COMPREHENSIVE CORE COMPETENCY

CORE COMPETENCY READING MATERIAL

Contingent Staffing and Recruiting

Initial Release: 2006

Revised: Aug 2017

Note from Grace's family:

On the morning of Grace's last day, she was put in restraints for wanting to go to the bathroom! Not coincidentally, this action was taken by hospital staff when her sister Jessica (advocate) had left the room for a short time!

The rules regarding the use of restraints are following, for reference. Underlined and starred items have been added for emphasis.

Restraints

A restraint is anything, such as a device, physical action, or chemical, used to immobilize or restrict a person's movement in anyway.

Restraints are used as a last option, after all alternative methods have been unsuccessful, and the patient remains a present danger to themselves or others.

Physical Restraint

A physical restraint is any device, or action, used to physically restrict a person's movement. This includes, but is not limited to, wrist and ankle restraints, holding a patient down, waist and vest restraints, placing all 4 bed rails up, or using tightly tucked or tied sheets to prevent movement.

Chemical Restraint

A chemical restraint is a medication, that is not a part of the patient's standard treatment regimen, used to control behavior or to restrict the patient's movement. This includes, but is not limited to, antipsychotics and benzodiazepines.

Seclusion

Seclusion is involuntarily confining a patient to a room and preventing the patient from leaving. Seclusion may only be used for management of violent behavior.

Alternatives to Restraints

Alternative, less restrictive, methods must be explored first before restraints are used. Examples of less restrictive interventions include:

- Speaking with the patient to identify reasons for the behavioral issues.
- Reviewing the patient's medication list for drug interactions and/or polypharmacy.
- Consulting the patient's family about methods of calming the patient.
- Consulting the physician about removing tubes, lines, and/or dressings as soon as possible.
- Covering IV sites with kerlix for protection.
- Covering a PEG tube with an abdominal binder.
- Initiating the use of bed alarms.
- Increasing rounding times and toileting assessments.
- Increasing pain assessments to help increase comfort.
- Speaking in soothing tones.

- Having family or a sitter in attendance.
- Consulting pastoral counseling.
- Minimizing environmental clutter.
- Reducing stimuli by dimming lights, and reducing noise.
- Diversional activities (music, videos, TV, soft objects to handle, etc.)
- Trying relaxation techniques.
- Providing exercise/PT/OT.
- Providing social activities and snacks.

How to Use Restraints

Improper Use of Restraints

Restraints are never to be used as a punishment, threat, or way to convenience healthcare staff. Improper use of restraints could cause serious harm, or even death. Using restraints incorrectly can result in:

Mental Distress

- Restrained patients may feel helpless
- Patients may feel like they are being punished
- Lack of control may cause a patient to fight the restraints

Physical Injury

- Pressure ulcers if not repositioned properly and in a timely manner
- Loss of muscle and bone strength if used for long periods of time
- Skin tears
- Constipation or incontinence
- Joint problems
- Broken bones, strangulation, and death if restraints are used improperly

Restraint Orders

A licensed physician must order restraints. If the attending physician did not order the restraint, he/she must be notified immediately. There will be no standing orders, or renewal orders for restraints. After a restraint order has expired the patient must have another physical and psychological exam to re-evaluate if restraints are still necessary.

Duration

The following are limitations to the duration of restraint use.

- Time is specified by the physician, but is not to exceed 24 hours.
- The patient is to be re-evaluated face-to-face by the physician at least every 24 hours to determine if restraints need to be continued. A new restraint order must be written every 24 hours if restraints are still needed.

- Restraints and seclusion may not be used simultaneously unless the patient is continually monitored face-to-face by an assigned staff member.
- The patient should be frequently evaluated for possible restraint removal or possible reduction in the level of restraint used. Restraint removal or reduction should be implemented when the patient demonstrates an improvement or reduction in the behavior that led to restraint use.
- Restraints should be released every 2 hours to perform a skin assessment, and complete range of motion exercises. When done, the restraints should be safely and properly reapplied.

Documentation and Assessment

Every episode of restraint use is to be thoroughly assessed and documented. This should include:

- All alternative measures attempted
- Type of restraint used
- Behaviors requiring restraint usage
- Vital signs
- Skin assessment
- Circulation checks
- Hydration/elimination needs
- Nourishment offered
- Level of distress/agitation, mental status, and cognitive functioning
- Need for continued restraint, if applicable
- Individualized needs assessed

Patient and Family Education

Every effort should be made to discuss the issue of restraints with the patient, if practical, and family at the time of use. Education of the patient and family should include an explanation of the behaviors that caused restraints to be incorporated into the plan of care, why the use of restraints is necessary, and an explanation of available alternatives to the use of restraints. All education must be documented thoroughly.

Staff Training Required

Staff members will be trained on proper use of restraints at orientation, before applying restraints, and periodically throughout the year per hospital policy. Training must include, how to recognize and assess situations where restraints are needed, how to implement alternative interventions, how to start with the least restrictive restraints, how to safely use and apply every type of restraint used in the facility, how to implement seclusion, how to assess when restrains

are no longer needed, how to properly monitor and assesse patients' needs on restraints, how to properly assess patients wellbeing on restraints, and how to provide care for patients in restraints or seclusion.

References

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