

**Policy:** Restraints Policy

**Type:** Care of Patient (COP) / Clinical

**Applicable To:** Newark Beth Israel Medical Center & Children’s Hospital of New Jersey , Children’s Specialized Hospital, RWJ University Hospital Rahway, RWJ University Hospital Somerset, RWJ University Hospital, Trinitas Regional Medical Center, RWJBarnabas Health Behavioral Health Center, Jersey City Medical Center, RWJ University Hospital Hamilton, Monmouth Medical Center, Clara Maass Medical Center, Community Medical Center, Cooperman Barnabas Medical Center, Monmouth Medical Center Southern Campus, RWJBarnabas Health Ambulatory Care Center

**Policy Owner:** Chief Nursing Officer of RWJBH System

**Effective Date:** 9/19/2024

**Approved by:** System CMO and System CNO

## 1. Policy Statement:

### **POLICY STATEMENT:**

Recognizing that all patients have the right to freedom from restraint of any form and that use of restraint can only be utilized to ensure the immediate physical safety of the patient, the staff or others it is the philosophy of RWJBH that use of restraint will:

- a. Only be utilized when they are clinically appropriate and adequately justified to protect the patient, staff or others.
- b. Utilize the least restrictive and most effective method of restraint
- c. Be discontinued as soon as the risk and/or demonstrated behaviors are no longer present and the threat of harm is removed.
- d. Never used as a means of coercion, discipline, convenience or retaliation.
- e. Not considered to be a routine part of a falls prevention program.
- f. Consider the underlying causes for the exhibited behaviors requiring restraint.

Alternatives to restraints and less restrictive measures will be evaluated and implemented prior to initiation of restraints unless the situation poses the risk of immediate harm to the patient, staff or others. (See appendices for suggested alternatives)

### **Exceptions to restraints:**

- A. A restraint does not include such as orthopedic devices, surgical dressings, protective helmets, adaptive supports such as braces and age-appropriate safety devices such as cribs, stroller, high chair belts, IV arm boards, or a medically necessary securing device used to temporarily immobilize a patient during a procedure. Full side rails during when used for patients on seizure precautions are also exempt. Also excluded are other methods of physically holding for the purpose of conducting routine examinations or testing.
- B. Recovery from anesthesia that occurs in a critical care or post anesthesia area is considered part of the surgical procedure and therefore medically necessary restraint use in this setting would not be considered a restraint.
- C. Physical Escort: An escort that provides a “light” grasp (patient is able to remove or escape the grasp) to escort the patient to a desired location is not considered a restraint.
- D. Transportation: if a patient is on a stretcher the risk of injury from a fall is significant; therefore, raised side rails are not a restraint; likewise the use of a seatbelt on a wheelchair when transporting a patient is not a restraint.
- E. The use of handcuffs, manacles or shackles or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention and public safety reasons are not governed by 482.13(e). The law enforcement officers who maintain custody and direct supervision of their prisoner (the hospital’s patient) are responsible for the use, application and monitoring of these restrictive devices. The hospital is still responsible for appropriate patient assessment and provision of safe, appropriate care to its patient (law enforcement prisoner).
- F. Note: Generally, if a patient can easily remove a device, the device would not be considered a restraint. In this context, “easily removed” means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff.

**Staff Education/Training:**

- A. At minimum, LPs must have a working knowledge of the facility’s policy regarding restraints.
- B. All staff that implement restraint, monitor, assess, or otherwise provide care will receive training in the following areas during orientation and thereafter based on performance improvement/auditing results.
  - 1. The use of nonphysical intervention skills.

2. Choosing the least restrictive intervention based on an individualized assessment of the patient’s medical or behavioral status or condition.
3. The safe implementation of restraint, continued patient monitoring, and the clinical identification of specific behavioral changes that indicate that restraint is no longer necessary.
4. The use of first aid techniques and cardiopulmonary resuscitation.
5. At minimum, psychiatric unit staff, the emergency department staff, and security will receive annual training in handling the assaultive patient.

**Performance Improvement:**

- A. Includes collection of data on the use of restraints in order to monitor and improve the facility’s performance of processes that involve risks or may result in serious adverse events.
- B. Review by physician director or designee, of restraint used in excess of 72 consecutive hours for a patient.

**2. Acronyms:**

<b>NIAHO</b>	<b>National Integrated Accreditation for Healthcare Organizations</b> <a href="https://www.dnvgl.us/assurance/healthcare/standards/niaho-ac-dl.html">https://www.dnvgl.us/assurance/healthcare/standards/niaho-ac-dl.html</a>
<b>UAP</b>	<b>Unlicensed Assistive Personnel</b>
<b>LPN</b>	<b>Licensed Practical Nurse</b>
<b>NVNSD</b>	<b>Non-Violent Non Self Destructive</b>
<b>LP</b>	<b>Licensed Practitioner</b>
<b>RN</b>	<b>Registered Nurse</b>
<b>MHA/MHT/MHW</b>	<b>Mental Health Associate/Mental Health Technician/Mental Health Worker</b>

PA	Physician assistant
VSD	Violent Self Destructive
APN	Advance Practice Nurse

**3. Related Documents:**

Document Type	Document Name
<b>Associated Procedures:</b>	<ul style="list-style-type: none"> <li>Restraints – Violent and Non-Violent Non Self Destructive Procedure</li> </ul>
<b>Resources:</b>	<p><b>Forms</b></p> <ul style="list-style-type: none"> <li>Manufacturer’s Instructions for Use (MIFU)- <a href="https://www.tidiproducts.com/restraints-and-restraints-alternatives/limb-holders-and-restraints">https://www.tidiproducts.com/restraints-and-restraints-alternatives/limb-holders-and-restraints</a></li> </ul>
<b>Job Aids:</b>	<ul style="list-style-type: none"> <li>Restraint and Seclusion Appendices: Alternatives and De-Escalation Techniques <a href="#">Download File</a></li> </ul>
<b>Regulatory references:</b>	<ul style="list-style-type: none"> <li>N.J.A.C. 8:43 G-4.1 Patient Rights and 8:43 G 18.4 Nursing Care: Use of Restraints</li> <li>N.J.A.C. 10:42 Title 10 Chapter 42</li> <li>Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group Ref: QSO-20-04-Hospital-CAH DPU Revised January 17, 2020</li> <li>Electronic Form CMS-10455, Report of a Hospital Death Associated with Restraint or Seclusion</li> <li>CMS 2020 Conditions of Participation for Hospitals: Patient Rights 482.13 N.J.A.C. 8:43 G-4.1 Patient Rights and 8:43 G 18.4 Nursing Care: Use of Restraints</li> </ul>