

<b>Title: Restraints Policy - NS - Corp</b>	<b>Policy Number: 326.19</b>
<b>Approved by:</b> Nancye Cole, CNO/COO	<b>Corporate Approval Date: 09/20/2017</b> <b>Effective Date: 04/25/2018</b> <b>Next Review Date: 09/20/2020</b>
<b>Attachments: none</b>	<b>Page 1 of 14</b>

**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, imposed as a convenience, or retaliation by staff. Restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

1) Definitions

- A) Non-Violent Restraint/Medical is a medical restraint used for behavior driven by a medical condition. The patient is attempting to remove lines, tube, surgical dressing or otherwise interfering with essential medical treatment. (Example: The patient whose confusion is due to a medical condition; this patient has no control over this behavior).
- B) Violent Restraint/Behavioral is used for those violent and destructive behaviors over which the patient should have control. The patient exhibits behavior that jeopardizes the immediate physical safety of the patient or others. (Example: The patient who hits or threatens to hit staff in an effort to intimidate).
- C) Restraint is 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; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not standard treatment or dosage for the patient's condition.
- D) Seclusion is the involuntary confinement of a violent patient alone in a room or area from which the patient is physically prevented from leaving.
- E) Restraint/Seclusion Episode begins when restraints are initiated and ends when restraints are discontinued regardless of the number of minutes, hours or days the restraints are in use.

2) Exclusions: The following are, by definition, also not considered restraint and are specifically excluded from this policy:

- A) A voluntary mechanical support used to achieve proper body position, balance, or alignment so as to allow greater freedom of

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- mobility than would be possible without the use of such support.
- B) Standard practices that include limitation of mobility or temporary immobilization during medical, dental, diagnostic procedures, or surgical positioning and related post-procedure care processes when such practice is considered an inherent part of the procedure.
  - C) Helmets
  - D) Patients restrained by law enforcement or other legal authorities.
  - E) The use of side rails to assist with patient safety, unless the use is such that the side rails prevent mobility (e.g. all four side rails up). (Side rails are a restraint if the side rails reduce the ability of a patient to move.)
  - F) Medication (including PRN) used as a standard part of a patient's treatment plan provided the following criteria met:
    - i) The medication is used within the pharmaceutical parameters approved by Food and Drug Administration (FDA) and the manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameter.
    - ii) The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization.
    - iii) The use of medication to treat a specific patient's clinical condition is based on the patient's symptoms, overall clinical situation, and on the physician's or designee's knowledge of that patient's expected and actual response to the medication.
  - G) A restraint does not include devices, such as orthopedic prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examination or test, 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 and can include age or developmentally appropriate protective safety interventions that a safety conscious childcare provider outside a hospital would use to protect an infant or child.
- 3) Limitations and Criteria for Use of Restraint: The use of restraint is limited to those situations for which there is adequate and appropriate

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clinical justification.

- A) Physicians, Physician Assistants, Nurse Practitioners, and other qualified licensed practitioners (QLP) are allowed to order restraints and to conduct a physical and psychological assessment of the patient. The order should be obtained prior to the initiation of restraints. Restraint orders written by Physician Assistants must be co-signed by a physician.
- B) An RN trained in restraint use may discontinue restraints.
- C) If the patient's physician did not initiate the order, he must be consulted as soon as reasonably possible. If the patient's physician is unavailable and another QLP is covering for them, the covering QLP is considered the patient's physician.
- D) The use of restraint occurs after alternatives to such use have been considered and/or attempted as appropriate. Such alternatives may include, but are not necessarily limited to:
  - i) Re-orientation
  - ii) De-escalation
  - iii) Increased observation and monitoring
  - iv) Use of a sitter
  - v) Change in the patient's physical environment
  - vi) Review and modification of medication regimens

There may be sometimes the behavior occurs suddenly that alternatives cannot be used.
- E) The use of restraint must be in accordance with the written modification to the patient's Plan of Care; and implemented in accordance with safe and appropriate restraint techniques.
- F) The least restrictive, safe and effective method of restraint is to be used. The type or technique used must be the least restrictive intervention that will be effective to protect the patient or others from harm.
- G) Restraint use should be discontinued when there is no longer adequate and appropriate justification for continued use and before an order expires.
- H) An assessment by the QLP should include a physical assessment to identify medical problems that may be causing behavior changes in the patients. There may be instances when the assessment

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might occur after initiation of restraint.

