



TITLE: Restraints for Non-Violent Behavior

EFFECTIVE DATE: July 2020

OWNER OF THIS POLICY: VP Chief Nursing Officer

SCOPE: This policy applies to Workforce Members at all departments of Baptist Hospital, Gulf Breeze Hospital, and Jay Hospital.

STATEMENT OF PURPOSE: To ensure Restraints are used appropriately and safely with respect for patients' rights.

DEFINITIONS:

Episode: A single continuous use of the same type of Restraint

Least Restrictive Interventions: include, but are not limited to, diversional activities, increased supervision, visitation with a family member, comfort measures, etc.

Medication Restraint: A drug used as a restriction to manage the patient's behavior and is not a Standard Treatment or Dosage for the condition of the patient. Appropriate or therapeutic doses of medications that enable the patient to more effectively or appropriately function in the world around them are not considered a Medication Restraint.

Non-Violent, Non-Self Destructive Behavior ("Non-Violent Behavior") Restraint: Used to directly support the medical healing of the patient and the attainment of medical or psychosocial goals when use of Least Restrictive Interventions has not proven effective; regarded as a safety measure to prevent certain medical decline or injury.

Prolonged Restraint:

Non-Violent, Non-Self Destructive: Restraints in place > 5 consecutive days

Provider: A licensed physician, physician assistant (PA) or advanced practice registered nurse (APRN) who has appropriate privileges or scope of employment to order Restraints.

Restraint: Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. A Physical Restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purposes of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). A restraint **excludes** the use of handcuffs or other restrictive devices applied by law enforcement officials who are not employed by or contracted by the hospital when the use of such devices is for custody, detention, and public safety reasons, and is not involved in the provision of care. NOTE: A LINET Bed with both upper and mid side rails up (4 side rails) is not considered a restraint.

Restraint Oversight Committee: Committee whose purpose is to assist Workforce Members with adhering to policies and procedures related to Restraint.

Standard Treatment/Dosage of a drug or medication: The medication is used within the pharmaceutical parameters approved by the Food and Drug Administration (FDA) and the manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters. The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization. The use of medication to treat a specific patient's clinical condition is based on that patient's symptoms, overall clinical situation and on the physician's or other Provider's knowledge of that patient's expected and actual response to the medication. There is an expectation that the medication enables the patient to more effectively or appropriately function in the world around them than would be possible without the use of the medication.

Workforce Members: Team Members, members of BHC subsidiaries' medical staffs and allied health staffs (whether employed or independent), volunteers, students, and any employees or agents of independent contractors of BHC or its subsidiaries who are carrying out BHC business operations on BHC's behalf under the general direction of a Team Member.

POLICY: All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from Restraint, of any form, that is not medically necessary or that is imposed as a means of coercion, discipline, convenience or retaliation. The use of Restraints will only be used to ensure the immediate physical safety of the patient, a Workforce Member, or others. Restraints must never create a barrier to the provision of safe and appropriate care, treatments, and other interventions. Restraints may only be used when less restrictive interventions have been determined to be ineffective and the patient assessment meets criteria for use. Restraint must be discontinued at the earliest possible time.

PROCEDURE

1. A Provider order for Restraint shall be obtained prior to the application of Restraints. In emergency situations, when the need for intervention may occur quickly, a trained RN may initiate the application of the Restraint. The order for Restraint must be obtained either during the emergency application of the Restraint or immediately (within a few minutes) after application. The ordering Physician must authenticate the Restraint order within 24 hours. If the ordering provider is not the patient's attending physician, the attending physician must be consulted to be informed that the patient required restraints. The order for restraint must include:
 - The reason (medical necessity; rationale for the use)
 - The type of restraint
 - The extremity or body part to be restrained
 - The duration (timeframe) for restraint application
2. PRN Orders: The use of PRN or standing orders is prohibited for any form of Restraint except as follows:

- a. Geri chair. If a patient requires the use of a Geri chair with the tray locked in place in order for the patient to safely be out of bed, a standing or PRN order is permitted.
- b. Raised side rails. If a patient's status requires that all bedrails be raised (Restraint) while the patient is in bed, a standing or PRN order is permitted.
- c. Repetitive self-mutilating behavior. If a patient is diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyham Syndrome, and the patient engages in repetitive self-mutilating behavior, a standing order or PRN order for Restraint to be applied in accordance with specific parameters established in the treatment plan is permitted.

