

R432-150-14 Restraint Policy

(1)

Each resident has the right to be free from physical restraints imposed for purposes of discipline or convenience, or not required to treat the resident's medical symptoms.

(2)

The facility must have written policies and procedures regarding the proper use of restraints. (a) Physical and chemical restraints may only be used to assist residents to attain and maintain optimum levels of physical and emotional functioning. (b) Physical and chemical restraints must not be used as substitutes for direct resident care, activities, or other services. (c) Restraints must not unduly hinder evacuation of the resident in the event of fire or other emergency. (d) If use of a physical or a chemical restraint is implemented, the facility must inform the resident, next of kin, and the legally designated representative of the reasons for the restraint, the circumstances under which the restraint shall be discontinued, and the hazards of the restraint, including potential physical side effects.

(a)

Physical and chemical restraints may only be used to assist residents to attain and maintain optimum levels of physical and emotional functioning.

(b)

Physical and chemical restraints must not be used as substitutes for direct resident care,

activities, or other services.

(c)

Restraints must not unduly hinder evacuation of the resident in the event of fire or other emergency.

(d)

If use of a physical or a chemical restraint is implemented, the facility must inform the resident, next of kin, and the legally designated representative of the reasons for the restraint, the circumstances under which the restraint shall be discontinued, and the hazards of the restraint, including potential physical side effects.

(3)

The facility must develop and implement policies and procedures that govern the use of physical and chemical restraints. These policies shall promote optimal resident function in a safe, therapeutic manner and minimize adverse consequences of restraint use.

(4)

Physical and chemical restraint policies must incorporate and address at least the following: (a) resident assessment criteria which includes: (i) appropriateness of use; (ii) procedures for use; (iii) purpose and nature of the restraint; (iv) less restrictive alternatives prior to the use of more restrictive measures; and (v) behavior management and modification protocols including possible alterations to the physical environment; (b) examples of the types of restraints and safety devices that are acceptable for the use indicated and possible resident conditions for which the restraint may be used; and (c) physical restraint guidelines for periodic release and position change or exercise, with instructions for documentation of this action.

(a)

resident assessment criteria which includes: (i) appropriateness of use; (ii) procedures for use; (iii) purpose and nature of the restraint; (iv) less restrictive alternatives prior to the use of more restrictive measures; and (v) behavior management and modification protocols including possible alterations to the physical environment;

(i)

appropriateness of use;

(ii)

procedures for use;

(iii)

purpose and nature of the restraint;

(iv)

less restrictive alternatives prior to the use of more restrictive measures; and

(v)

behavior management and modification protocols including possible alterations to the physical environment;

(b)

examples of the types of restraints and safety devices that are acceptable for the use indicated and possible resident conditions for which the restraint may be used; and

(c)

physical restraint guidelines for periodic release and position change or exercise, with instructions for documentation of this action.

(5)

Emergency use of physical and chemical restraints must comply with the following:

(a) A physician, a licensed health practitioner, the director of nursing, or the health services supervisor must authorize the emergency use of restraints. (b) The facility must notify the attending physician as soon as possible, but at least within 24

hours of the application of the restraints. (c) The facility must notify the director of nursing or health services supervisor no later than the beginning of the next day shift of the application of the restraints. (d) The facility must document in the resident's record the circumstances necessitating emergency use of the restraint and the resident's response.

(a)

A physician, a licensed health practitioner, the director of nursing, or the health services supervisor must authorize the emergency use of restraints.

(b)

The facility must notify the attending physician as soon as possible, but at least within 24 hours of the application of the restraints.

(c)

The facility must notify the director of nursing or health services supervisor no later than the beginning of the next day shift of the application of the restraints.

(d)

The facility must document in the resident's record the circumstances necessitating emergency use of the restraint and the resident's response.

(6)

Physical restraints must be authorized in writing by a licensed practitioner and incorporated into the resident's plan of care. (a) The interdisciplinary team must review and document the use of physical restraints, including simple safety devices, during each resident care conference, and upon receipt of renewal orders from the licensed practitioner. (b) The resident care plan must indicate the type of physical restraint or safety device, the length of time to be used, the frequency of release, and the type of exercise or ambulation to be provided. (c) Staff application of physical restraints must ensure minimal discomfort to the resident and allow

sufficient body movement for proper circulation. (d) Staff application of physical restraints must not cause injury or allow a potential for injury. (e) Leather restraints, straight jackets, or locked restraints are prohibited.

(a)

The interdisciplinary team must review and document the use of physical restraints, including simple safety devices, during each resident care conference, and upon receipt of renewal orders from the licensed practitioner.

(b)

The resident care plan must indicate the type of physical restraint or safety device, the length of time to be used, the frequency of release, and the type of exercise or ambulation to be provided.

(c)

Staff application of physical restraints must ensure minimal discomfort to the resident and allow sufficient body movement for proper circulation.

(d)

Staff application of physical restraints must not cause injury or allow a potential for injury.

(e)

Leather restraints, straight jackets, or locked restraints are prohibited.

(7)

Chemical restraints must be authorized in writing by a licensed practitioner and incorporated into the resident's plan of care in conjunction with an individualized behavior management program. (a) The interdisciplinary team must review and document the use of chemical restraints during each resident care conference and upon receipt of renewal orders from the licensed practitioner. (b) The facility must monitor each resident receiving chemical restraints for adverse effects that

significantly hinder verbal, emotional, or physical abilities. (c) Any medication given to a resident must be administered according to the requirements of professional and ethical practice and according to the policies and procedures of the facility. (d) The facility must initiate drug holidays in accordance with R432-150-15(13)(b).

(a)

The interdisciplinary team must review and document the use of chemical restraints during each resident care conference and upon receipt of renewal orders from the licensed practitioner.

(b)

The facility must monitor each resident receiving chemical restraints for adverse effects that significantly hinder verbal, emotional, or physical abilities.

(c)

Any medication given to a resident must be administered according to the requirements of professional and ethical practice and according to the policies and procedures of the facility.

(d)

The facility must initiate drug holidays in accordance with R432-150-15(13)(b).

(8)

Facility policy must include criteria for admission and retention of residents who require behavior management programs.