

POLICY ON RESTRAINTS/SECLUSION

This facility will not use any seclusion tactic for the purpose of discipline, convenience and for the treatment of a medical condition.

Physical and chemical restraints will not be used as a form of discipline or for the convenience of the staff. The facility will not use any restraint that obstructs a resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose; impairs a resident's breathing by putting pressure on the torso; interferes with the resident's ability to communicate; or places the resident in a prone or supine hold.

This policy does not preclude the facility from using restraints for brief periods in an emergency to permit medical treatment (unless the resident has previously made a valid refusal of the treatment).

Physical restraint will be used only in an emergency in which there is immediate danger to the resident or others. During a behavioral emergency, the facility will only use an acceptable restraint hold. An acceptable restraint hold is a hold in which the resident's limbs are held close to the body to limit or prevent movement and does not violate our policy in second paragraph of this subsection. The staff member will use the restraint hold for the shortest period of time necessary to ensure the protection of the resident or others in a behavioral emergency.

A restraint may be utilized only after:

1. Careful assessment of the resident's needs by the nursing staff
2. All alternative measures have been attempted
3. Physician has been involved in the plan of care
4. A written physician's order specifying the justification for restraint use, the type (least restrictive), frequency of use, and the frequency of release must all be specified
5. Resident or family involvement in the plan of care or resident or resident's legal representative's consent to restrain and
6. Re-evaluation of the resident's needs for restraint use at least quarterly or less.

Our policy prohibits us from discharging or otherwise retaliating against any person because that person, or another person on his or her behalf, files a complaint, presents a grievance, or otherwise provides, in good faith, information relating to the misuse of restraint or seclusion at this facility.

RESTRAINT FREE PROCEDURE

1. Nursing management reviews each resident that staff perceives is in need of restraint use.
2. An MDS will be completed and updated quarterly.
3. The resident will be evaluated to determine if less restrictive devices can be used. This may be done by a consult with occupational or physical therapist or others.
4. The resident and/or family will be involved in the decision along with the physician and interdisciplinary team in an effort to best meet the resident's needs.
5. All alternative measures that are tried will be documented in the resident's plan of care.
6. Secure physician's orders for restraint and they must be for a specific type, reason, and duration, not PRN.
7. Residents who are restrained must be checked every 30 minutes for body alignment, comfort, and tightness of restraint.
8. Any resident restrained must be released every 2 hours, repositioned, toileted or changed, ambulated if feasible, and offered fluids, etc.
9. Facility will not use full side rails on resident beds. Half rails and M bars may be utilized as enablers to assist residents with mobility in their beds. Documentation will support the choice.