Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: Violent and Non-Violent Restraints	Policy No.: B814
	Supersedes: September 30, 2012
	Revision Date: March 13, 2018

PURPOSE:

The purpose of this policy is to provide guidelines regarding the appropriate use of restraints.

DEFINITIONS:

Least Restrictive Alternatives

Interventions used to minimize or avoid the use of restraint include but are not limited to: time-out, redirection, de-escalation, verbal contracting, patient education, family involvement, increased observation, administration of medications considered standard treatment for clinical condition.

Licensed Independent Practitioner

A Licensed Independent Practitioner (LIP) is any practitioner permitted by both state law and hospital as having the authority under his/her license to independently order restraints, or medications for patients. This provision is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified healthcare personnel to the extent recognized under state law or a state regulatory mechanism.

Under the following four conditions a physician in a graduate medical education program may perform these activities under appropriate supervision:

A) Residents may perform these activities under the auspices of a graduate medical education program
B) The graduate medical education program has provided relevant education and training for the resident in performing these activities. Graduate medical education programs accredited by the Accreditation Council on Graduate Medical Education (ACGME) are expected to be in compliance with this requirement, and the hospital/facility should be able to demonstrate compliance with any residency review committee citations related to this requirement
C) In the judgment of the graduate medical education program, the resident is competent to perform these activities
D) The hospital in which the resident provides patient care permits residents to perform these activities

Restraint

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; or a 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.

Examples of restraints include but are not limited to: hard restraints, soft restraints, vest restraints, mittens, or all side rails up.

Key Point: Mittens are restraints when used to restrict limb movement (e.g., arm tied down)

Key Point: All side rails up not are not considered a restraint if a "Bed Rail Use Status Form" is completed. Examples of clinical justification include:

- For assistance in moving while in bed
- For assistance in pressure relief
- To prevent falls from bed secondary to ataxia/spasms/seizures, etc.
- Patient preference/request
- At night only
- Other

A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or 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 does not include a care companion) as defined by the Centers for Medicare and Medicaid Services (CMS). Forensic restraints such as handcuffs, shackles, etc., are considered law enforcement restraint devices and are not considered safe, appropriate health care restraint devices.

POLICY:

Restraint shall be implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques, and used only when less restrictive measures have been found to be ineffective to protect the patient and others from harm. The patient's plan of care will be modified as needed.

Restraint use is not permitted for purposes of coercion, discipline, convenience, or retaliation by staff and is not a substitute for inadequate staffing.

Restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time regardless of the expiration time of the order.

The use of restraint is an exceptional event, not a routine response to a certain condition or behavior. Each patient must be assessed and interventions should be tailored to meet the individual patient's needs.

All clinical personnel are responsible for ensuring that the rights of the patients are protected including a patient's right to notification of his or her rights in regard to their care, privacy and safety, confidentiality of their records, and freedom from inappropriate use of restraint.

PROCEDURE:

Ordering Restraint

The patient should be informed about the rationale for applying the restraint and the type of behavior that will lead to its discontinuation. The information should be communicated to the patient prior to the restraint application, if possible.

The LIP must order the restraint and specify the type and location of the restraint in the restraint orders.

In an emergency, a Registered Nurse (RN) may initiate use of restraint before an order is obtained from a LIP.

The LIP responsible for the care of the patient must be consulted as soon as possible within one hour of restraint application.

Orders for restraint must be time limited and documented and renewed in accordance with federal/state and regulatory requirements and in accordance with a patients' plan of care.

Orders for restraint are not to be documented as standing orders or on an as needed (PRN) basis.

LIPs and qualified RNs are authorized to remove restraint prior to the expiration of the order if appropriate.

