

Policy: Restraints

Type: Care of Patient

Applicable To: RWJBarnabas Health including Community Medical Center, Clara Maass Medical Center, Children’s Specialized Hospital, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center, Behavioral Health Center

Policy Owner: Chief Nurse Officer RWJBH System

Effective Date: 5/2022

Approved by: Professional Nursing Practice Committee & Behavioral Health Quality Cabinet

1. 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 medical 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)

Staff Education/Training: At minimum, LIP's must have a working knowledge of the hospital's policy regarding restraints.

- A. 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 hospitals 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:

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3. Related Documents:

Document Type	Document Name
Associated Procedures:	Restraints Procedure
Resources:	Restraint and Seclusion Appendices: Alternatives and De-Escalation Techniques
Job Aids:	N/A

Regulatory references:	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 N.J.A.C. 10:42 Title 10 Chapter 42 NJDMHS: 4/2020 Administrative Memo TJC HAP PC 03.05.01,03.05.03,03.05.05,03.05.07, 03.05.09, 03.05.11,03.05.13, 03.05.15, 03.05.17, 03.05.19 NIAHO: 2019 Revision 18-2.PR.6. Restraint and Seclusion
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Procedure: Restraints – Violent and Non-Violent Non Self Destructive
Type: Care of Patient
Applicable To: RWJBarnabas Health including Community Medical Center, Clara Maass Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center, Behavioral Health Center
Procedure owner: Chief Nursing Officer of RWJBH System
Effective date: 5/2022
Approved by: System Professional Nurse Practice Committee and Behavioral Health Quality Cabinet
Review: Annual

1. Purpose Statement:

To provide a standardized organizational approach for the management of restraint which addresses regulatory compliance, patient dignity and safety.

Definitions:

Restraint: Any manual method or physical/mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his/her arms/legs/body or head. A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition. Restraint types include those used for Violent Self Destructive behaviors or Non Violent Self Destructive behaviors.

Licensed Independent Practitioner: Any practitioner permitted by State Law and hospital policy as having the authority to order restraints for patients. Physicians, APNs, and PAs are LIPs who have authority to order restraints.

Forensic/Correctional Restrictions: Used by law enforcement or correctional officers for security reasons. Examples include handcuffs, manacles or foot shackles. This policy does not apply whenever restraints are applied to patient by law enforcement or a correctional officers for security purposes.

Physical Holding: Holding a patient in a manner that restricts the patient’s movement against the patient’s will is considered a restraint. This includes holds that physically restraint a patient by holding them for limited periods to control their behavior in lieu of other forms of restraint. This type of restraint may be also called a “therapeutic hold”.

Non Violent Non Self Destructive NVNSD (i.e. “Medical”) Restraint: Used to directly support medical healing and is necessary to protect the individual from harm. The use of this type of restraint applies to patients of any age who are receiving medical treatment in any setting; restraint in this category include: mittens tied or untied, soft limb restraints, arm sleeves/splints , lap belts (which the patient is unable to remove), Full side rails for the patient who is independently able to get out of bed, chair with table/tray (which the patient is unable to remove) and use of an enclosed bed if the patient is unable to independently exit.

Violent Self Destructive-VSD (i.e. Behavioral) Restraint: Used to protect the individual against the immediate risk of harm to self or others due to violent or self-destructive behavior. Restraints in this category may include locked restraints or 4 point restraints. The use of this type of restraint applies to patients of any age in any setting.

Prolonged Restraint: (NIAHO): Restraint or seclusion for more than 24 hours for NVNSD behaviors and more than 48 hours for VSD behaviors.

Face to Face: An LIP must see the patient in person within 1 hour after the initiation of the intervention (regardless of whether the intervention has already been discontinued). The evaluation includes: the patients immediate situation, the patients reaction to the situation, the patient’s medical and behavioral condition and the need to continue or terminate the intervention.

Debrief: A discussion, within 24 hours of restraint discontinuation designed to provide emotional support and develop behavior modification skills.

