USING AND EVALUATING PHYSICAL RESTRAINTS POLICY - PA

POLICY:
This facility supports the belief that long-term care facility residents should live in the least restrictive setting possible. This is to preserve the dignity and autonomy of its residents and to provide quality of life. This facility does not use physical restraints except when other alternatives are not appropriate.

- Restraints are used as a last resort (after less restrictive interventions have been proven ineffective).
- Restraints are applied only by staff who have been trained on their use.
- Residents, family, or legal responsible party will be informed of the risks and benefits of restraint use.

PROCEDURE:

1. Any staff member may identify a need for a restraint.

2. Designated licensed nurse will assess the resident for this need. (Assess contributing factors, and any reversible causes, look at alternatives/less restrictive devices).

3. IDT or the restraint committee will assess if device is a restraint and approve the use of the restraint pending a physician order.

4. Physician will be notified of resident change in condition and orders written to reflect the necessity for a restraint. The order will reflect the type of restraint, the purpose of the restraint and when the restraint can be applied. Restraints will be released for 10 minutes at least every two 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, the resident's position shall be changed as indicated by resident need. (see Physical Restraints Purpose and Procedure)

5. Family will be notified of the change in resident's condition and initiation of a restraint, review of risks/benefits of restraint and consent signed.

6. The Interdisciplinary Team or the Restraint Team and the physician will review the resident's need for the restraint every month and as needed. The facility will document the frequency of use of the restraint and the continued need for the restraint as applicable.

7. The use of the restraint will be documented on the resident's care plan. The care plan will focus on preventing adverse affects of restraint use and interventions towards reducing and/or eliminating the restraint if possible.

NOTE: The facility will not and may not use restraints in violation of the regulation solely based on a legal surrogate or representative request or approval.