Non-Violent:

Orders for restraints of patients on non-violent behavior management needs are limited for 24 hours. An LIP must conduct a "face-to-face" evaluation within *24 hours* of initiation and at least every 24 hours prior to renewal and document the following:

a. Patient's immediate situation
b. Patient's reaction to the intervention
c. Patient's medical and behavioral condition
d. Need to continue or discontinue the restraint

Violent:

A LIP must order the restraint within one hour after initiation for violent behavior management. In addition, the LIP must complete a "face-to face" evaluation within *one hour* and document the following:

a. Patient's immediate situation;
b. Patient's reaction to the intervention;
c. Patient's medical and behavioral condition
d. Need to continue or-discontinue the restraint

The renewal of orders for restraint of patients with violent behavior are limited to a specific time frame:

a) Four hours for adults (18 years of age and over)
b) Two hours for children and adolescents (9-17 years of age)
c) One hour for children under 9 years of age

Monitoring

Nursing will document the following in the electronic health record.

Non-Violent Restraint:
Patients with non-violent restraint must be assessed and monitored upon initiation and every 2 hours for physical and psychological well-being; including, but not limited to mental status, respiratory and circulatory status, skin integrity and readiness for discontinuation of restraints; nutrition/hydration, elimination and range of motion needs. Vital signs are done according to unit guidelines.

Violent Restraint Monitoring:
Patients with violent restraint should be assessed and monitored upon initiation and every 2 hours for physical and psychological well-being; including, but not limited to mental status, respiratory and circulatory status, skin integrity and readiness for discontinuation of restraints; nutrition/hydration, elimination and range of motion needs. Vital signs are done according to unit guidelines.

In addition, a staff member will remain with the patient while on restraints and monitor patient every 15 minutes for behavioral health patient activity, restraint type, restraint location, signs of injury and respiratory rate.

Documentation

Documentation should be done according to the regulatory and agencies standards.

Clinical staff must document the following:

a. Initiate the Risk for Injury Related to Restraint, Interdisciplinary Plan of Care (IPOC) to justify the use of restraint
b. The events leading to the application of restraints, including
c. Use of alternative interventions
d. Restraint behavior description

e. Patient's response to restraint
f. Patient's education regarding the use of restraint
g. Interventions implemented to assist to the patient in meeting behavioral criteria for the discontinuation of the restraint
h. Patient monitoring
i. Injuries sustained, treatment received for injuries or death
j. Face to Face evaluation by the LIP includes the following:
   1. Patient's immediate situation
   2. Patient's reaction to the intervention
   3. Patient's medical and behavioral condition
   4. Need to continue or-discontinue the restraint

Quality Assessment and Reporting

The hospital should monitor the use of restraint and aggregate the data for analysis to identify opportunities for improving performance and implement identified improvements in accordance with the requirements of applicable regulatory agencies.

The hospital must report any death that occurs:

a. While a patient is in restraint;
b. Within 24 hours after the patient has been removed from restraint
c. Within one week after restraint was used and it is reasonable to assume that the use of restraint directly or indirectly contributed to a patient's death.

The hospital is to report the above incidences to State Department of Public Health Licensing and Certification Division, LACDMH, and Los Angeles County DHS Quality Improvement and Patient Safety Program.

The hospital will report each death to the CMS regional office by telephone no later than the close of business the next business day following knowledge of the patient's death. Staff must document in the patient's medical record the date and time the death was reported to CMS.

Infection Control Practices

Hard Restraints and corresponding fleece inner liners are stored in the "Restraint Box" in designated locations on each unit/area. After each patient use, disinfect the hard restraints with facility approved germicidal wipes and dispose of the fleece inner liners as they are for single patient use ONLY. To get additional fleece liners, call the Nursing Equipment room.

Soft Restraints and mittens are PAR on the patient care units. They are disposable and are for single patient use ONLY.

Vest are stored in the linen room and are laundered. Discard in linen hampers after use.

REFERENCES:

Centers for Medicare/Medicaid Services (CMS), Hospital Conditions of Participation: Patients' Rights; 42 CFR Part 482, Section 482.13
California Code of Regulations, Title 9, Section 865.4
California Code of Regulations, Title 22, Section 70577(i), 70737(a)
California Penal Code, Section 830
California Health & Safety Code, Section II 80.1-1180.4
The Joint Commission Provision of Care, Treatment and Services Standards PC.03.05.0 I-PC.03 .05.19

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