M3 Clinical MAB®

Laws & Regulations

Student Workbook
Version 2025

M3 CLINICAL MAB:
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 indicted 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

Notes...

M3 CLINICAL MAB:
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)

Notes...

M3 CLINICAL MAB:
R&S Definition and Understanding

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

- Any physcal 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
  - IV armboards
  - Orthopedic devices
  - Protective helmets
  - Prisoner handcuffs
- Adaptive devices
  - Head brace
  - Back brace

Notes...

M3 CLINICAL MAB:
R&S Definition 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.

Notes...

M3 CLINICAL MAB:
WHAT ABOUT SIDE RAILS?

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

<u>Examples:</u>

- 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.

Notes...

M3 CLINICAL MAB:
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]

Notes...

M3 CLINICAL MAB:
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]

Notes...

M3 CLINICAL MAB:
EXCLUSIONS

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

Notes...

M3 CLINICAL MAB:
SAFE GUARDS 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

Notes...

M3 CLINICAL MAB:
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

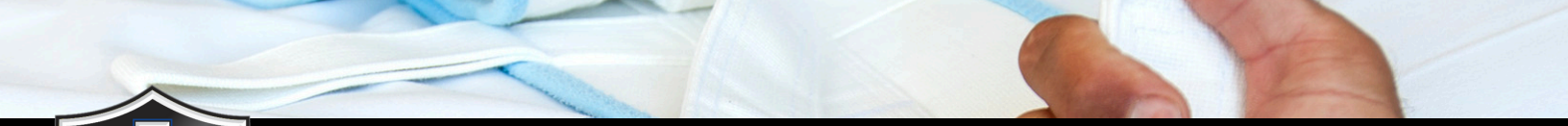
→ **Consider the following:**

- 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

Notes...



M3 CLINICAL MAB:
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.

Notes...

M3 CLINICAL MAB:
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

Notes...

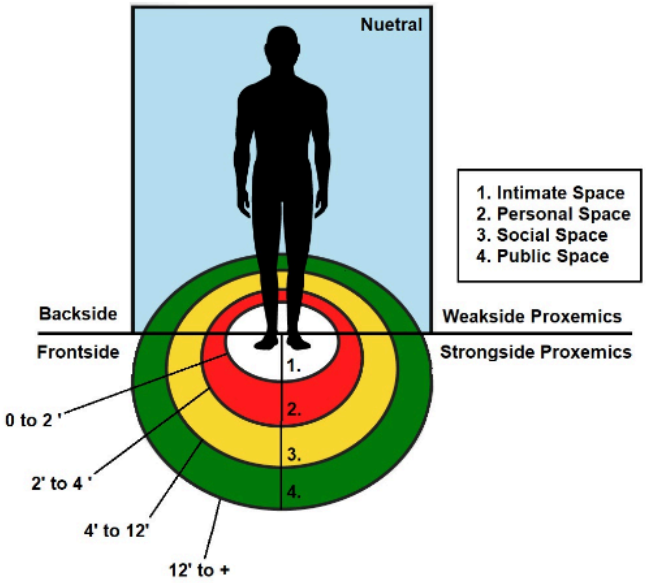
M3 CLINICAL MAB:
ASSESSMENT: STAFF INFLUENCE ON PATIENT BEHAVIOR

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



Notes...

M3 CLINICAL MAB:
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

Notes...

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Notes...

M3 CLINICAL MAB:
SEEKING ALTERNATIVES: CREATING OPTIONS

- **Verbal Redirection -** Reminding the patient of unsafe behavior as they are doing it.
- **Verbal De-Escalation -** Verbally reducing the patient's level of agitation
- **Distraction** - Engagement in an activity such as playing a card game, conversing, folding washcloths, watching a movie, etc.
- **Increased Level of Observation -** More frequent checks, video surveillance, and constant observation.
- **Role of Family -** Ways to be involved in the above (with patient permission and family agreement)

Notes...

M3 CLINICAL MAB:
SEEKING ALTERNATIVES: PREVENTING PATIENT INJURY

Treatment Interference:

- Attempting to pull out lines, tubes or equipment (e.g. nasogastric tube, endotracheal tube, IV, foley catheter)
- Implement preventative strategies
  - Cover or hide lines with a sleeve
  - Secure tubes for patient's comfort

Notes...

M3 CLINICAL MAB:
SEEKING ALTERNATIVES: PREVENTING PATIENT INJURY

Fall or Wander Risk

- Implement hospital fall prevention program
  - Rounding/observation schedule
  - Mobility aids/assistance
  - Modify high risk environment & medications
  - Elimination schedule
  - Close proximity observation

Notes...