2. Acronyms:

VSD	Violent Self Destructive
NVNSD	Non-Violent Non Self Destructive
LIP	Licensed Independent Practitioner
APN/PA	Advanced Practice Nurse/ Physician Assistant
RN	Registered Nurse
MHA/Tech	Mental Health Associate/Technician
PCA/PCT/CMA/RBT	Patient Care Associate/Patient Care Technician/ Certified Medical Assistant/Registered Behavior Technician
NIAHO	National Integrated Accreditation for Healthcare Organizations

3. Procedure: (NOTE CAUTIONS IN **BOLD ITALICS** BEFORE STEP)

Performed By (title/area)	Required Action Steps	Supplemental Guidance
LIP	<ul style="list-style-type: none"> • <i>With the exception of an emergency situation a patient should not be restrained until being seen and evaluated by a LIP</i> • Orders are time limited and the least restrictive restraint shall be ordered • Non Violent Non Self Destructive: the order cannot exceed a 24 hour duration • Violent or Self Destructive: the duration of these orders are based on the patients age: <ul style="list-style-type: none"> ○ 18 years and older: 4 hour duration ○ 9-17 years: 2 hour duration ○ Under the age of 9: 1 hour duration • Prior to the order for restraint, the LIP must see and evaluate the patient within one hour. 	<p>The need for restraint may occur so quickly that an order cannot be obtained prior to the application of restraint. In these emergency application situations the order must be obtained either during the emergency application or immediately (within a few minutes) after the application.</p> <p>Order for restraint <u>can never be</u>:</p> <ol style="list-style-type: none"> 1. A Standing or PRN order 2. A protocol used as a substitute for an LIP's order 3. A verbal or telephone order
LIP	<ul style="list-style-type: none"> • Prior to renewing the order for restraint the LIP must do a face to face evaluation and document this evaluation in the medical record. • If the order is not renewed by the end of the present order the restraint will be discontinued at the end of the ordered time. 	<p>Order Renewal: Re-evaluation timeframe for order renewal will not exceed the timeframes noted above. At the time of this evaluation a discussion with the RN will address the patients physical and mental status; changes to the patients plan of care, treatment and services and if the patient's behavior warrants continuation of restraint a new order will be placed.</p>
LIP/RN/MHA/ Security/Aide/ Therapist/ Tech	<ul style="list-style-type: none"> • De-escalation: When feasible, prior to obtaining an order for VSD restraint, staff members will attempt de-escalation techniques designed to help the patient regain control of behaviors. (see Appendix for suggested de-escalation techniques) 	
RN	<ul style="list-style-type: none"> • All patients will be assessed for contraindications prior to restraint application. 	<p>The assessment includes limbs that are fractured or dislocated, limbs with open wounds, disruption of existing treatment modalities (i.e. IV sites/wound vacuum etc.) or restraints over the abdomen for pregnant patients or patients with ostomies.</p>

<p>RN</p>	<p>Application:</p> <ul style="list-style-type: none"> • Under the direction of the RN, trained staff members; i.e. MHA/Tech/Aide/PCA can assist in restraint application. Only methods and devices that are specifically designed or manufactured for the purpose of physical restraints shall be used. • Apply restraints in accordance with the Manufactures instructions for use. • RN documentation in the medical record will: <ul style="list-style-type: none"> ○ identify the reason for restraint application, ○ less restrictive measures attempted, ○ date and time of application, ○ as applicable, notification to the attending physician, ○ duration of restraint order, ○ patient and/or family education, as appropriate, ○ family notification and discontinuation criteria. 	<p>At no time during a restraint will any covering be placed over the patients face, nor will full body weight be placed on the patient’s back while the patient is in a face down position nor will patient’s arms be pulled around the upper chest.</p> <p>For patients with limited proficiency in English and for hearing impaired patients: appropriate interpretation services will be provided to meet the patient’s communication needs.</p>
<p>RN</p>	<ul style="list-style-type: none"> • In an emergency situation the RN may need to restrain a patient to protect themselves or others. • In these emergency application situations the order must be obtained either during the emergency application or immediately (within a few minutes) after the application. 	<p>In some situations the need for restraint may occur so quickly that an order cannot be obtained prior to the application of restraint</p>
<p>RN</p>	<p>Monitoring:</p> <ul style="list-style-type: none"> • For Non Violent Non Self Destructive restraints: • Every 2 hours observation includes the physical and mental status and the need for continued restraints. This assessment will include: <ul style="list-style-type: none"> ○ vital signs (temperature is not required), ○ toileting, ○ hygiene (assist with bathing every 24 hours at a minimum), ○ circulation, ○ nutrition, ○ hydration, ○ skin integrity, ○ release of restraints ○ ROM (if feasible) ○ If clinically feasible ambulate the patient every four hours. ○ The assessments will be documented in the medical record. • For Violent Self Destructive restraints: <ul style="list-style-type: none"> ○ Observe the patient’s behavioral and medical status every 15 minutes. ○ At a minimum of every two hours the RN will assess the patient for <ul style="list-style-type: none"> ○ vital signs (temperature is not required), ○ nutrition, ○ hydration, ○ skin integrity, ○ circulation, ○ elimination/toileting needs, 	<p>MHAs/Techs/Aides/PCA’s may perform components of monitoring (checking the patient’s vital signs) as well as general care needs (eating, hydration, toileting)</p>

