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| Restraints | Last Revision:  | February 2016 |
| Last Reviewed | April 2017 |
| Applies to the following THA Group of companies:  | * Island Health Care
* Island Hospice
* Independent Life at Home
* RightHealth®
 |
| Included in the following THA Manual: | Administrative Policies & Procedures ManualProvision of Care, Treatment, & Service |

PURPOSE

To outline the approved use of restraints for patients in the home.

POLICY

Nurses provide education to the patient and/or caregiver regarding appropriate indications for, as well as alternatives to, the use of restraints in the home. Instruction includes proper application of the restraint as well as how to care for the needs of the patient while restraints are being used. Seclusion and restraint may only be imposed if needed to improve the patient’s well-being or protect him/her or others from harm, and only when less restrictive interventions have been determined ineffective. Since restraints can be used as a form of abuse, clinical staff remains alert to potential abuse situations and report such situations to appropriate authorities.

RESTRAINT DEFINITIONS

CMS defines restraints as: “Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident’s body that the individual cannot remove easily which restrict freedom of movement or normal access to one’s body. Chemical restraints are any drug used for discipline or convenience and not required to treat medical symptoms.

A restraint may be one of three main types:

* Physical restraints are devices that prevent or limit movement; they include, but are not limited to the following: restrictive chairs, bedrails, hand mitts, vests that tie the patients to chairs or beds, wrist restraints, tray tables, and ankle restraints. A self-release belt (seat belt) is considered a restraint unless the patient can release it when asked. Also, note that facing a patient in a wheelchair against the wall may prevent the patient from getting up. Tucking the bed covers in tightly around a patient can be considered a restraint.
* Chemical restraints are pharmaceuticals given with the specific purpose of inhibiting or controlling behavior or movement. The administration of a drug to a patient as a treatment set out in the care plan is not considered a restraint.
* Environmental restraints are locked rooms or barriers which confine a person to a specific space.

A person is restrained if he or she cannot remove a physical device, leave a specific area, or refuse a chemical restraint

RESTRAINT GUIDELINES

Every employee should follow these guidelines:

* We will strive to be restraint free.
* Risks to each patient’s health and safety will be identified and addressed in ways that consider his/her choice, freedom of movement, dignity and respect.
* All other means will be attempted to prevent injury before using a restraint.
* When a risk of injury to the patient or others exists and cannot be addressed with alternatives, the least physical restraint possible may be used.
* A physician or nurse practitioner has ordered the restraint.
* A consent form has been signed by the patient or the responsible representative.
* It is included in the patient’s care plan. The care plan specifies the type of restraint and the frequency of monitoring the restrained patient; the maximum duration for restraint applications; and documentation of each time the restrained is used.

TYPES OF RESTRAINTS THAT CANNOT BE USED

The following physical restraints may not be used under any circumstances:

* Roller bars on wheelchairs and commodes or toilets
* Any device with locks that can only be released by a separate device, such as a key or magnet
* Four point extremity restraints
* Any device used to restrain a patient to a commode or toilet
* Any device that cannot be immediately released by staff or others (ex: “Houdini” belt)
* Sheets, wraps, tensors or other types of strips or bandages used other than for therapeutic purposes
* Rear-fastening seat belts

PERSONAL ASSISTANCE SERVICE DEVICES

Personal Assistance Service Devices (PASDs) have the potential of inhibiting movement, yet help the patient to participate in activities of daily living. Examples of PASDs are: wheelchair tables to play card games, or for use at mealtimes; table trays that are applied in the morning for washing and brushing teeth; table trays that are affixed to a wheelchair and applied for meals only so that patients are able to eat their meals on their own. If the patient is unable to release this device, it is a PASD with restraining effects and the requirements for restraining apply.

PROCEDURE

When the use of a restraint is observed in the home, the clinician provides written and/or verbal instruction in the following:

* Appropriate use of restraints
* Alternatives to using restraints
* Correct application of restraints
* Care of the patient in restraints
* Proper use of chemical restraints (when indicated) as well as referral to their pharmacist for additional information

PATIENT/CAREGIVER INSTRUCTION

1. Alternatives to Restraining a Patient:
* Increase patient supervision
* Environmental changes to increase safety
* Establish a small, safe area in the home for the patient
* Use intercoms or monitors to check on the patient
* Use bells or alarms
1. Correct Application of Physical Restraints:
* Pad affected areas/limbs.
* Fasten the end of the device to the frame of the chair or bed.
* Slightly bend the patient’s arm or leg before securing the limb; leave as much slack as possible to allow for movement.
* When applying a waist or jacket restraint, leave enough room to be able to put a hand underneath the belt.
1. Care of the Restrained Patient:
* Use a restraint only when all other means have been attempted.
* Avoid uncomfortable positions and maintain proper body alignment.
* Provide privacy.
* Respect the patient’s dignity; talk and read to the patient as often as possible.
* Assure that needed items are within reach.
* Check on the patient, perform ROM at least every hour while restraint is used. Allow time for needs such as toileting, food, water, and warmth.
* Never restrain the feet.
* Discontinue restraints when no longer needed.
* If the restraint is chemical (medication), contact your pharmacist for further information on safe use.