

## **12VAC5-371-330 Restraint usage**

### **A.**

A resident 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.

### **B.**

Restraints shall only be used: 1. In accordance with the comprehensive assessment and plan of care, which includes a schedule or plan of rehabilitation training enabling the progressive removal or the progressive use of less restrictive restraints when appropriate; and 2. As a last resort, after completing, implementing, and evaluating the resident's comprehensive assessment and plan of care, when the nursing facility has determined that less restrictive means have failed.

#### **1.**

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#### **2.**

As a last resort, after completing, implementing, and evaluating the resident's comprehensive assessment and plan of care, when the nursing facility has determined that less restrictive means have failed.

**C.**

If a restraint is used in a nonemergency, the nursing facility shall: 1. Explain the use of the restraint, including potential negative outcomes of restraint use, to the resident or his legal representative, as appropriate; 2. Explain the resident's right to refuse the restraint; 3. Obtain written consent of the resident. If the resident has been legally declared incompetent, obtain written consent from the legal representative; and 4. Include the use of restraint in the plan of care.

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Explain the use of the restraint, including potential negative outcomes of restraint use, to the resident or his legal representative, as appropriate;

**2.**

Explain the resident's right to refuse the restraint;

**3.**

Obtain written consent of the resident. If the resident has been legally declared incompetent, obtain written consent from the legal representative; and

**4.**

Include the use of restraint in the plan of care.

**D.**

Restraints shall not be ordered on a standing or PRN basis.

**E.**

Restraints shall be applied only by staff trained in their use.

**F.**

At a minimum, for a resident placed in a restraint, the nursing facility shall: 1. Check the resident at least every 30 minutes; 2. Provide an opportunity for motion, exercise and elimination for not less than 10 minutes each hour in which a restraint is administered; and 3. Document restraint usage, including outcomes, in

accordance with nursing facility policy.

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Provide an opportunity for motion, exercise and elimination for not less than 10 minutes each hour in which a restraint is administered; and

**3.**

Document restraint usage, including outcomes, in accordance with nursing facility policy.

**G.**

Emergency orders for restraints shall not be in effect for longer than 24 hours and must be confirmed by a physician within one hour of administration. Each application of emergency restraint shall be considered a single event and shall require a separate physician's order.

**H.**

Temporary restraints may be used for a brief period to allow a medical or surgical procedure, but shall not be used to impose a medical or surgical procedure which the resident has previously refused.

**I.**

The nursing facility shall notify a resident's legal representative, if any, or designated family member as soon as practicable, but no later than 12 hours after administration of a restraint.

**J.**

Chemical restraint shall only be ordered in an emergency situation when necessary to ensure the physical safety of the resident or other individuals.

**K.**

Orders for chemical restraint shall be in writing, signed by a physician, specifying the dose, frequency, duration and circumstances under which the chemical restraint is to be used. Verbal orders for chemical restraints shall be implemented when an emergency necessitates parenteral administration of psychopharmacologic drugs, but only until a written order can reasonably be obtained.

**L.**

Emergency orders for chemical restraints shall: 1. Not be in effect for more than 24 hours; and 2. Be administered only if the resident is monitored continually for the first 15 minutes after each parenteral administration (or 30 minutes for nonparenteral administration) and every 15 minutes thereafter, for the first hour, and hourly for the next eight hours to ensure that any adverse side effects will be noticed and appropriate action taken as soon as possible.

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