



State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module K



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
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Module K – Restraint Elimination, Reduction, Appropriate Use Teaching Guide

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

Supplies

- Various restraints

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments in Notes Section
- Set up computer/projector

Advance Preparation – Teaching Tips

- **#1K: Consequences of using Facility Restraints:** Think about how facilities can restrain a resident without the use of a physical or mechanical restraint. Consider side rails, Geri-chairs, chair locks or alarms.
- **#2K: Physical Restraints:** Gather available restraints to show and pass around to students during class discussions.
- **#3K: Demonstrate how to tie a slip knot:** Practice and be prepared to demonstrate the proper way to tie a slip knot and explain its importance.
- **#4K: Restraint Scenarios:** Consider which student may be willing to be restrained for teaching purposes. Remember to secure verbal/written permission before applying restraints.
- **#5K: Restraint Scenarios:** Practice and be prepared to demonstrate proper placement and application of the wrist restraint.

**Module K – Restraint Elimination, Reduction, Appropriate Use
Definition List**

Aspiration – breathing fluid, food, vomitus or an object into the lungs

Chemical Restraint – any drug that is used for discipline or convenience and not required to treat medical symptoms (F605)

Contracture – the lack of joint mobility caused by abnormal shortening of a muscle

Empathy – the ability to understand and share the feelings of another

Enabler – a device attached to the bed, similar to a short bedrail, that limits freedom of movement but is used to promote independence, comfort or safety

False imprisonment - unlawful restraint or restriction of resident's freedom of movement

Fracture – a broken bone

Pelvic Support – a physical restraint used between the thighs to keep a resident's hips from slipping forward

Physical Restraint – any manual method or physical or mechanical device, material, or equipment attached to or near the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (F604)

Restraint – a physical or chemical way to restrict voluntary movement or behavior

Restraint Alternative – measures used instead of physical or chemical restraints

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

Seat Belt – a belt placed at a 45-degree angle over thighs when sitting to prevent falling from a chair or wheelchair

Soft Cloth Mitten – a physical restraint using a mitt that limits mobility of hands and use of fingers, frequently used for residents who could harm themselves by pulling at tubing, removing dressings, touching incisions or scratching a wound

Strangulation – the act of choking to death; serious or fatal obstruction of normal breathing

Vest or Jacket – a physical restraint put on the upper body to provide support in a wheelchair and limit mobility while in bed or in a chair

Wrist Restraint – a physical restraint that limits arm movement

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<p>(S-1) Title Slide (S-2) Objectives</p> <ol style="list-style-type: none"> 1. Discuss the use of different types of restraints used in health care 2. Explore risks encountered from use of restraints 3. Understand the need for restraints and laws that regulate their use 4. Discuss Resident’s Rights and the NA’s role 5. Discuss the importance of safe application and need for close observation 	
Content	Notes
<p>(S-3) Restraint-free Care and Restraint Alternatives</p> <ul style="list-style-type: none"> • Restraint-free care – an environment in which restraints are not kept or used for any reason • Restraint alternative – measures used instead of physical or chemical restraints 	
<p>(S-4) Restraints – Definition and Types</p> <ul style="list-style-type: none"> • Chemical, physical or mechanical methods used to restrict freedom of movement or normal access to one’s body <ul style="list-style-type: none"> ○ Chemical: drugs or drug doses used to control behavior or restrict movement (F605) ○ 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 (F604) • Cloth or leather <ul style="list-style-type: none"> ○ Soft cloth or mesh is used most often ○ Leather is used for extreme agitation and combativeness and is applied to wrists and ankles 	
<p>(S-5) Facility Restraint Practices</p> <ul style="list-style-type: none"> • Facilities have practices that are considered forms of restraints • Side rails - used to keep resident from voluntarily getting out of bed • Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly is used to restrict a resident’s movement • Placing a resident in a chair (such as a Geri-chair/recliner) to prevent from rising • Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed • Placing a walker out of reach to discourage the resident independence • Be aware of ways residents may be restrained 	
<p>TEACHING TIP #1</p> <ul style="list-style-type: none"> • Discuss the consequences associated with the use of each 	

