

## CHAPTER 11

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### PHYSICAL/CHEMICAL RESTRAINTS

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#### 11.A. Physical Restraints

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

"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.

"Discipline" is any action taken by the facility for the purpose of punishing or penalizing residents.

"Convenience" is any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the residents' best interest.

11.A.1. All restraints must be ordered by a physician. PRN orders for restraints are prohibited.

11.A.2. Documented evidence of less restrictive measures to promote greater functional independence must be present in the medical record if restraints are used. The care plan must address the medical reason for which the restraints are used. The care plan must also contain a succession of approaches to be utilized before restraints are applied. Consultation with appropriate health professionals regarding the use of less restrictive approaches must be obtained when appropriate. Locked restraints are prohibited in any case.

a. Geriatric and other chairs from which the resident cannot arise without assistance and which impede movement are considered a physical restraint.

b. Bedrails are considered restraints when they are a barrier to the resident for getting out of bed.

11.A.3. If a trial of less restrictive measures is unsuccessful, and the facility decides that a physical restraint would enable and promote greater functional independence, then the restraining device may be used only for specific time-limited periods.

11.A.4. The continued use of restraints must be evaluated as needed, but at least quarterly.

11.A.5. There must be documented evidence that the resident, family, or legal guardian is aware of and agrees with this treatment.

11.A.6. All resident care staff shall be trained in the proper application and use of restraints.

11.A.7. Restraints may not be used to permit staff to administer treatment to which the resident has not consented.

11.A.8. No resident may be in a restraint without nursing staff on duty at all times in that section of the facility;

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11.A.9. Restraints are released for at least fifteen (15) minutes every two (2) hours and exercise provided. A written record is kept of the times of restraint and release.

11.A.10. Every resident in restraint is offered toilet privileges at least every two (2) hours or when request is made.

11.A.11. When the resident is in bed, the restraint must be properly applied to allow the resident to turn in bed. It is not necessary to release a restraint during the resident's normal sleeping hours, but the restraint must be checked at least every two (2) hours. A written record must be maintained of restraint checks.

11.A.12. Leather cuff and any crotch restraints shall not be used. Four-point restraints are prohibited.

11.A.13. Residents shall not be confined in a locked room; dutch doors are permissible, provided the top section is opened.

#### 11.B. Chemical Restraints

The resident has the right to be free from any chemical restraints imposed for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. These drugs are categorized as antipsychotics, antidepressants, anxiolytics and hypnotics.

"Chemical Restraint" is a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

"Discipline" is any action taken by the facility for the purpose of punishing or penalizing residents.

"Convenience" is any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the residents' best interest.

11.B.1. There must be evidence of a physical examination to rule out physical cause.

11.B.2. Residents receiving antipsychotic medications must receive gradual dose reductions and behavioral monitoring in an effort to discontinue these drugs, unless clinically contraindicated.

11.B.3. There must be documented evidence of less restrictive measures, including interventions to modify the resident's behavior or the environment, including staff approaches to care, treat or manage the resident's behavioral symptoms.

11.B.4. There must be evidence that the resident, family or legal guardian is made aware of potential side effects and agrees with this treatment.

11.B.5. Psychoactive drugs may not be used:

a. In quantities that interfere with the resident's level of alertness and ability to participate in rehabilitation programs; or

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b. On an as needed basis exceeding five (5) times in a seven (7) day period;

11.B.6. The use of chemical restraints will be part of the care plan, which will address the medical reason for which the medication is used, with a succession of approaches and interventions to be utilized prior to the administration of chemical restraints.

11.B.7. Close monitoring at regular intervals, as determined by the physician and multidisciplinary team, of all residents receiving psychoactive drugs will be maintained.