



M3 RESTRAINTS & SECLUSION

Mechanical Restraints: Laws and Application





TRAINING REQUIREMENTS

Training Requirements:

- ➔ All staff who have direct patient contact must have ongoing education and training in the proper and safe use of s/r application and technique
- ➔ Alternative methods for handling behavior, symptoms, and situations that traditionally have been treated through the use of r/s [CMS]
- ➔ Staff is trained and competent to minimize the use of r/s and, when use is indicated to us r/s safely [JCAHO]

What is JCAHO?

- ➔ JCAHO is an abbreviation for Joint Commission on Accreditation of Healthcare Organizations
- ➔ It is an organization made up of individuals from the private medical sector to develop and maintain standards of quality in medical facilities in the United States

What is CMS?

- ➔ The Joint Commission sets its standards and establishes elements of performance based on the CMS standards
- ➔ CMS has approved The Joint Commission as having standards and a survey process that meets or exceeds the established federal requirements
- ➔ The Joint Commission is one of several organizations approved by CMS to certify hospitals

Note Section:

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WHAT IS A RESTRAINT?

Restrict freedom of movement, physical activity or normal access to one's body

- ➔ Physical force; manual methods
- ➔ Mechanical device, material or equipment
- ➔ Drugs ("chemical restraints")
- ➔ With or without patient permission

Excludes [JCAHO]:

- ➔ Brief interactions to redirect patient or assist with ADLs
- ➔ Holding children for <30 minutes
- ➔ Customary part of medical diagnostic or treatment procedure
- ➔ Indicated to treat medical condition or symptoms
- ➔ Promote patient's independent functioning
- ➔ Devices for security (forensic) or prudent safety (transport)

Note Section:



R&S DEFINITIONS AND UNDERSTANDING

Centers for Medicare and Medicaid Services (CMS) defines restraints as:

- Any 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
- Drug or medication used as a Restriction to manage the patient's behavior or restrict the patients freedom of movement and is not a standard treatment or dosage for the patient's condition

Defining What a Restraint is NOT:

- Restraint is NOT a device associated with medical, dental, diagnostic, or surgical procedures based on standard practice for the procedure Medications that are standard treatment for the patient's condition.

Examples:

- | | |
|--------------------------|--------------------|
| → Medical immobilization | → Adaptive devices |
| → IV armboards | → Head brace |
| → Orthopedic devices | → Back brace |
| → Protective helmets | |
| → Prisoner handcuffs | |

Note Section:



R&S DEFINITIONS AND UNDERSTANDING

What is Seclusion?:

- ➔ Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
- ➔ Seclusion may only be used for management of violent or self-destructive behavior.

Note Section:



WHAT ABOUT SIDE RAILS?



Side rails are not considered to be a restraint if they protect the patient from falling out of bed.

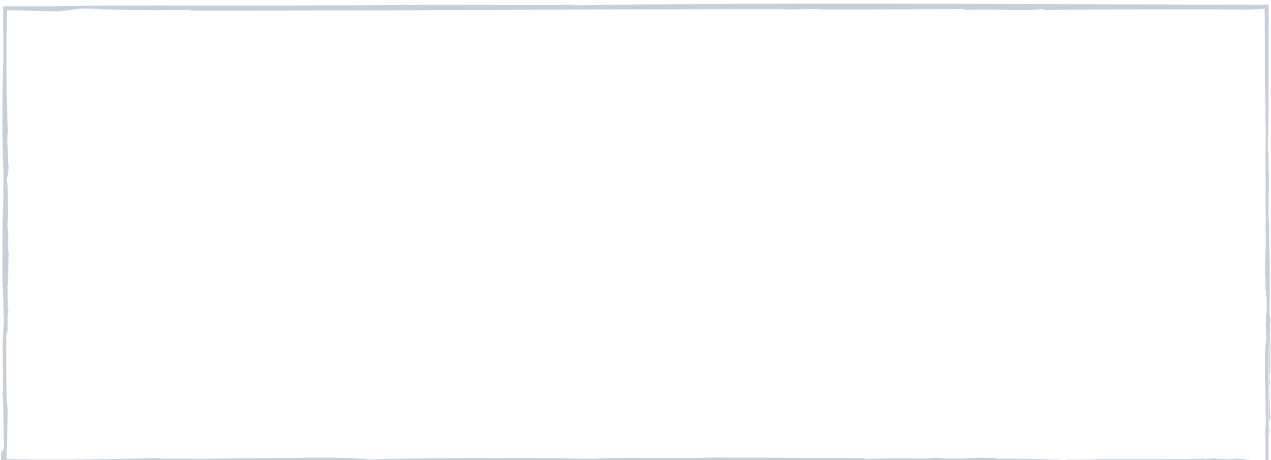
Examples:

- Patient on stretcher (i.e. being transported)
- Recovering from anesthesia or sedated
- Experiencing involuntary movement (i.e. seizures)
- Therapeutic beds (i.e. rotational beds)

Four side rails raised to prevent patient from exiting the bed is considered a restraint.



Note Section:





WHAT IS A CHEMICAL RESTRAINT?

- ➔ Medication used to control behavior or to restrict a patient's freedom of movement & is not a standard treatment for the patient's medical psychiatric condition [CMS]
- ➔ Improves/ reduces ability of individual to effectively/appropriately interact with world. Used to treat specific clinical condition, target symptoms FDA, manufacturer, national practice standards for use.
- ➔ Inappropriate use of a sedating psychotropic drug to manage or control behavior [JCAHO]

Note Section:



WHEN CAN R&S BE USED?

