

1 10A NCAC 13G .1301 is proposed for readoption without substantive changes as follows:

2
3 **SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

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5 **10A NCAC 13G .1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

6 (a) A family care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent
7 to the resident's body that the resident cannot remove easily and ~~which~~ that restricts freedom of movement or normal
8 access to one's body, shall be:

- 9 (1) used only in those circumstances in which the resident has medical symptoms that warrant the use
10 of restraints and not for discipline or convenience purposes;
- 11 (2) used only with a written order from a physician except in emergencies, according to Paragraph (e)
12 of this Rule;
- 13 (3) the least restrictive restraint that would provide safety;
- 14 (4) used only after alternatives that would provide safety to the resident and prevent a potential decline
15 in the resident's functioning have been tried and documented in the resident's record.
- 16 (5) used only after an assessment and care planning process has been completed, except in emergencies,
17 according to Paragraph (d) of this Rule;
- 18 (6) applied correctly according to the manufacturer's instructions and the physician's order; and
- 19 (7) used in conjunction with alternatives in an effort to reduce restraint use.

20 Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing
21 mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance
22 abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed
23 lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering
24 fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and
25 providing supportive devices such as wedge cushions.

26 (b) The facility shall ask the resident or resident's legal representative if the resident may be restrained based on an
27 order from the resident's physician. The facility shall inform the resident or legal representative of the reason for the
28 request and the benefits of restraint use and the negative outcomes and alternatives to restraint use. The resident or
29 the resident's legal representative may accept or refuse restraints based on the information provided. Documentation
30 shall consist of a statement signed by the resident or the resident's legal representative indicating the signer has been
31 informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the
32 medical indicators for restraint use.

33 Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability
34 to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or depression and reduced social contact.

35 (c) In addition to the requirements in Rule ~~43F~~ .0801, .0802 and .0903 of this Subchapter regarding assessments and
36 care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph
37 (a)(5) of this Rule shall meet the following requirements:

- 1 (1) The assessment and care planning shall be implemented through a team process with the team
2 consisting of at least a staff supervisor or personal care aide, a registered nurse, the resident and the
3 resident's responsible person or legal representative. If the resident or resident's responsible person
4 or legal representative is unable to participate, there shall be documentation in the resident's record
5 that they were notified and declined the invitation or were unable to attend.
- 6 (2) The assessment shall include consideration of the following:
7 (A) medical symptoms that warrant the use of a restraint;
8 (B) how the medical symptoms affect the resident;
9 (C) when the medical symptoms were first observed;
10 (D) how often the symptoms occur;
11 (E) alternatives that have been provided and the resident's response; and
12 (F) the least restrictive type of physical restraint that would provide safety.
- 13 (3) The care plan shall include the following:
14 (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to
15 reduce restraint time once the resident is restrained;
16 (B) the type of restraint to be used; and
17 (C) care to be provided to the resident during the time the resident is restrained.
- 18 (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:
19 (1) The order shall indicate:
20 (A) the medical need for the restraint;
21 (B) the type of restraint to be used;
22 (C) the period of time the restraint is to be used; and
23 (D) the time intervals the restraint is to be checked and released, but no longer than every 30
24 minutes for checks and two hours for releases.
- 25 (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify
26 the resident's physician of the order within seven days.
- 27 (3) The restraint order shall be updated by the resident's physician at least every three months following
28 the initial order.
- 29 (4) If the resident's physician changes, the physician who is to attend the resident shall update and sign
30 the existing order.
- 31 (5) In emergency situations, the administrator or administrator-in-charge shall make the determination
32 relative to the need for a restraint and its type and duration of use until a physician is contacted.
33 Contact with a physician shall be made within 24 hours and documented in the resident's record.
- 34 (6) The restraint order shall be kept in the resident's record.
- 35 (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's
36 record and include the following:
37 (1) restraint alternatives that were provided and the resident's response;

- 1 (2) type of restraint that was used;
2 (3) medical symptoms warranting restraint use;
3 (4) the time the restraint was applied and the duration of restraint use;
4 (5) care that was provided to the resident during restraint use; and
5 (6) behavior of the resident during restraint use.

6 (f) Physical restraints shall be applied only by staff who have received training according to Rule .0506 of this
7 Subchapter and been validated on restraint use according to Rule .0504 of this Subchapter.

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9 *History Note: Authority G.S. 131D-2.16; 143B-165;*
10 *Temporary Adoption Eff. July 1, 2004;*
11 *Temporary Adoption Expired March 12, 2005;*
12 *Eff. June 1, ~~2005~~ 2005;*
13 *Readopted Eff. October 1, 2023.*