	<ul style="list-style-type: none"> ○ hygiene (assist with bathing every 24 hours at a minimum), ○ ROM and release of restraints (if clinically feasible), ○ Ambulate the patient every four hours (if clinically feasible). ○ 1:1 staff observation is required for all patients in VSD restraints. ○ The assessments will be documented in the medical record. 	
RN	<p>Debrief: Required only for VSD restraint use.</p> <ul style="list-style-type: none"> ● Post restraint discussion involving the patient, staff and if appropriate family or guardian within 24 hours of discontinuation. ● This discussion will be documented in the medical record. 	Debrief is designed to identify what led to the episode of restraints and to provide emotional support to minimize any negative effects of the experience. The staff will assist the patient with development of appropriate behavior modification and development of coping skills designed to reduce the risk of subsequent restraint.
RN	<p>Care Plan/Treatment Plan:</p> <ul style="list-style-type: none"> ● Use of restraints must be in accordance with a modification to the patient’s plan of care/treatment plan per hospital policy. 	
RN	<p>Discontinuation:</p> <ul style="list-style-type: none"> ● Restraints must be discontinued at the earliest possible time regardless of the length of time identified in the order. ● <i>If the restraint order expires the restraint is to be discontinued.</i> Once discontinued a new order must be obtained before placing the patient in restraint. 	<p>See appendix for examples of criteria for discontinuation</p> <p>An LIP or RN may discontinue the restraint when the assessment of the patient’s behavior identifies that the patient is no longer a threat to self or others.</p>
RN/Aide	<p>Restraint cleaning/Disposal: devices will be cleaned/disposed in accordance with the manufacturer’s recommendation.</p>	
Quality/Regulatory	<p>Reporting to CMS</p> <p>Hospitals <u>must report</u> any patient death that occurs:</p> <ul style="list-style-type: none"> ● During restraint ● Within 24 hours after removal from restraint ● Within 1 week after restraint or seclusion where it is <u>reasonable to assume</u> that use of restraint or placement in seclusion contributed directly or indirectly to a patient’s death. ● Each restraint death referenced above must be reported to the CMS Regional Office by electronic notification no later than the close of business the next business day following knowledge of the patient’s death. ● Quality/Risk staff must document in the patient’s medical record the date and time the death was reported to CMS. ● The hospital must maintain a log for deaths which are not required to be reported to CMS. This internal log 	<p>“Reasonable to assume” in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or death related to chest compression, restriction of breathing or asphyxiation.</p> <p>Note the exception to this reporting requirement in section 482.13 (g)(2) states that <u>the reporting requirement is not applicable for any death where the restraint type was a 2 point soft limb; (cloth like non rigid) restraint and there was no other type of restraint or seclusion used.</u></p> <p>The hospital will utilize electronic Form CMS-10455 when reporting deaths meeting reporting criteria</p>

	<p>must include the patients name; DOB; date of death; name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number and the patient’s diagnosis and date of log entry.</p> <p>Reportable to the NJ Health Care Quality Assessment Program:</p> <ul style="list-style-type: none"> • All events of patient harm or death due to the use of restraints must be reported to the NJDOHSS Health Care Quality Assessment Program within 5 business days after the facility discovers or should have discovered the event. 	
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4. Related Documents:

Document Type	Document Name
Policy or Procedure	Restraint Best Training
Job aids	Manufacturer’s Instructions for Use (MIFU) Restraint and Seclusion Appendices: Alternatives and De-Escalation Techniques
Patient and family education materials	N/A
Resources	N/A
Forms	N/A
Regulatory references	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 N.J.A.C. 10:42 Title 10 Chapter 42 Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Ref: QSO-20-04-Hospital-CAH DPU <i>Revised January 17, 2020</i> Electronic Form CMS-10455, <i>Report of a Hospital Death Associated with Restraint or Seclusion</i>