

Virginia Department of Health
Office of Licensure and Certification

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Restraint Usage in Nursing Facilities

Principle

Nursing facility residents shall be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

Introduction

State and federal law and regulation prohibit the use of restraints on nursing facility residents unless the resident's medical condition requires the use of restraints. Restraint usage by facility staff for the purposes of convenience or discipline is a violation of law and regulation.

Nationally, restraint usage has been recognized as significantly contributing to the deterioration in resident physical and mental status. Potential negative outcomes of restraint usage include, but are not limited to, decline in the resident's physical functioning (e.g., ambulation) and muscle condition, contractures, increased incidence of infections, and development of pressure ulcers, delirium, agitation, and incontinence. Residents who are restrained face loss of autonomy, dignity and self respect, and may show symptoms of withdrawal, depression, or reduced social contact. Restraint usage can reduce independence, functional capacity and quality of life. Restraint usage may constitute an accident hazard as residents have been injured, sometimes fatally, attempting to get out of a restraint. Therefore, the decision to apply restraints must be made cautiously.

Definition

"Chemical restraint" means a psychopharmacologic drug (a drug prescribed to control mood, mental status, or behavior) that is used for discipline or convenience and not required to treat medical symptoms or symptoms from mental illness or mental retardation that prohibit an individual from reaching his highest level of functioning.

"Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily that restricts freedom of movement or normal access to one's own body.

"Freedom of movement" means any movement a resident is capable of and wishes to perform.

General Rules

A. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and lap cushions or lap trays that a resident cannot easily remove. Some practices that meet the

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definition of a restraint are:

- Using side rails to prevent a resident from voluntarily getting out of bed;
- Tucking in, or using hook and loop fasteners (e.g., Velcro®), to hold bedding or clothing so tightly that a resident's movements are restricted;
- Using any chair that restricts a resident's movement or access to their body;
- Preventing a resident from rising from a chair by using trays, tables, bars or belts that the resident cannot easily remove; and
- Preventing a resident from vacating a chair or rising from bed by placing the chair or bed too close to a wall.

B. Facilities should *continually* explore and utilize least restrictive alternatives and plan how best to reduce the time that a resident is restrained.

Interventions that a facility might incorporate in care planning include, but are not limited to:

- Providing restorative care to enhance abilities to stand, transfer, or walk safely;
- Providing a device, such as a trapeze, to increase a resident's mobility in bed;
- Lowering the bed and surrounding it with soft mats;
- Equipping the resident with a device that monitors his or her attempts to rise;
- Providing frequent monitoring by staff with periodic assisted toileting;
- Furnishing visual and verbal reminders to use the call bell;
- Providing exercise and therapeutic interventions, based on individual assessments and care planning that may assist the resident in achieving proper body position, balance and alignment, without the potential negative effects associated with restraint use; and
- Modifying the resident's environment or routine to allow for close observation by staff.

Note: A device may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.

C. Restraint removal should be systematic and gradual to avoid injury and ensure resident safety while treating the resident's medical symptoms.

D. A nursing facility shall not restrain any resident *unless* the resident's medical symptoms, based on the resident's comprehensive assessment, require the use of restraints.

E. A resident's medical symptoms should be viewed in the context of the resident's condition, circumstances, and environment; not viewed in isolation. The facility must determine the presence of a specific medical symptom that would require the use of restraints, and how the use of restraints would treat the medical symptom, protect the resident's safety, and assist the resident in attaining or maintaining his or her highest practicable level of physical and psychosocial well-being.

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F. Medical symptoms that warrant the use of restraints must be documented in the resident's medical record, ongoing assessments, and care plans. A physician's order alone is not sufficient to warrant the use of a restraint.

G. Facilities shall fully inform a resident of the potential risks and benefits of all options under consideration, in the context of the resident's condition and circumstances, including the use of a restraint, not using a restraint, and alternatives to restraint use. The resident has the right to accept or refuse use of restraints.

In the case of a resident who is incapable of making a decision, the legal representative may exercise the same right based on the information that would have been provided to the resident. However, a resident's legal representative cannot give permission to use restraints for the sake of discipline or staff convenience or when a restraint is not necessary to treat a resident's medical symptoms. In other words, a facility *cannot* use restraints in violation of the law and regulation based solely on a legal representative's request or approval.

H. When a resident is restrained, a facility must provide all the care necessary to prevent any decline occurring as a result of the use of restraints.

I. Using side rails as restraints is prohibited, unless the use of the side rails is necessary to treat a resident's medical symptoms. Side rails increase the likelihood that a resident will spend more time in bed and fall when attempting to get out of bed.

Note: The decision to use side rails must be clearly recorded in the resident's clinical record. The information provided to the resident (family member, or legally responsible person) that permitted the individual to make an informed choice about the use of side rails, including risks and benefits, should be documented in the resident's record. As in all good documentation, the record should also include a statement about the resident's response to the side rail. The record should be reviewed periodically to ensure the documentation supports the continued use of the side rails and to assess the need for change in the plan of care, if needed.

Example: If the side rails are used as enablers to support independent mobility, *all* documentation, e.g., nurses' notes, physician progress notes and orders, the MDS, care planning, and therapy notes should support the rationale.

J. If a resident needs emergency care, restraints may be used for brief periods to allow medical treatment to proceed *unless* the resident has previously refused the treatment method to be used.

If a resident's unanticipated violent or aggressive behavior places him or herself or others in imminent danger, the resident does not have the right to refuse the use of restraints. In this situation, the use of restraints is a measure of last resort to protect the safety of the resident or others and *must not* extend beyond the immediate episode.

It is expected that facility management will exceed these measures when reviewing and updating their facility's restraint usage protocols.