Indications for use:

- ➔ In emergency situations if needed to ensure the patient's physical safety and less restrictive interventions have been determined to be ineffective to protect patient or others from harm. [CMS]
- ➔ In emergency situations when there is an imminent risk of the patient physically harming self or others, and nonphysical interventions would not be effective. [JCHO]

Note Section:



EXCLUSIONS



Coercion, discipline, staff convenience, retaliation by staff solely based on prior history of r/s use or prior history of dangerous behavior.

Note Section:

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SAFEGUARDS IN H&S 1180

- Only use for behavioral emergencies when behavior present imminent danger of serious harm to self or others.

Prohibited:

- Restraint technique that obstructs airway or impairs breathing
- Pressure or body weight on back or torso
- Pillow, blanket, other item covering face
- Physical/manual restraint on person w/ known medical/ physical condition where believed it would endanger life or seriously exacerbate medical condition.
- Prone with hands held/ restrained behind back
- Containment as extended procedure
- Prone mechanical restraint with those at risk for positional asphyxiation, unless written authorization by MD
- Based on patient preference
- When other clinical risks take precedence

Avoid:

- 1 staff to observe for physical distress
- Where possible, not involved in restraint
- Least restrictive/ maximum freedom of movement - minimum number of restraints ("points")
- Constant face-to-face observation when in seclusion AND restraint unless facility currently okay to use video
- Right to be free from use of a drug to control behavior/ restrict freedom of movement & not standard treatment for condition

Note Section:

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PATIENT ASSESSMENT

→ Assess patient to determine risk of harming self or others, and risk of emotional or physical injury if restraint or seclusion is used

→ **Consider the following:**

- Underlying causes of aggressive behavior such as
 - a. medical and psychiatric condition
 - b. emotional stress and psychosocial needs
- Patient history of physical or sexual abuse
- Your influence on aggressive behavior

Note Section:



ASSESSMENT: POTENTIAL UNDERLYING CAUSES OF AGGRESSIVE BEHAVIOR

Physical:

- Inadequate pain relief
- Delirium - often due to infection, or electrolyte or metabolic imbalance
- Dementia
- Brain Injury

Psychiatric Symptoms:

- Mania - can include impulsive behavior and unsafe choices
- Psychosis - Paranoia - perceiving non- threatening people or objects as harmful.
- Depression- often accompanied by irritability

Emotional:

- Stress - related to hospitalization, illness of self or a loved one, grief or loss
- Family or spouse/partner dynamics that include threatening or abusive behavior
- Delusions - distortions of reality which can result in anger if challenged
- Hallucinations - sounds, sights, touch, or smell; can include sensations of being assaulted.
- Personality disorder - can include manipulative behavior, and sometimes willingness to harm self and others in order to achieve a goal.

Note Section:



ASSESSMENT: THE EFFECTS OF SEXUAL OR PHYSICAL ABUSE

Responder Considerations -

- Increased feelings of vulnerability related to hospitalization
- Avoidance of being touched
- Heightened negative reactions to being touched, whether intentional or accidental
- Psychological harm of applying restraints may outweigh the benefits

Note Section:



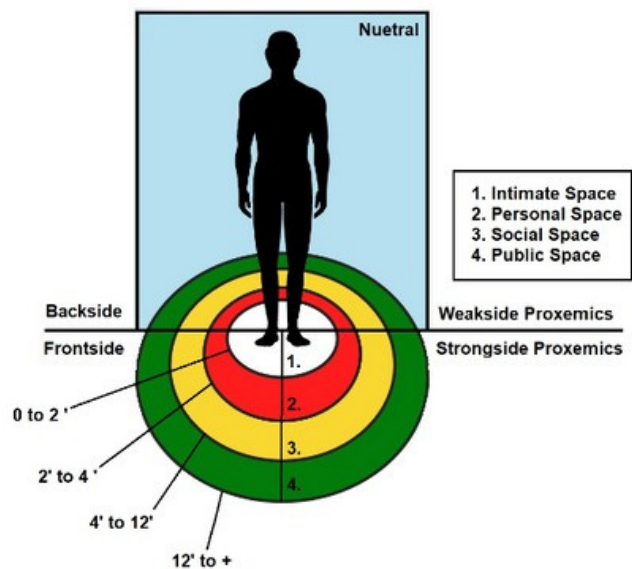
ASSESSMENT: STAFF INFLUENCE ON PATIENT BEHAVIOR

Verbal -

- Statements that are:
 - Dismissive
 - Judgmental
 - Derogatory or dehumanizing
 - Promises you don't intend to keep
- Tone of Voice - Harsh, irritated
- Volume - too loud
- Rate of Speech - too fast

Non- Verbal

- Invading Personal Space
 - Usually 1.5 - 3 feet
 - Depends on preferences, culture, gender, mood
- Body Posture and Motion
 - Facial expressions - eye rolling
 - Gestures - finger pointing
 - Posture - arms crossed
 - Movements - fast, jerky



Note Section:



ASSESSMENT: UNDERSTANDING THE PATIENT EXPERIENCE

Viewpoint - The Patients View

- Perceptions Focus -
 - Restriction - Loss of freedom and control
 - Loss of ability to move
 - Discomfort
 - Lack of ability to decide
 - Feeling not in charge of the decision of when to use or not use R&S

Viewpoint - The Significant Other/ Relative View

- Perceptions Focus -
 - Protective Anger
 - Over the use of restraint
 - How restraint applied
 - Any discomfort
 - Guilt
 - Degrading
 - Feeling as if there is a loss of progress

Note Section: