HOLY CROSS HOSPITAL

Acknowledgement Form

I_____(Print Name)
Agency Staff Nurse

have reviewed and understand the Protective Device Policy and my role in patient care at Holy Cross Hospital. Please sign and return to PNI by December 1, 2013. A copy of this acknowledgement will be sent to Holy Cross Hospital you're your scheduling to work your next shift.

_____
Signature

_____
Department

_____
Date

10-2013

HOLY CROSS HOSPITAL

Policy Title: **PROTECTIVE DEVICES** **Policy #:** **HP-P-17**

Originating Department: ***PATIENT CARE SERVICES***

Current Revision Date: **7/30/2013**	***Supersedes Date:*** **10/03/2012**	***Original Effective Date:*** **1970**

Purpose: In keeping with Holy Cross Hospital's values of respecting patients' rights, protective devices **a**re administered to ensure the safety and well being of our patients when alternative methods have proven to be ineffective

Distribution/Scope: **Organizational Wide**

Definition of Restraints

Restraints for Protective Purposes are 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. This includes use of the enclosure bed.

Restraints for Violent or self destructive behavior are the involuntary use of any device or medication used to restrict the physical movement of a patient's body or limbs (including the use of any devices for purposes of protective restraint and prevention). Excluded from this definition are devices used voluntarily and/or for reasons of medical immobilization or forensic purposes. Use is not based on patient history or solely on history of dangerous behavior.

A chemical restraint is a drug or medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Physical hold on a patient by an escort that does not allow the patient to escape on his own, is considered a restraint. Hand -mitts that are bulky and restrict movement of hand and fingers is considered a restraint.

A positioning or securing device used to maintain the position, limit mobility or temporarily immobilize during medical, dental, diagnostic, or surgical procedures is not considered a restraint. Devices which serve multiple purposes such as a Geri chair or four side rails and have the effect of restricting a patient's movement and cannot be easily removed by the patient, constitute a restraint.

In the event of a patient being transported by bed or immediately post-op and still under the influence of anesthesia, the use of side rails for patient safety is not considered a restraint. If a patient is on a bed that constantly moves for circulation purposes or skin breakdown prevention, all side rails may be used for patient safety without a restraint order. Padded side rails for seizure precautions are permitted to prevent patients from harm. Side-rail usage for patient transport is permitted to provide safety from falls.

The use of restraints must be selected only when other less restrictive measures have been found to be ineffective to protect the patient and/or others from harm. Alternatives to restraints are to be documented in the medical record. The use of a restraint must be in accordance with the order of a physician. Only hospital-approved devices may be used as restraints. No chest restraints or mitts (boxing glove type) are used.

Seclusion is not practiced at Holy Cross Hospital.

A list of all patients in behavioral or protective restraints is to be maintained in the HUC center of the unit.

A restraint is clinically justified to protect the patient or others from injury when all other measures fail or when the patient's behavior disrupts the environment to the extent that treatment cannot take place. Justification might include:

- Disoriented and confused behavior that make the patient at risk for harm.
- Behavior out of control, such that it interferes with treatment or creates risk for harm to the patient or others.
- Severe gait impairment and/or weakness, which would require assistance with ambulation.
- Aggressive or assaultive behavior.

Indications and Use of Restraints for Protective Purposes

1. Restraints can only be used when necessary for the patient's well-being and for receiving effective treatment.
2. The original order cannot exceed 24 hours and will indicate the clinical justification and type of least restrictive device. Orders cannot be written as a standing order or as a "PRN" (as needed) order. A new order must be written every calendar day. The order includes the type of restraint and the duration for the device being used.
3. The RN will document the circumstances requiring restraints, the type of restraint applied, the alternatives and preventive strategies attempted, and the patient's response to the restraint. This can be done on the 24 hour restraint flow record or the physician order form.
4. The plan of care is individualized and describes the rational for restraints. The plan addresses frequency of assessments and reassessments, vital signs, circulation checks, hydration, toileting, and readiness for release.
5. Restraints must be discontinued at the earliest possible time.
6. Protective devices are attached to bed frames, not side rails.
7. The attending physician is to be consulted as soon as possible if the attending physician did not order the restraint.
8. The use of 4 side rails or 2 side rails of a 2 rail bed is considered a restraint. Raising fewer than all 4 side rails is not necessarily considered a restraint as it would not immobilize or reduce the ability of the patient to move.
9. Assessment of continuing need for protective restraining devices is to be done and noted every shift. New orders from the attending physician must be obtained every 24 hours (calendar day).
10. The patient is reassessed a minimum of every 2 hours.

Indications and Use of Restraints for Violent or Self Destructive Behavior

1. Restraints can only be used when there is a clear and present danger to the patient or others due to severely aggressive behavior.
2. If the patient's attending physician is not present, then the house physician, or in an emergency, the RN working with the patient must assess the patient and determine the need for violent or self-destructive behavioral restraints (Tuff Cuffs) to ensure the patient's safety when less restrictive interventions have been determined to be ineffective and recognize the need for staff safety as well. There must be a face to face evaluation done within 1 hour after the application of the restraint for behavioral purposes.
3. Each written order for a behavioral restraint is limited to 4 hours for adults 18 years and older, 2 hours for children and adolescents ages 9 to 17, and 1 hour for children under 9. The original order may only be renewed in accordance with these limits for up to a total of 24 hours. After the original order expires, a physician must assess the patient before issuing a new order.

4. The least restrictive and effective restraint device is used. If the "Tuff Cuff" restraint is used, the key is kept on top of the code carts and in the central Health Unit Coordinator stations.

