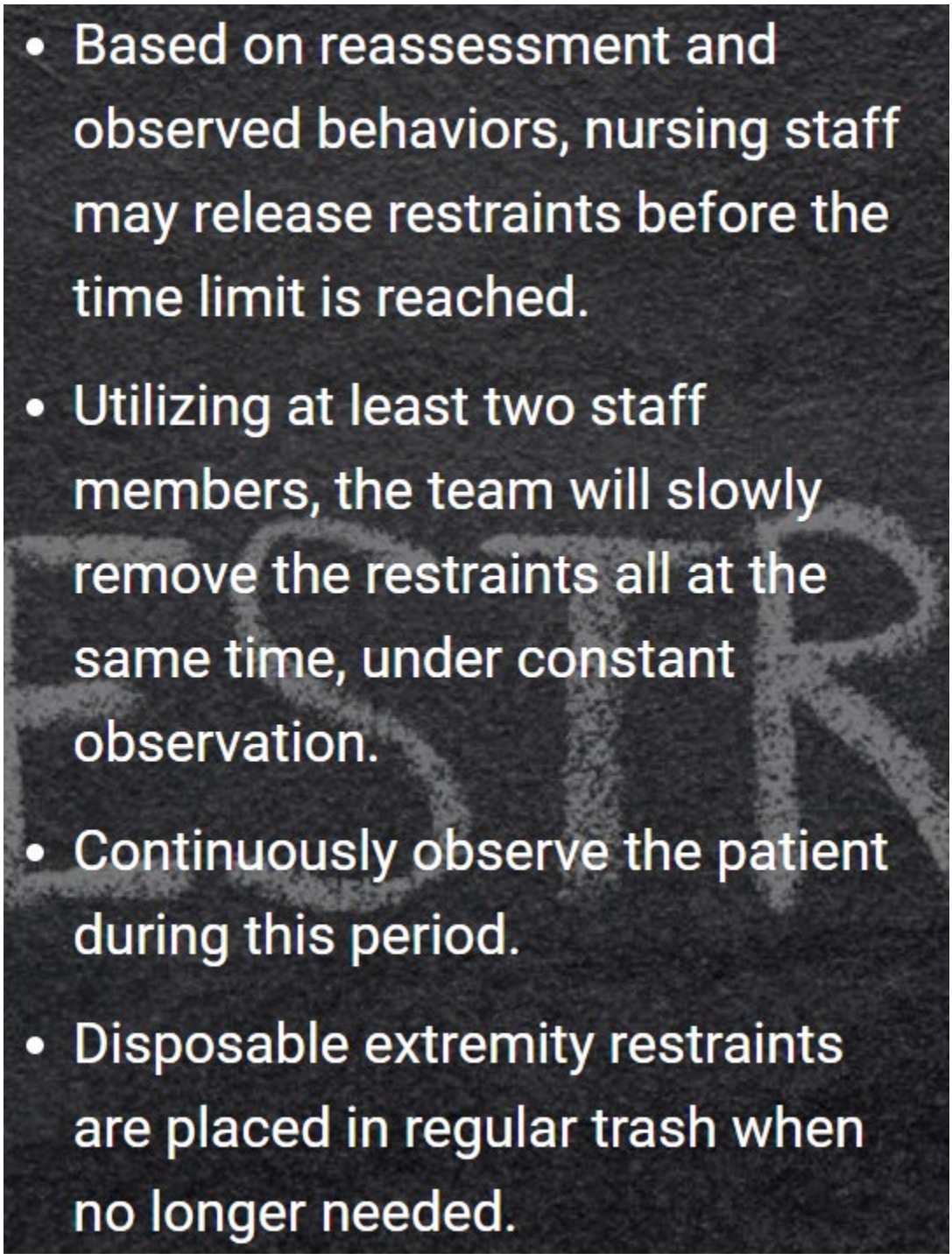
- Physician notification of restraint application.
- Individual assessment-an assessment includes the patient's behavior, physical status, and environment to identify the possible cause of the patient's combativeness, or other harmful behavior.
- Alternatives attempted and failed.
- Vital signs per patient condition – Can be delegated to CNA.
- Initiation of the non-violent restraint care plan.
- Time of initiation and type of restraint applied.
- Patient's response to education of discontinuation criteria explained.
- Family notification regarding the use of restraints as appropriate.
- Patient response to education.

Refer to SHS policy "Use of Non-Violent Restraint" in PolicyTech for more information.

(CMS) Reporting

- Hospitals must report deaths associated with the use of restraints directly to CMS no later than the close of business on the next business day following knowledge of the patient's death.
- Nurses must report to the nursing supervisor and the nursing supervisor will notify hospital leadership as soon as possible.
- Hospital staff must record in an internal log or other system:
    - Any death that occurs while a patient is in such restraints.
    - Any death that occurs within 24 hours after a patient has been removed from restraints.

Restraint Removal



Consider Restraint Removal When:

- Patient exhibits an appropriate cognitive and/or behavioral condition which allows them to safely participate in the plan of care.
- Satisfactory alternative arrangements have been made to supervise the patient, or other alternatives to restraints are now effective, e.g., sitter or companion.

****Once the assessment is complete and restraints have been removed, any subsequent behaviors/actions that interfere with patient care will require a new restraint order****

Summary

The use of restraints should never be taken lightly. It is an issue of physical and psychological safety, patient rights, and dignity.

Restraints should NEVER be the first response to challenging behavior.

Always utilize alternatives to restraints FIRST!

Accurate Documentation is essential.

If you ever have questions, consult nursing leadership and refer to SHS policies.

References

Broward Health Department of Learning, Restraints and Seclusion http://exams.browardhealth.org/Restraint_Seclusion/patient_perspectives_of_restraints_feelings.html

Samaritan Health Services. (2019, August 28). Retrieved April 1, 2020, from https://samhealth.policytech.com/docview/?docid=4211

[Sciencebabe]. (2011, March 11). Quick Release Tie [Video File]. Retrieved from https://www.youtube.com/watch?v=15PlocIzm94

Armstrong, J. (2020). Use of non violent restraints policy- GSRMC, SAGH, SNLH, SPCH. Samaritan Health Services. Use of Non Violent Restraints Policy - GSRMC, SAGH, SLCH, SNLH, SPCH v.3 (policytech.com)

Use of Non Violent Restraints Policy - GSRMC, SAGH, SLCH, SNLH, SPCH v.3 (policytech.com)