Exception: The use of handcuffs or other restrictive devices applied by law enforcement officials who are not employed by or contracted by the hospital when the use of such devices is for custody, detention, and public safety reasons, and is not involved in the provision of care is not considered a form of restraint. The application, monitoring, and removal of forensic devices are the responsibility of the law enforcement officers. The hospital and its Workforce Members are responsible for providing safe and appropriate care to the patient.

3. Order Renewals

a. Non-violent Restraint

- Renew daily based on medical necessity.
- If restraint is discontinued prior to the expiration of the initial order a new order is required before restraint can be re-initiated
- Signed by the provider within 24 hours.

4. Assessment and Documentation

- a. Initial Assessment – A comprehensive assessment should be performed and documented with the use of restraint. The assessment should include a physical assessment to identify medical problems that may be causing behavior changes in the patient, environmental factors, treatment plan and that the least restrictive measures have been determined ineffective to protect the patient or others from harm.
- b. Vital signs are obtained after restraints are applied, as ordered and PRN. With non-violent restraints, the patient is assessed and documented on approximately every 2 hours. The assessment and documentation are based on the patient's individual needs and clinical condition taking into consideration the following:
 - Repositioning
 - Range of motion exercises
 - Medical issues that may be contributing to behaviors
 - Respiratory Status
 - Circulatory Status
 - Hydration and nutritional needs
 - Hygiene and elimination needs
 - Signs of Injury
 - Signs of distress
 - Mental status

- Cognitive function
 - Skin integrity (color, warmth, movement of restrained body parts)
 - Type of restraint, proper placement and security of restraints
 - Alternatives to restraint
 - Readiness for release of restraint
- c. Workforce Member response to signs of distress may include repositioning the patient, discontinuing the restraint, or summoning medical attention as necessary.
 - d. Workforce Member response to signs of distress may include repositioning the patient, discontinuing the restraint, or summoning medical attention as necessary.
 - e. Plan of Care -- The use of a Non-Violent Restraint must be documented in the plan of care based on assessment and evaluation of the patient. The plan of care should be reviewed and updated daily and as needed based on the patient's reassessment and reevaluation status.
5. Discontinuation of Non-Violent Restraint:
- a. The provider and/or RN must assess and monitor a patient's condition on an ongoing basis to ensure that the patient is released from restraint at the earliest possible time. Once the restraint is no longer needed, the restraint must be removed. The decision to discontinue the intervention should be based on the determination that the need for restraint is no longer present or that the patient's needs can be addressed using less restrictive methods. The decision to discontinue Restraint is made by the RN or Provider.
 - b. If Restraint is discontinued prior to the expiration of the original order, a new order must be obtained prior to re-initiating the use of Restraint.
Note: Discontinuing a Restraint order and then subsequently restarting the same order would constitute a PRN order and is not permissible.
 - c. A temporary release that occurs for the purpose of caring for a patient's needs such as toileting, feeding, and range of motion, is not considered a discontinuation of the Restraint and should be documented as released and reapplied.
 - d. Emergency medical or environmental situations may necessitate immediate removal of restraints. For Forensic patients, work with law enforcement to immediately remove handcuffs or other restrictive devices should an emergency condition occur.
6. Mandatory Reporting: For Baptist Hospital only, patients who have been diagnosed or are being treated for a possible diagnosis of mental illness, each Restraint episode must be reported in the BHC electronic incident reporting system for subsequent mandatory reporting to Department of Children and Families.
7. Quality Monitoring:
- a. The use of Restraint will be monitored and evaluated on a continual basis as part of the quality management system.
 - b. Aggregate data regarding the use of Restraint will be routinely collected and

analyzed by the Restraint Oversight Committee to identify trends, deficiencies and educational opportunities.

