He-P 803.21 Restraints.

(a) For CMS certified nursing homes, the use of restraints shall be permitted as allowed by 42 CFR 483.13(a).

(b) For all other facilities, the requirements in (c) through (g) shall apply.

(c) When physical restraints are used, the following requirements shall be met:

(1) Physical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;

(2) Except as allowed in (d) below, physical restraints shall be ordered for a specified and limited time by a licensed practitioner; and

(3) The order for the physical restraints in (2) above may be verbal and shall:

   a. Be obtained by a licensed nurse before the physical restraint is administered; and

   b. Be followed with the licensed practitioner’s signature within 14 days.

(d) In an emergency situation, physical restraints may be authorized by a professional staff member designated by the facility in accordance with established policy and procedure under He-P 803.15(p)(3) as follows:

(1) The designated staff member shall promptly report the restraint use and the resident’s behavior to the resident’s licensed practitioner; and

(2) The designated staff member shall document the use of restraints in the resident’s clinical record, in accordance with (g) below.

(e) When chemical restraints are used, the following requirements shall be met:

(1) Chemical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;

(2) Chemical restraints shall be ordered for a specified and limited time by a licensed practitioner;

(3) The order for the chemical restraints can be verbal and shall:
a. Be obtained by a licensed nurse before the chemical restraint is administered; and
b. Be followed with the licensed practitioner’s signature within 14 days;

(4) Medication used as a chemical restraint may only be administered by a licensed nurse or licensed practitioner;

(5) Standing orders for medications utilized as chemical restraints shall be prohibited; and

(6) It shall be the responsibility of the licensed nurse or licensed practitioner administering the chemical restraint to document the administration of the medication as specified in He-P 803.16(y) and (ac).

(f) When mechanical restraints are used, the following requirements shall be met:

(1) Mechanical restraints shall be used only when less restrictive measures have been found to be ineffective in protecting the resident or others from harm;

(2) Mechanical restraints shall be ordered for a specific and limited time by a licensed practitioner and the order shall include:
   a. The type of restraint to be used;
   b. The reason for the restraint; and
   c. The time intervals at which facility personnel shall check the resident’s well-being and the placement and position of the restraint;

(3) Standing orders for the use of mechanical restraints shall be prohibited;

(4) Mechanical restraints shall not be applied in a manner that impedes circulation; and

(5) Locked, secured or alarmed doors or elevators, or units within a nursing home, anklets, bracelets and similar devices that cause a door to automatically lock when approached, thereby preventing a resident from freely exiting the nursing home or unit within shall not be considered restraints provided they meet the requirements of the applicable building and fire safety codes and are documented in the care plan.

(g) The use of all restraints shall be documented in the resident’s clinical record according to facility
policy, including:

(1) The behavior and actions of the resident that necessitated the use of a restraint;

(2) The authorization given to restrain the resident;

(3) The type of restraint used;

(4) The length of time the resident was restrained;

(5) The effects of the restraint on the resident;

(6) The report to the resident’s licensed practitioner and all actions taken; and

(7) Any orders from the resident’s licensed practitioner.

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