

## **PHYSICAL RESTRAINTS**

### **PURPOSE:**

1. To restrict movement to protect the resident during treatment and diagnostic procedures.
2. To allow delivery of life sustaining treatment or emergency care.
3. To prevent the resident from injuring himself or others when aggressive actions place him/her or others in imminent danger.
4. To improve the resident's mobility and independent function.
5. To treat a residents' medical symptoms that warrant the use of a restraint.

**PHYSICAL RESTRAINTS** are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. Physical restraints and protective devices include, but are not limited to: hand mitts, soft vests, wrist ties, wheelchair safety belts, and lap trays, that resident cannot remove easily, and in some instances bed rails.

Medical symptom – defined as an indication or characteristic of a physical or psychological condition.

### **PROCEDURE:**

1. Assess resident's need for restraint use. (See Using and Evaluating Physical Restraint Policy).
2. Once a physician order has been obtained gather equipment; bring to bedside.
3. Identify resident and explain procedure in a calm manner.
4. Screen the resident for privacy.
5. Apply the restraint/device following the manufacturer's instructions for application.
6. Secure all types of restraints to allow for speedy removal in an emergency.
7. Restraints will be removed for 10 min at least every 2 hours during waking hours. Restraints are released during supervised conditions such as 1:1 hands on care, re-positioning (allow resident to move/exercise), exercise programs, activities, and meals unless otherwise specified in the care plan or by physician orders. During sleeping hours, a resident's position shall be changed as indicated by resident need.
8. Check circulation and exercise hands and wrists when restrained.
9. Take resident to the bathroom at regular intervals.
10. Place the call light within reach.
11. **USE OTHER NURSING MEASURES, DIVERSION PROGRAMS, ACTIVITY PROGRAMS AND SUPERVISION TO CONTROL MEDICAL SYMPTOMS WHENEVER POSSIBLE.**
12. The facility have the staff member responsible for release of the restraint document that the restraint was released for ten minutes at least every 2 hours.
13. If the restraint is ordered on a PRN basis, the facility will document interventions attempted prior to the application of the restraint (unless an emergency situation exists) and will document the application of the restraint and when the restraint is removed, in addition to documenting that the restraint is released for 10 minutes at least every 2 hours.