- c. Prolonged Restraint and any use of Medication Restraint will be reviewed by the provider and/or RN and reported to the Restraint Oversight Committee for analysis.
- d. The Restraint Oversight Committee will conduct intensive analysis any time a patient is injured through the use of Restraint or a Workforce Member is injured through application of a Restraint.

8. Reporting of Deaths:

- a. Any deaths meeting the criteria set forth in sections i-iii below shall be immediately entered into the BHC electronic incident reporting system. The Risk Management department will report such deaths to the CMS Regional Office no later than the close of business on the next business day following the day of the patient's death, and will report to the Department of Children and Families as required. The House Supervisor will document in the patient's medical record the date and time that the relevant agencies were notified.
 - i. Any death while the patient was in Restraints at the time of death (excluding patients who were only in two point soft wrist restraints).
 - ii. Any death within 24 hours of the patient being in Restraints or (excluding patients who were only in two point soft wrist restraints).
 - iii. Any death that occurs within one week of the patient being in Restraints where it is reasonable to assume the Restraint contributed directly or indirectly to the patient's death (regardless of the type of Restraint).
- b. Any death meeting the criteria set forth below shall be recorded in the Hospital's death log and reported in the BHC electronic incident reporting system. The log entry must be made no later than seven days after the date of the patient's death.
 - i. Any death while a patient is in Non-Violent Restraints, or within 24 hours after the restraints have been removed and the only Restraints used on the patient were applied exclusively to the patient's wrists and were composed solely of soft, non-rigid, cloth-like materials.

9. Immediate access to the patient by the patient's representative should be permitted even if the patient is in Restraint, unless such access would be detrimental to the patient, in accordance with FL. Stat.394.459.

10. Training: Appropriate Workforce Members will receive Restraint education and training based on role and level of direct patient-care. Training will occur as part of orientation, prior to performing any Restraint related activities, and annually. Appropriate Workforce Members will demonstrate competency in the application of Restraints, monitoring, assessment, and providing care for a patient in Restraints prior to performing any Restraint related activities, and annually.

- a. The hospital requires appropriate Workforce Members to have education, training, and demonstrate knowledge based on the specific needs of the patient population in at least the following:

- Techniques to identify Workforce Member and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint;
- The use of non-physical intervention skills, including de-escalation and dealing with aggressive behavior;
- Choosing the least restrictive intervention based on an individualized assessment of the patients' medical or behavioral status or condition;
- The safe application and use of all types of restraints used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);
- Clinical identification of specific behavioral changes that indicate that restraint is no longer necessary;
- Monitoring the physical and psychological well-being of the patient who is restrained, including but not limited to, respiratory and circulatory status, skin integrity, and vital signs;
- The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including re-certification requirements.

Elsevier provides guidelines only and is not meant to establish the standard of care in each case. Actual treatment may differ based on clinical judgment and circumstances.

Restraint Application and Monitoring:

https://login.elsevierperformancemanager.com/systemlogin.aspx?virtualName=Baptist&hhc_url=https%3A%2F%2Fms.elsevierperformancemanager.com%2FContentArea%2FNursingSkills%2FGetNursingSkillsDetails%3FskillKeyId%3D585%26skillId%3DGN_04_4

REFERENCES:

CMS Conditions of Participation and Interpretive Guidelines: 482.13(e) Standard: Restraint or Seclusion, Interpretive Guidelines 482.13(e) through (g), Effective/Implementation dates: 08-30-13.

NIAHO Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance-Revision 20.0

CMS 42 CFR Section 482.13(g) Death Reporting Requirements

CMS "Report of a Hospital Death Associated with Restraint or Seclusion" <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> search for Form CMS-10455

CMS 2019 Hospital Restraint and Seclusion: Navigating the Most Problematic CMS Standards and Proposed Changes Webinar (April 2019) www.aqscience.com

State of Florida, Department of Children & Families: Baker Act Handbook and User Reference Guide 2014, Appendix I-8

Fla. Stat. 394.459.

RESCISSION:

Restraints for Non-Violent Behavior, issued 10/19, is hereby rescinded.