- 4) Prohibitions to Use of Restraint The use of restraint for the following reasons is strictly prohibited:
  - A) Coercion, discipline, convenience, or staff retaliation.
  - B) Solely on the patient's history of dangerous behavior, if any.
- 5) Risk of Restraint Use: The use of restraint has the potential to produce serious consequences such as physical and psychological harm, and even death. The hospital will take risk factors into account when assessing the need for, selecting the type of and determining the patient care needs relative to restraint.
- 6) Reporting of deaths of patients in restraint: All deaths should be reported to House Supervisor. The hospital will report required deaths associated with the use of restraint to the Center for Medicare Services (CMS) as appropriate. Reporting may also occur to other external agencies as required by state law and /or organization policy. The following will be reported to House Supervisor:
  - A) Each death that occurs while a patient is in restraint.
  - B) Each death that occurs within 24 hours after the patient has been removed from restraints.
  - C) Each death known to the hospital that occurs within 7 days after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to the patient death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.
  - D) A log referencing each death will be maintained and updated by Risk Management. Each death referenced as above must be placed on an internal log by Risk Management. Deaths are reported to CMS no later than close of next business day of patient's death or hospital's knowledge of the death.
  - E) Documentation will be placed in the patient's medical record reflecting the date and time the death was reported to CMS and the time entry was made into the log. All entries into the internal log must be completed within 7 days of the patient's death.
  - F) Exception to CMS reporting requirement: The following deaths are

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not reported to CMS. When no seclusion has been used and when the only restraints used were limited to soft wrist restraints, the death will be recorded in an internal log to include the patient's name, date of death, name of attending physician or other QLP who is responsible for the care of the patient, medical record number and primary diagnosis. The patient's medical record will reflect the date and time the entry was made into the internal log.

- 7) Non-Violent/Medical Restraints
  - A) Ordering Non-Violent Restraint
  - B) Patients may be restrained for nonviolent reasons only if the patient's behavior is interfering with essential medical care. Restraining a patient must balance the patient's right to refuse care and treatment with the patient's capacity to make decisions.
    - i) The use of restraint must be in accordance with the order of a QLP who is responsible for the care of the patient. This includes the authority of a physician to delegate this task to the extent recognized under State law or regulatory mechanism and applies to a single restraint episode.
    - ii) In an emergency situation, an RN may initiate the restraint as long as a physician or QLP is notified as soon as possible generally within 1 hour and a telephone or written order is obtained. (Exception: When the restraint is initiated based on a significant change in the patient's condition, the physician must be notified immediately.) Additional trained staff may assist the RN in the initiation of the restraints.
    - iii) Orders for the use of restraint must never be written as a standing order or on an as needed basis (PRN).
    - iv) Each order for restraint must contain at least the following information:
      - (1) The justification or reason the patient requires restraint;
      - (2) The type of restraint to be applied;
      - (3) Each episode requires a single order. An episode begins when restraints are initiated and ends when restraints are discontinued regardless of the number of minutes, hours or days the restraints are in use.
    - v) Application of Restraint

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- (1) Restraint to be applied/removed in accordance with in the following:
  - (a) Generally, restraints should be initiated within 60 minutes of the order being written subject to availability of the devices ordered on the unit or other exceptional circumstances.
  - (b) The type of restraint used shall be the same as the type of restraint ordered.
  - (c) Restraints will be applied with safe and appropriate techniques, evaluated for continuation, and ended at the earliest possible time.
  - (d) Restraint devices are to be applied/removed in a manner that preserves the dignity, comfort and well-being of the patient.
  - (e) Soft limb restraints are tied for quick release.
  - (f) Restraints are secured out of the patient's reach.
  - (g) Restraints are not to be tied to moveable bed parts (e.g., side rails).
  - (h) When possible, the bed should be in the low position with side rails up after restraint placement.
  - (i) Restraint devices are to be applied/removed only by authorized and trained staff. The decision to remove restraints may be made by a RN.
- vi) Assessment of the patient in restraint for nonviolent reasons.
  - (1) Patients in nonviolent restraint should be assessed/monitored about every four hours or more or less frequently if necessary.
  - (2) Appropriately qualified staff will monitor/evaluate the patient on the following, as needed. Each item is not required to be evaluated with each assessment and depends on the patient's condition and circumstances surrounding the patient's care. (Example: if the patient is NPO, the patient would not be asked if he wants a drink).
    - (a) The physical and emotional well-being of the patient
    - (b) Vital signs according to the Assessment and Reassessment policy

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- (c) Circulation, hydration, hygiene, elimination, range of motion, or comfort needs the patient may have
  - (d) Skin integrity
  - (e) Level of distress and agitation
  - (f) Mental status
  - (g) Cognitive functioning
  - (h) That the patient's right, dignity, and safety are maintained
  - (i) Whether the restraint has been appropriately applied
- vii) Documentation
- (1) Restraints should contain the following documentation in the patient's medical record as appropriate:
    - (a) The complete dated, timed and authenticated order for restraint
    - (b) Alternatives or other less restrictive interventions attempted or considered (as applicable)
    - (c) The patient condition or symptom(s) that warranted the use of restraint, and ongoing assessments
    - (d) The patients response to the intervention(s) used, and significant changes in patients condition
    - (e) A description of the patient's behavior, condition or symptoms that warranted use of restraint,
    - (f) The intervention used (restraint type),
    - (g) Alternative interventions attempted (as applicable)
    - (h) The patient's response to the intervention, including rationale for continued use
    - (i) Modifications to the plan of care or treatment plan
    - (j) Documentation indicating the patient's right, dignity, and safety are maintained can be done once a shift unless there was a problem with one of the topics.
    - (k) Documentation of assessment
    - (l) The plan of care is reviewed and updated when the patient is placed in or removed from restraint, or as needed. Ideally, the timeframe for modifications to the plan of care should be within two hours of initiation of restraints and removal of restraints or

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prior to the end of the shift.

(m) Name and title of nurse initiating restraints is recorded.

(2) Definition of Prolonged Restraint: Prolonged restraint is defined as a restraint used for a non-violent reason that exceeds 3 days (72 hours). Each Prolonged Restraint Episode is reviewed on an individual basis. The review may be done at any time including after discharge as a performance improvement process.

(3) Termination of restraint

(a) Restraint will be terminated at the earliest possible time. If restraint is discontinued prior to the expiration of the original order, a new order must be obtained prior to reinitiating the use of restraint.

(b) If a patient is released from restraint and later exhibits behavior that can only be handled through the use of restraint, a new order is required. Trial release is not permitted. However a temporary release that occurs for the purpose of caring for a patient's needs, for example, toileting, feeding, and range of motion, is not considered a trial release or termination of restraint as long as the staff remains with the patient continuously.

8) Violent/Behavioral Restraints

A) Ordering of Violent/Behavioral Restraints

B) When a patient's violent or self-destructive behavior presents an immediate or serious danger to the patient or others, immediate action is needed. The patient may be restrained.

C) The use of restraint must be in accordance with the order of a physician or designee who is responsible for the care of the patient.

i) In an emergency situation, a RN may initiate the restraint as long as a physician is notified **and writes an order either during the emergency application of the restraint or seclusion, or immediately (within a few minutes) after the application.**

Additional trained staff may assist the RN in the initiation of the

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restraints.

- ii) A physician, physician assistant, RN or QLP who has been trained according to requirements must see the patient within one hour after initiation of the intervention to evaluate the patient's immediate situation, reaction to the intervention, medical condition, and the need to continue or terminate the restraint. The face to face evaluation is performed even if restraints were removed prior to the evaluation.
- iii) Orders for the use of restraint must never be written as a standing order or on an as needed basis (PRN).
- iv) Each order for restraint must contain at least the following information:
  - v) The name of the physician ordering the restraint
  - vi) The time limit (duration) of the restraint
    - (1) Up to four (4) hours for adults age 18 and older.
    - (2) Up to two (2) hours for children and adolescents ages 9 to 17
    - (3) Up to one (1) hour for patients under age 9.
- vii) If a restraint applied for violent reasons continues beyond 24 hours, an assessment by the physician or QLP must occur and reviewed as a prolonged restraint
- D) Application of Restraint for Violent/Behavioral Reasons
  - i) Restraints shall be applied/removed by appropriately qualified and trained staff. The decision to remove restraints may be made by RN.
  - ii) The type of restraint used shall be the same as the type of restraint ordered.
  - iii) Restraints will be applied with safe and appropriate techniques, evaluated frequently for continuation and ended at the earliest possible time.
  - iv) Restraint devices are to be applied /removed in accordance with manufacturer's instructions and used in manner consistent with their intended purpose.
  - v) Restraint devices are to be applied/removed in a manner that preserves the dignity, comfort, and well-being of the patient.
  - vi) Restraints will be secured to the bed frame if being used while

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the patient is in bed. Restraint should never be tied to the side rails. Restraints should be secured so that they may be released quickly in the event of an emergency.

- E) Simultaneous use of Seclusion and Restraint
  - i) If restraint and seclusion are used, the patient is continuously monitored.
- F) Monitoring/Evaluation of a patient in Violent/Behavioral Restraint
  - i) Appropriately qualified staff will monitor /evaluate the patient as needed. Each item is not required to be evaluated with each assessment and depends on the patient's condition and circumstances surrounding the patient's care. (Example: if the patient is NPO, the patient would not be asked if he wants a drink).
    - (1) Adequate Breathing
    - (2) Circulation
    - (3) Any hydration, hygiene, elimination, range of motion, or comfort needs the patient may have
    - (4) Skin integrity
    - (5) Level of distress and agitation
    - (6) Mental status
    - (7) Cognitive functioning
    - (8) That the patient's rights, dignity, and safety are maintained
    - (9) Whether less restrictive measures are possible
    - (10) Changes in the patient's clinical condition required to initiate the removal of restraint
    - (11) Whether the restraint has been appropriately applied.
    - (12) Patients placed in violent restraints will be evaluated / monitored at least every 15 minutes or more frequently if necessary.
- 9) Documentation
  - A) For each episode of restraint, the following are documented in the medical record as appropriate.
    - i) A description of the patient's behavior, condition or symptoms that warranted use of restraint,
    - ii) Interventions used,

