



NC Department of Health and Human Services
NC Nurse Aide I Curriculum
Module K
Restraint Elimination, Reduction, Appropriate Use
July 2019

Objectives

- Discuss the use of different types of restraints used in health care
- Explore risks encountered from use of restraints
- Understand the need for restraints and laws that regulate their use
- Discuss Resident's Rights and the NA's role
- Discuss the importance of safe application and need for close observation

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Restraint-free Care and Alternatives

- Restraint-free care is an environment in which restraints are not kept or used for any reason



- Restraint alternatives are measures used instead of physical or chemical restraints

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Restraints – Definition and Types

- Chemical, physical or mechanical methods used to restrict freedom of movement or normal access to one's body
 - Chemical: drugs or drug doses used to control behavior or restrict movement
 - Physical: any manual method, physical or mechanical device, material or equipment attached to or near an individual that cannot be removed easily and restricts freedom of movement or normal access to one's body
 - May be cloth, mesh or leather or a combination

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Facility Restraint Practices

- Facilities have practices that are considered forms of restraints
 - Side rails
 - Tucking in a sheet or using Velcro
 - Placing a resident in a chair to prevent from rising
 - Placing a walker out of reach



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Restraints – Risks

- Using restraints sometimes results in health risks or injuries to the resident
 - Cuts, bruises, skin damage, fractures
 - Aspiration or death from strangulation
 - Constipation, incontinence, dehydration
 - Infections, swelling (edema) in limbs
 - Nerve damage
 - Mental health issues
 - Self-esteem issues

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Restraints – Understanding the Need

- Communicate, explore, observe and inquire about the resident's current and past medical history to gain understanding of the need for restraints
- Consider how the following may require the use of restraints:
 - Pain, mental/physical illness/impairments, injury, discomfort
 - Anger, loss of control, fear, phobias, obsessions
 - Sleep disorders, confusion, disorientation
 - Hunger, thirst, temperature changes

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Restraints – Federal and State Laws

- Federal and state laws are in place to protect residents
 - Code of Federal Regulations (CFR)
 - North Carolina Administrative Code
 - Centers for Medicare and Medicaid Services (CMS)
 - Food and Drug Administration (FDA)
 - The Joint Commission (TJA)
 - The Safe Medical Devices Act (SMDA)
- It is acceptable and important to report concerns to the nurse

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Resident's Rights

- The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms (CMS F604; F605) (42CFR483.10(e), 42CFR483.12(a)(2))
- Unnecessary restraints are false imprisonment

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Restraints – Criteria for Use

- Restraints must protect the person
- A doctor's order is required
- Restraints are used only in the event other measures fail to protect the resident
- The least restrictive method is used
- Informed consent is required from the resident or designated legal representative
- Residents must be monitored for vital signs, respiratory status and dehydration

Restraints – NA's role (1)

- Follow the Nursing Care Plan
- Whenever possible, schedule care to align with the resident's past routines/likes/preferences
- Consider the resident's needs based on Maslow's Hierarchy of Needs



Restraints – NA's role (2)

- Nutrition, elimination, breathing, sleep, exercise
 - Take time with meals, encourage fluids
 - Assist to the bathroom, encourage self-hygiene, place bedpan or urinal within reach
 - Allow time for bathing, back rubs and grooming
 - Make the bed comfortable, position pillows, remove unwanted items
 - Place items at arm's reach whenever possible
 - Reduce or eliminate noise, odors, other distractions

Restraints – NA’s role (3)

- **Safety and security**
 - **Check on the resident every 15 minutes or more often**
 - **Position bed at lowest height, lock wheels**
 - **Place floor cushions next to bed**
 - **Remove or relocate furniture with sharp corners**
 - **Provide or eliminate lighting for sleep**
 - **Place call bell within reach**
 - **Be attentive to the resident’s fears**

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Restraints – NA’s role (4)

- **Love and belonging**
 - **Spend time with the resident, encourage pleasant conversation, walk with the resident**
 - **Provide diversion – TV, literature, books, videos, games**
 - **Encourage visits from family, friends and clergy**
- **Self-esteem and Self-actualization**
 - **Encourage, compliment and reassure the resident**

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Restraints – Safety Guidelines

- **Resident safety is the highest priority**
- **Restraints must be applied properly**
 - **Check size and condition of restraint (must be free from defect)**
 - **Ensure the restraint fastens correctly and securely**
 - **Secure straps out of the person’s reach, under the seat or chair or wheelchair**
 - **Secure the restraint to movable parts of the bed frame so it does not tighten or loosen when the head or foot is raised or lowered**

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Restraints – Application (1)

- Leave 1 to 2 inches of slack in the straps to allow some movement of the part, unless instructed otherwise



- Pad bony areas as instructed by the nurse to prevent pressure and injury

Restraints – Application (2)

- Remove/release the restraint, reposition the resident and attend to their basic needs (food, water, elimination, comfort, safety, hygiene and skin care) at least every 2 hours for at least 10 minutes, or as often as stated in the Nursing Care Plan



- Monitor vital signs and perform range of motion (ROM) at intervals as instructed

Restraints – Observe, Report and Act

- Report observations and communication accurately
- Report to the nurse every time you check the resident and release the restraint
- Keep scissors with you at all times, in case the resident's safety is compromised as in choking, aspiration, strangulation, seizures or other emergencies
- Place the call light within the resident's reach

Restraints – Safe Application (1)

- Leg/ankle
 - Should allow 1 finger between the leg and restraint
- Arm
 - Should allow 1 finger between the arm and restraint
- Hand mitt
 - Should allow 1 finger between the wrist and restraint

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Restraints – Safe Application (2)

- Wrist
 - Should allow 1 finger between the wrist and restraint
 - Soft part next to skin
- Seat belt
 - Should be placed at a 45-degree angle over thighs when sitting with hips touching back of chair



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Restraints – Safe Application (3)

- Jacket
 - Opening is in back
 - Should be snug but allow for movement
 - Should allow the resident to breathe easily
 - Should allow a flat hand to slide between the restraint and the resident's body

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Restraints – Safe Application (4)

- Vest
 - “V” is in front
 - Crisscrosses in front
 - Should be snug but allow for movement
 - Should allow the resident to breathe easily
 - Should allow a flat hand to slide between the restraint and the resident's body



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Restraints – Safe Application (5)

- Lap tray – helps prevent the resident from leaning forward and falling out of the chair
 - Should be secured properly
 - Resident's hips should touch the back of the chair
 - Observe often to prevent the resident from sliding down under the tray
- Side rails - are prohibited unless they are necessary to treat a resident's medical symptoms (42CFR483.10(e), 42CFR483.12(a)(2))

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Facility Restraints

- Facilities may unintentionally use methods to help ensure resident safety
- Recognize items that can restrict residents
- Communicate concerns regarding:
 - Over-bed table
 - Sheets
 - Geri-chair
 - Wheelchair locked

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REMEMBER

- Restraints are **NEVER** used as a convenience
- Unnecessary restraint is false imprisonment
- Restraints are used as a last resort to protect the resident and safety of others
- Restraints require a doctor's order
- Always ask for clarification before applying a restraint
- Practice patience, show kindness and be empathetic to residents who are restrained.