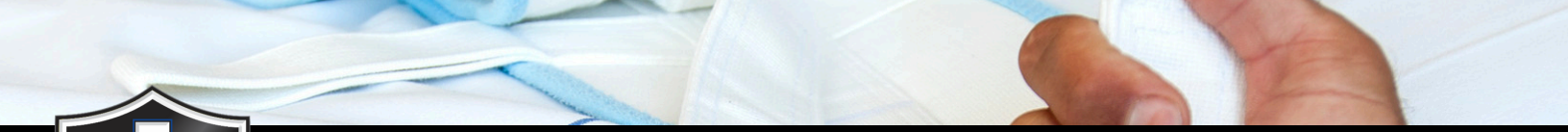
M3 CLINICAL MAB:
SEEKING ALTERNATIVES: MANAGING PATIENT BEHAVIOR

Often behaviors that require intervention can escalate through a predictable pattern

1. **Anxiety**
2. **Defensive**
3. **Aggressive**

"First and best intervention is always verbal."

Notes...



M3 CLINICAL MAB:
SEEKING ALTERNATIVES: MANAGING PATIENT BEHAVIOR

Anxiety - A noticeable increase or change in behavior

- Signals of Anxiety can include irritability, pacing, finger drumming, wringing the hands, staring..

Intervention - Be supportive - empathetic, non judgmental.

- Attempt to alleviate anxiety by addressing the need that the patient is trying to communicate to you.

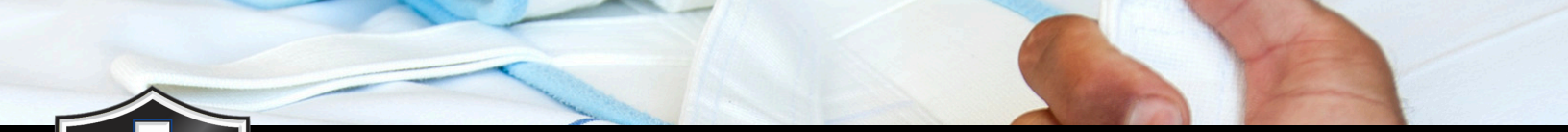
Defensive - The beginning stage of irrational behavior

- The patient is belligerent and challenges the authority
  - "Who are you to tell me..."
  - "I'm not going to do that..."

Intervention - Take control of the situation.

- Set limits that are clear, reasonable, and enforceable
- Give the patient choices, and time to make their choice

Notes...



M3 CLINICAL MAB:
SEEKING ALTERNATIVES: MANAGING PATIENT BEHAVIOR

Aggressive: Irrational behavior, loss of control

- Person becomes violent to self or others

Intervention - Self Protection

- Stand at least one leg-length away from the patient - outside striking distance
  - Turn body at an angle - protects vulnerable frontal areas, less confrontational
  - Put hands up to deflect strikes, establishes a limit for proximity
  - Call for help, Code Green or Code Yellow

Notes...

M3 CLINICAL MAB:
METHODS: CLINICAL JUSTIFICATION

Non-Violent or Non-Self Destructive: Prevent Patient Injury

- Attempting to remove lines/equipment
- Fall risk
- Wandering risk

Violent or Self-Destructive: Manage Patient Behavior

- Attempting to harm
  - Self
  - Staff
  - Others

Notes...

M3 CLINICAL MAB:
METHODS: LEAST RESTRICTIVE

Least Restrictive Defined:

- The type or technique used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.

"Match the type or technique with the patient's actual behavior and clinical justification."

Notes...

M3 CLINICAL MAB:
METHODS: R&S RESPONSE OPTIONS

Methods are implemented in a safer appropriate manner and in accordance with manufacturer's instructions:

- Elbow immobilizer
- Side rails
- Mittens with/without ties
- Enclosed bed
- Belts (lap belt, roll belt)
- Soft wrist/ankle
- Leather wrist/ankle
- Vest
- Medication
- Seclusion
- Physical hold