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- iii) Alternative interventions attempted (as applicable),
  - iv) Each in-person evaluation and re-evaluation of the patient
  - v) The patient's response to the intervention, including rationale for continued use
  - vi) The 1 hour face to face medical and behavioral evaluation and assessment findings
  - vii) Documentation that the patient's rights, dignity, and safety are maintained can be documented once a shift indicating there was no breach.
  - viii) Modifications to the plan or care or treatment plan, if available
  - ix) The plan of care or treatment plan is reviewed and updated when the patient is placed in or removed from restraint and as needed. Timeframe for modifications is within two hours or as appropriate for age and circumstances of the patient. Documentation of the plan of care may be delayed beyond two hours if staff is caring for a patient in crisis.
  - B) Definition of Prolonged Restraint. Prolonged restraint is defined as a restraint used for a violent reason that exceeds 24 hours. A review of prolonged restraints may be done at any time including after discharge as a performance improvement process.
- 10) Termination of Restraint
- A) Restraint will be terminated at the earliest possible time regardless of the length of the order. If restraint is discontinued prior to the expiration of the original order, a new order must be obtained prior to reinitiating the use of restraint.
    - i) If a patient is released from restraint and later exhibits behavior that can only be handled through the use of restraint, a new order is required. Trial release is not permitted. However, a temporary release that occurs for the purpose of caring for the patient's needs, for example, toileting, feeding, and range of motion, is not considered a trial release or termination of restraint.
- 11) Training and Competency of Staff
- A) The application of a restraint, providing care for a patient in restraint, or assessing and monitoring the condition of the patient, may only be performed by staff with appropriate training and

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documented competency. Training of staff should occur upon hire (i.e., during the first 90 days of employment) and at least on an every two years basis thereafter. Training will occur before staff is placed in a situation where they must apply or assist with applying restraint. Training requirements may be tailored to the level of involvement the staff member has in restraint. Training programs are reviewed every two years.

- B) Physicians and other QLPs who order restraints or who assess patients who are in restraints must have a working knowledge of the hospital policy. Training occurs during the on-boarding process, before the physician or QLP orders or assesses a patient in restraint.
  - i) Training content will include relevant content from the hospital policy. Retraining will occur every 2 years at the time of re-credentialing. An attestation that the QLP understands the training will be secured. Retraining may include discussion or didactic methods. Evidence of training will be placed in the medical staff files.
- C) Staff is required to have education, training, and demonstrated knowledge based on the specific needs of the patient population(s) served to address at least:
  - i) Techniques to identify behaviors, events, and environmental factors that may trigger circumstance that require the use of a restraint.
  - ii) The use of nonphysical intervention skills including de-escalation dealing with aggressive behavior.
  - iii) Choosing the least restrictive intervention based on an individualized assessment of the patients medical, or behavioral status or condition.
  - iv) The safe application and use of all types of restraints used, including training in how to recognize and respond to signs of physical and psychological distress ( for example, positional asphyxia).The medical conditions that may cause a patient to exhibit aggressive behavior
  - v) Monitoring the physical and psychological well-being of the patient who is restrained including but not limited to,

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respiratory and circulatory status, skin integrity, and vital signs.

- vi) Clinical identification of specific medical or behavioral changes that indicate that restraint is no longer necessary.
- D) Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patient's behavior.
- 12) Reducing the use of Restraint through Performance Improvement
  - A) The organization will make all reasonable efforts to reduce the use of restraints. To accomplish this, a performance improvement process occurs.
  - B) This process may include, but not necessarily be limited to:
    - i) Collecting data
    - ii) Compiling data in the use of restraints in usable formats
    - iii) Analyze and compare the data over time to identify levels of performance patterns, trends, and variations
    - iv) Use the result of its data analysis on the use of restraint to identify opportunities to improve
    - v) Take action on its improvement priorities and evaluate changes to confirm they resulted in improvements
  - C) Collect Specific Data related to use of restraints to address violent (behavioral)/non- violent (medical) behavior
    - i) The shift during which the episode begins
    - ii) The setting/unit/location where the episode occurs
    - iii) The staff who initiated restraint
    - iv) The length of each episode
    - v) The date and time each episode is initiated
    - vi) The day of the week each episode is initiated
    - vii) The type of restraint used
    - viii) Any injuries sustained by the patient or staff
    - ix) A patient identifier such as Medical Record Number or Account Number
    - x) The patients age
    - xi) The patients gender
    - xii) Prolonged episodes of restraint

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