

# Violent Restraint and Seclusion

## Learning & Development

**For those that will not apply but may encounter a patient in violent restraints**

### Purpose for Training

Samaritan Health Services (SHS) has created the following training to meet the didactic requirement for education related to Centers for Medicare & Medicaid Services (CMS) regulation 482.13(f)

Assignment of this training has been approved by SHS VP's of Patient Care Services.

# Objectives

- Identify appropriate indications for violent restraint use
- Recall what Posey restraints look like and their basic operation
- Recognize complications that a person in violent restraints could experience
- Recall the appropriate action to take for observed complications

## Why Do We Apply Violent Restraints?

To control violent or self-destructive behavior that jeopardizes the immediate safety of patients, visitors, and staff members.

Violent Restraints are **not** applied by staff for:

- Convenience
- Coercion
- Discipline
- Retaliation



## Patient's Perspectives of Restraints

What does it feel like to be restrained?

This can vary:

- Patient's 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 Post-Traumatic Stress Disorder (PTSD)



# Risks Related to Restraint Use

- Loss of therapeutic relationship or trust with caregivers
- Traumatization or re-traumatization
- Physical injury
- Death

## Definitions

### Violent/Self Destructive Restraint:

- Violent or self-destructive behavior is that which jeopardizes the immediate physical safety of the patient, a staff member, or others; a restraint that fully immobilizes that patient is considered for violent use

### Physical Hold:

- Physically holding a patient during a forced administration of a psychotropic medication is considered restraint. Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, hands, fingers, or head freely.
- Requires an order.

### Continuous Observation:

- Uninterrupted, on-going, in-person/face-to-face observation of the patient

## Posey® Neoprene Locking Restraints

Blue = wrist

Red = ankle



SHS utilizes Posey® neoprene locking restraint for violent restraint in the hospital setting

# Posey® Neoprene Locking Restraints

- The neoprene cuff is placed on the patient's bare skin and secured with the short tail and locking buckle.
- Once secured to the patient, Posey® restraints are then secured to the bed frame with the long tail and locking buckle
- Posey restraints are released using the Posey® universal key on the buckle locks



## Patient Safety Monitoring

Complications related to violent restraint use can include but are not limited to:

- skin breakdown
- impaired circulation
- incontinence
- psychological distress
- strangulation

Patient's in violent restraints must be monitored continuously and all suspected complications must be reported **immediately**

# Patient Safety Monitoring

(Cont.)

Report suspected complications or emergency situations to the restrained patient's monitoring staff, or primary RN right away

Do not release violent restraints alone

If you see something, say something

Refer to SHS policy "Use of Violent Restraint" for more information on violent restraints

## Violent Restraint Standards of Care

Time Frame	Discipline	Intervention
Continuous Observation	RN/CNA	<ul style="list-style-type: none"> <li>Performed continuous in person observation by an assigned staff member</li> <li>RN ONLY - Readiness to remove restraints</li> </ul>
Every 15 minutes	RN/CNA	<ul style="list-style-type: none"> <li>Safety and comfort check.</li> </ul>
One hour face-to-face Evaluation (within 1 hour of initiation)	LIP or Special trained RN/PA only	<ul style="list-style-type: none"> <li>Evaluation of Patient's Immediate               <ol style="list-style-type: none"> <li>Medical Condition</li> <li>Behavioral Condition</li> <li>Condition review include history</li> <li>Patient Reaction to Intervention</li> <li>Need to continue</li> </ol> </li> </ul>
Every 2 Hours	RN/CNA	<ul style="list-style-type: none"> <li>Physical comfort</li> <li>Fluids/Food</li> <li>Elimination</li> </ul>
Every 4 Hours	RN	<ul style="list-style-type: none"> <li>Range of motion</li> <li>Circulation/Skin integrity</li> <li>Mental status</li> <li>Patient reaction to intervention</li> </ul>
Daily Care	RN/CNA	<ul style="list-style-type: none"> <li>VS to meet patient care needs and comply with plan of care</li> <li>Hygiene</li> </ul>
Every 24 Hours	Treatment Team	<ul style="list-style-type: none"> <li>Review Plan of Care</li> </ul>
24 hour Face-to-Face evaluation	Physician or LIP	<ul style="list-style-type: none"> <li>Must repeat the <u>1 hour</u> face-to-face evaluation for prolonged use prior to 24 hours</li> <li>Prior to further extension of the violent restraint, an examination and second opinion must occur by a second physician</li> </ul>

Table is located in the "Use of Violent Restraints Policy"

## In Summary...

The use of restraints and seclusion should never be taken lightly

Always utilize alternatives prior to restraining

It is an issue of patient rights and dignity

If you have questions, consult nursing leadership or refer to SHS policy



# References

Armstrong, J. (2023). Use of violent restraints policy-GSRMC, SAGH, SLCH, SNLH, SPCH. Samaritan Health Services. <https://samhealth.policytech.com/dotNet/documents/?docid=8467>

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