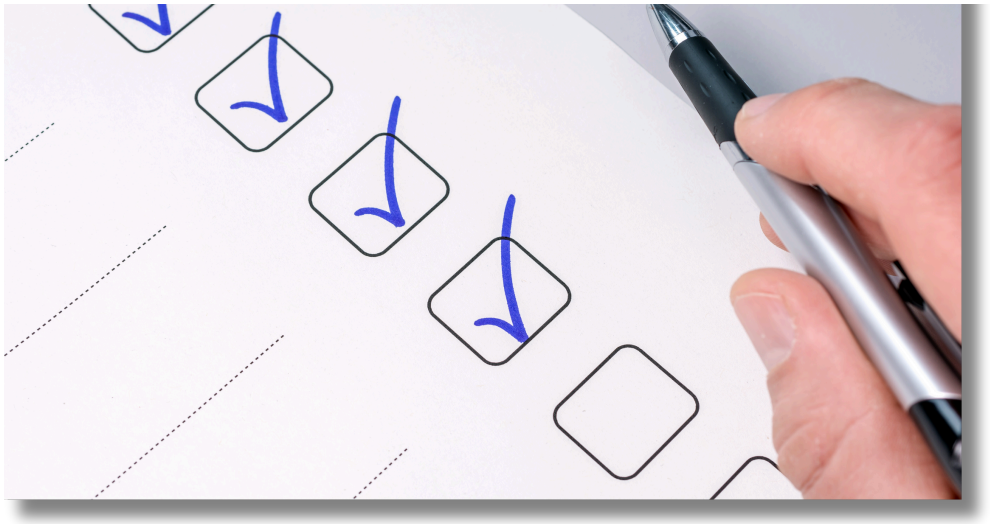
Notes...

M3 CLINICAL MAB:
R&S ORDERS: THE 3 COMPONENTS

Restraint or seclusion use must be ordered by the physician who is responsible for the care of the patient:

There are 3 components to the order:

1. Clinical Justification
2. Method
3. Time Limit



Notes...

M3 CLINICAL MAB:
R&S ORDERS: TIME LIMITATIONS TO ORDERS

R&S Orders are time limited and must be re-evaluated

Non-Violent or Non-Self-Destructive:

1. **Up to 24 hours**

Violent or Self-Destructive

1. **4 hours for age 18 or older**
2. **2 hours for age 9-17**
3. **1 hour for under age 9**

Notes...

M3 CLINICAL MAB:
R&S ORDERS: IMPLEMENTING REQUIREMENTS

- **PRN and standing orders are prohibited**
- **If interventions are discontinued prior to the expiration of the time-limited order, a new order must be obtained if intervention is reapplied**
- **If the need continues beyond the time-limited order a new order is required**

Notes...

M3 CLINICAL MAB:
NOTIFICATION REQUIREMENTS

- **Notify the patient's attending physician as soon as possible if he/she did not order the restraint or seclusion intervention.**
- **Notification of the attending physician:**
    1. Promotes continuity of care
    2. Assures patient safety
    3. Elicits information that might be relevant in choosing the most appropriate intervention

Notes...

M3 CLINICAL MAB:
NOTIFICATION REQUIREMENTS

Violent or Self-Destructive

In situations where restraint or seclusion occurs so quickly that the order cannot be obtained before intervention:

1. Notify the physician and obtain order immediately after applying the intervention
2. Notify the patient's family (if patient consented to have family informed about his/her care)

Notes...

M3 CLINICAL MAB:
PLAN OF CARE

- **Consult with the physician to:**
    1. Treat underlying factors
    2. Develop a plan for care
- **Inform the patient of the reason why restraint or seclusion was initiated and the criteria for discontinuation**
- **Educate the patient and family (if appropriate) about use of restraint or seclusion**
- **Update in accordance with guidelines of care**

Notes...

M3 CLINICAL MAB:
ASSESSMENT & MONITORING

Assessment & Monitoring are crucial for the prevention of patient injury and death

Assessment:

1. Assesses patient's condition (physical, emotional, behavioral)
2. Ensures intervention is used only while unsafe situation continues
3. Evaluates if intervention can be discontinued
4. Ascertains if less restrictive methods possible

Monitoring:

1. Checks if the restraint is applied correctly
2. Determines patient's well-being and safety
3. Preserves patient's rights and dignity
4. Provides an opportunity to meet the patient's needs (comfort, positioning, nourishment, elimination, personal care)

Notes...

M3 CLINICAL MAB:
ASSESSMENT & MONITORING

Methods for meeting the needs of patients in restraint or seclusion include observation, interaction or direct examination to:

Assess the patient:

- Physical - vital signs, circulation, pain, skin integrity
- Emotional/behavioral - mental status, cognition, criteria/readiness for discontinuation of intervention
- Response to intervention - including trauma, distress, or injury related to intervention
- Perform a range of motion and positioning
- Offer food and water
- Assist with toileting and personal care
- Provide privacy and comfort
- Assess if the patient meets the criteria for discontinuation

Notes...