5. The patient is checked every 15 minutes and noted on the flow record with reassessments being done every 2 hours. Documentation is done on the behavioral 4 hour restraint flow record.
6. Sitters may be used if adjustments are needed for patient safety.
7. Nursing staff receive and record telephone orders. The orders are authenticated within the time frame specified by law and regulation (per physician by-laws).

EMERGENCY APPLICATION:

It is acceptable for the safety of the patient and staff to have a registered nurse assess and initiate restraints in an emergency situation when the patient or the staff is at risk for harm or when the patient's behavior disrupts the environment to the extent that treatment cannot take place. A physician must see and assess the patient face to face within 1 hour after the initiation of the restraint. With this type of restraint, a written order is needed immediately following the placement of the restraint.

PATIENT AND FAMILY EDUCATION

Patient / family education regarding the need for protective devices and nursing care/observation while under protective devices is required. The patient and /or family member will be informed that medical interventions will be needed to prevent harm to themselves or others, which may include restraints. This education will include the following:

- Explanation of the behavior that may require restraints
- Explanation of appropriate available alternatives
- Identification of possible patient/family participation in the care that could limit the use of restraints.

Documentation of patient/family education is required. If the family declines restraints, there is to be documentation in the record along with notification of the physician of the family's concerns and action taken to maintain patient and staff safety.

Patient Rights

The patient's physical and emotional needs are considered while the patient is in restraints. The basic rights of dignity and respect are maintained. This will include:

- Direct observation of the patient and reassessment of the skin and circulation status every two hours for protective restraints.
- Skin assessment for behavioral management patients or patients in tuff cuff restraints will be done every 15 minuets.
- Reassessment of the need for privacy, comfort and personal needs, such as the need for hydration, food, toilet, position change or other discomfort is done either every 15 minutes for behavioral management or every two hours for protective reasons.
- Every two hours while awake, the restrained extremities will be released, if the patient is not violent and the patient's ADL's or ROM is provided.
- Reassess the patient's response to the restraint and effectiveness of the restraint every 15 minutes / or every two hours depending on the purpose of the restraint.
- Reevaluation and the need for continued restraint will be documented every shift.
- The least restrictive device will be used that ensures patient safety.

- If a restraint is used on a patient whose primary mode of communication is either through writing or sign language, the patient will be assessed hourly for communication needs and one hand will remain free of any restraint.

EARLY RELEASE:

If the behavior that necessitated restraint subsides, patients may be released before the end of the period specified in the order. If the patient's behavior escalates again and is clearly related to the original episode described in the medical record, the RN may reapply the restraint if alternatives remain ineffective without obtaining a new order. This reapplication is not to exceed the length of the time specified in the original order. If a different behavior is later present, after an early release, a new order will be obtained. Restraints are to be discontinued at the earliest possible time.

DOCUMENTATION SUMMARY:

Documentation is completed on the Restraint flow records, the list of interventions and teaching (plan of care area) in the documentation system, and the restraint order forms. A new order form will be initiated every calendar day or every 4 hours as needed dependant on the type of restraint. All spaces on the 24-hour flow sheet should be completed and contain the initials of the staff responsible for the patient. Documentation will include the following:

- Noted protective or behavioral management restraint
- The 1 hour face to face medical and behavioral evaluation if the restraint was used for behavioral reasons
- Clinical justification or purpose
- Alternatives or less restrictive interventions attempted
- Patient and family education/explanation
- Type of restraint
- Orders
- Patient behavior or condition that require the restraint
- Patient response to the interventions
- Observations, checks, and care needs
- Trial and early releases
- Reassessments
- All nursing actions
- Discontinuation or need to continue the restraint

QAPI Data

In order to reduce the incidence of restraint usage, a restraint log is maintained in the computer documentation system to insure that clinically necessary restraints are used. The log contains the shift, date and time of order, staff who initiated the restraint, the length of each episode, the day of the week when initiated, the type of restraint used, any injuries to the patient or staff, patient age and gender. This information is reviewed monthly for quality improvement.

DEATH WITH RESTRAINTS

Per CMS standards, hospitals are not required to send in a report for deaths that occur without seclusion and when only 2 point soft wrist restraints are used. The attached CMS worksheet can be used to submit required reports either by way of fax or email to CMS. Additional pages to the worksheet can be added to describe further circumstances surrounding the death. The hospital should not call to report a death. The timeframe for reporting deaths to the CMS Regional Office is no later than the close of business on the next business day following knowledge of the patient's death.

The hospital is to maintain a log of all deaths associated with the use of soft, two point wrist restraints. The log is to be made available to CMS immediately upon request. The log is internal to the hospital and the name of the practitioner responsible for the care of the patient may be used in the log in lieu of the name of the attending physician if the patient was under the care of a non-physicians practitioner

and not a physician. When the only restraint being used on a patient is composed of soft, non-rigid, cloth-like materials and they are applied exclusively to the patient's wrists, the hospital staff must record in an internal log the following information:

1. Any death that occurs while a patient is in such restraints

2. Any death that occurs within 24 hours after a patient has been removed from such restraints

The staff is to document in the patient's medical record the date and time the death occurred.

For those deaths that occur with the use of other restraints while a patient is in a restraint, or within 24 hours after the patient has been removed from restraints, or within 1 week after use of restraints where it is reasonable to assume that the use of restraint contributed directly or indirectly to the patient's death the CMS office is to be notified. The report is submitted as requested no later than close of the next business day following the day in which the hospital knows of the patient's death. The hospital staff document in the patient's medical record reporting to the CMS Regional Office a death associated with the use of restraints. The documentation must include the date and time the death was reported to CMS.

Approved: _____ **Date:** _____
Senior Vice President

Approved: _____ **Date:** _____
Vice President, Patient Care Services