

1 10A NCAC 13F .1501 is proposed for amendment as follows:

2
3 **SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

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5 **10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

6 (a) An adult 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 for which the
10 resident's physician or physician extender has determined ~~that~~ warrant the use of restraints and not
11 for discipline or convenience purposes;
- 12 (2) used only with a written order from a physician or physician extender except in ~~emergencies,~~
13 emergencies where the health or safety of the resident is threatened, according to Paragraph ~~(e)~~ (d)
14 of this Rule;
- 15 (3) the least restrictive restraint that would ~~provide safety;~~ provide a safe environment for the resident
16 and prevent physical injury;
- 17 (4) used only after alternatives that would provide ~~safety to~~ a safe environment for the resident to
18 prevent physical injury and prevent a potential decline in the resident's functioning have been tried
19 and documented ~~by the administrator or their designee~~ in the resident's ~~record.~~ record as being
20 unsuccessful;
- 21 (5) used only after an assessment and care planning process has been completed, except in ~~emergencies,~~
22 emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of
23 this Rule;
- 24 (6) applied correctly according to the manufacturer's instructions and the physician's or the physician
25 extenders' order; and
- 26 (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purposes of this
27 Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

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

34 (b) The facility shall ~~ask~~ obtain written consent from the ~~resident or~~ resident, the resident's responsible person, or
35 legal representative if the resident may for the resident to be restrained based on an order from the resident's ~~physician.~~
36 physician or physician extender. The facility shall inform the ~~resident~~ resident, the resident's responsible person, or
37 legal representative of the reason for the ~~request and~~ request, the benefits of restraint ~~use~~ use, and the negative

1 outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse
 2 restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the
 3 resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint
 4 use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

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

8 (c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and
 9 care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph
 10 (a)(5) of this Rule shall meet the following requirements:

11 (1) The assessment and care planning shall be implemented through a team process with the team
 12 consisting of at least a ~~staff~~ supervisor or personal care aide, a registered nurse, the resident and the
 13 resident's responsible person or legal representative. If the resident or resident's responsible person
 14 or legal representative is unable to participate, there shall be documentation in the resident's record
 15 that they were notified and declined the invitation or were unable to attend.

16 (2) The assessment shall include consideration of the following:

- 17 (A) medical symptoms that warrant the use of a restraint;
- 18 (B) how the medical symptoms affect the resident;
- 19 (C) when the medical symptoms were first observed;
- 20 (D) how often the symptoms occur;
- 21 (E) alternatives that have been provided and the resident's response; and
- 22 (F) the least restrictive type of physical restraint that would provide safety.

23 (3) The care plan shall include the following:

- 24 (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to
 25 reduce restraint time once the resident is restrained;
- 26 (B) the type of restraint to be used; and
- 27 (C) care to be provided to the resident during the time the resident is restrained.

28 (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:

29 (1) The order shall indicate:

- 30 (A) the medical need for the ~~restraint~~; restraint based on the assessment and care plan;
- 31 (B) the type of restraint to be used;
- 32 (C) the period of time the restraint is to be used; and
- 33 (D) the time intervals the restraint is to be checked and released, but no longer than every 30
 34 minutes for checks and no longer than two hours for releases.

35 (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify
 36 the resident's physician or physician extender of the order within seven days.

1 (3) The restraint order shall be updated by the resident's physician or physician extender at least every
2 three months following the initial order.

3 (4) If the resident's physician changes, the physician or physician extender who is to attend the resident
4 shall update and sign the existing order.

5 (5) In ~~emergency situations~~, an emergency, where the health or safety of the resident is threatened, the
6 administrator or ~~administrator in charge~~ their designee, shall make the determination relative to the
7 need for a restraint and its type and duration of use until a physician or physician extender is
8 contacted. Contact with a physician shall be made within 24 hours and documented in the resident's
9 record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk
10 of physical injury or death to a resident.

11 (6) The restraint order shall be kept in the resident's record.

12 (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's
13 record and include the following:

14 (1) restraint alternatives that were provided and the resident's response;

15 (2) type of restraint that was used;

16 (3) medical symptoms warranting restraint use;

17 (4) the time the restraint was applied and the duration of restraint use;

18 (5) care that was provided to the resident during restraint use; and

19 (6) behavior of the resident during restraint use.

20 (f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical
21 restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and
22 have been validated on ~~restraint use~~ the care of residents who are physically restrained and the use of care practices
23 as alternative to restraints according to Rule .0504 of this Subchapter.

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25 *History Note: Authority G.S. 131D-2.16; 143B-165;*

26 *Temporary Adoption Eff. July 1, 2004;*

27 *Temporary Adoption Expired March 12, 2005;*

28 *Eff. June 1, 2005;*

29 *~~Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,~~*
30 *~~2018.~~*

31 *Amended Eff. January 1, 2025.*

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