M3 CLINICAL MAB:
ASSESSMENT & MONITORING: FREQUENCY

The frequency of assessment and monitoring is individualized based on the patient's condition and risks associated with the intervention (especially vulnerable populations).

Minimum expectations are as follows:

- **Non-Violent or Non-Self-Destructive:** Perform every 2 hours
- **Violent or Self-Destructive:** Assess every 15 minutes & monitor continuously
- **Simultaneous use of Restraint and Seclusion:** Continuous observation by trained staff in close proximity

When restraint or seclusion is used for the management of violent or self-destructive behavior, a face-to-face evaluation must be performed within 1 hour of intervention.

Notes...

M3 CLINICAL MAB:
ASSESSMENT & MONITORING: RISK OF INJURY

Restraint characteristics that increase risk of injury:

Supine Position.....Aspiration

Prone Position.....Suffocation

Patients with Deformity.....Injury due to improper application

Split Side Rails (slippage).....Entrapment

High Vest/Wasit Device.....Strangulation

Patients who Smoke.....Fire

Patient characteristics that increase risk of injury:

- Obesity - Own body weight prevents breathing

Delirium, Dementia, Mental Illness:

- Unable to comprehend restraint, struggles until physical collapse

Compromised Respiratory or Cardiac Function:

- Results in cardiac or cardiac function respiratory failure earlier than other patients

NOTE: Cessation of struggle against restraints and shallow or labored breathing can signal cardiopulmonary arrest..

Notes...

M3 CLINICAL MAB:
DISCONTINUATION

Criteria for removal of restraints MUST be made clear to the patient as part of the process of applying restraints.

1. Criteria are reasonable and related to the behavior that required the application of restraints.
2. Verbal confirmation from the patient of understanding is essential.
3. If the patient is unable to process the information, reorient them to the reason for restraint as necessary until they are able to understand or the restraint is removed.

Notes...

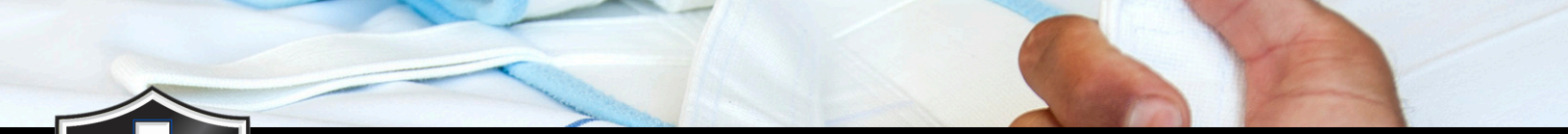
M3 CLINICAL MAB:
DISCONTINUATION: WHEN TO IMPLEMENT

Restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time written on the order.

Discontinue restraint or seclusion when:

- The assessment shows signs of physiological deterioration
- The psychological risks of restraint outweigh the benefits
- Identification of an alternative
- Criteria for discontinuation is met
- Clinical justification is no longer present
- Patient becomes sedated or falls asleep

Notes...



M3 CLINICAL MAB:
DISCONTINUATION: GUIDELINES/VIOLENT OR SELF-DESTRUCTIVE

- Discontinuing restraints, then reapplying them to the same patient requires a new order
- A "trial period" out of restraints is not allowed - restraints are either on or off
- Temporary release for the purpose of providing care, i.e. ROM, eating, toileting is NOT considered discontinuing order

Patients are debriefed after each episode of restraint or seclusion:

Includes staff members who participated in the intervention, the patient, and family (if appropriate) - **Occurs within 24 hours of episode**

Includes:

- What led to use of intervention, what could have been done differently
- Patient's well-being
- Counseling of patient for any trauma from restraint
- Modification of plan of care if indicated

Notes...

M3 CLINICAL MAB: DOCUMENTATION

When each episode of restraint or seclusion is used, documentation in the patient's medical record includes:

- Alternatives/less restrictive interventions attempted
- Patient's behavior, condition, symptom(s), or circumstances that led to the use of restraint or seclusion
- The intervention used, orders for use
- Patient's response to intervention(s) used
- Results of assessment and monitoring
- Physician and family notifications, patient debriefings
- Significant and/or unanticipated changes in patient's condition
- The rationale for continued use
- Criteria for discontinuing intervention

Non-Violent or Non-Self-Destructive: Document every 2 hours

Violent or Self-Destructive: Document every 15 minutes

Notes...

CALL TODAY AND SWITCH WITHOUT A HITCH!

WE ARE HERE TO HELP!

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