



Restraints- Non-violent

For Non-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

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- 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?

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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:

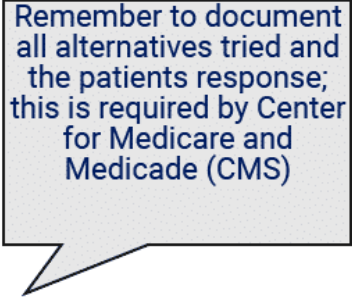
- A patient who is intubated, has attempted to remove their endotracheal tube, and all other alternatives have been exhausted (appropriate).
- A patient who is intubated and unable to move their upper extremities (inappropriate).

Alternatives to Restraint

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Possible alternatives to restraint include but are not limited to:

- Reorienting / reassuring the patient
- Involving family members or staff at bedside
- 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 Medicaid (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.)

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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

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NOTE: Long periods of immobility can predispose the patient to pneumonia, urinary retention, sensory deprivation & constipation.

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 | <ul style="list-style-type: none"> • Physical Comfort • Fluids/Food • Elimination |
| | RN Only | <ul style="list-style-type: none"> • Range of motion • Circulation/Skin integrity • Mental status • Patient reaction to intervention |
| Every 24 hours | RN/LIP | <ul style="list-style-type: none"> • 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 |
| | Treatment Team | <ul style="list-style-type: none"> • Review Plan of Care |
| Every 72 Hours | Treatment Team | <ul style="list-style-type: none"> • Review Plan of Care |

Summary

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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=15Ploclzm94>

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 \(policytech.com\)](#)