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facility restraint. Help students understand the importance of recognizing potential restraints and reporting concerns.	
<p>(S-6) Restraints – Risks</p> <ul style="list-style-type: none"> • The use of restraints sometimes results in health risks/injuries to the resident: <ul style="list-style-type: none"> ○ Cuts, bruises, skin tears, skin breakdown, pressure ulcers and fractures ○ Aspiration ○ Death from strangulation ○ Constipation, contractures, decreased ability to walk ○ Dehydration, incontinence ○ Infections such as pneumonia and urinary tract ○ Swelling (edema) in limbs, nerve damage ○ Mental health issues: agitation, anger, delirium, depression, reduced social contact, withdrawal ○ Self-esteem issues: embarrassment, humiliation, loss of dignity, confidence and self-worth 	
<p>(S-7) Restraints – Understanding the Need</p> <ul style="list-style-type: none"> • 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 influence the decision for use of restraints: <ul style="list-style-type: none"> ○ Pain, mental/physical illness/impairments, injury, discomfort ○ Uncomfortable clothing, wound dressings, body positioning ○ Anger/Loss of control ○ Fear of environment, family members, caregivers, self-image, death ○ Phobias, obsessions ○ Sleep disorders ○ Confusion, disorientation ○ Hunger, thirst, temperature changes 	
<p>(S-8) Restraints – Federal and State Laws</p> <ul style="list-style-type: none"> • Federal and state laws are in place to protect residents • Accrediting agencies help oversee and enforce the laws <ul style="list-style-type: none"> ○ 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) applies if a restraint causes illness, injury, or death • Remind students that while laws are meant to protect and can’t be enforced unless concerns are accurately reported 	
(S-9) Resident’s Rights	

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<ul style="list-style-type: none"> • 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 	
<p>(S-10) Restraints – Criteria for Use</p> <ul style="list-style-type: none"> • 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 	
<p>(S-11) Restraints – NA’s Role (1)</p> <ul style="list-style-type: none"> • 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 	
<p>(S-12) Restraints – NA’s Role (2)</p> <ul style="list-style-type: none"> • Nutrition, elimination, breathing, sleep, exercise <ul style="list-style-type: none"> ○ 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, provide warmth ○ Remove unwanted items from overbed/bedside table ○ Place items at arm’s reach whenever possible ○ Reduce or eliminate noise, odors, other distractions 	
<p>(S-13) Restraints – NA’s Role (3)</p> <ul style="list-style-type: none"> • Safety and security <ul style="list-style-type: none"> ○ Observe, visit and <u>check on the resident every 15 minutes</u> or more often ○ Position bed at lowest height, lock wheels ○ Place floor cushions next to bed, when applicable ○ Remove or relocate furniture with sharp corners ○ Provide or eliminate lighting to promote sleep ○ Place call bell within reach and respond promptly ○ Be attentive to the resident’s fears/reaction to people, places or things • Report accurately and promptly concerns seen, heard, and 	

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communicated by the resident or others	
<p>(S-14) Restraints – NA’s role (4)</p> <ul style="list-style-type: none"> • Love and belonging <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Encourage, compliment and reassure the resident 	
<p>(S-15) Restraints – Safety Guidelines</p> <ul style="list-style-type: none"> • Resident safety is the highest priority • Restraints must be applied properly <ul style="list-style-type: none"> ○ 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 	
<p>(S-16) Restraints – Application (1)</p> <ul style="list-style-type: none"> • 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 • <u>Observe the resident closely - every 15 minutes</u> or as directed by the Nursing Care Plan 	
<p>(S-17) Restraints – Application (2)</p> <ul style="list-style-type: none"> • <u>Remove/release the restraint, reposition the resident and attend to their basic needs</u> (food, water, elimination, comfort, safety, hygiene and skin care) <u>at least every 2 hours for at least 10 minutes,</u> or as often as stated in the Nursing Care Plan • Monitor vital signs and perform range of motion (ROM) at intervals as instructed 	
<p>(S-18) Restraints – Observe, Report and Act</p> <ul style="list-style-type: none"> • 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 at all times 	

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<p>TEACHING TIP #2 K: Physical Restraints</p> <p>Show, discuss and pass around different types of restraints for students to examine. Encourage them to ask questions and voice concerns.</p>	
<p>(S-19) Restraints – Safe Application (1)</p> <ul style="list-style-type: none"> • Leg/ankle – limits mobility of leg/ankle <ul style="list-style-type: none"> ○ Should <u>allow 1 finger between the leg and restraint</u> • Arm – limits mobility of arm <ul style="list-style-type: none"> ○ Should <u>allow 1 finger between the arm and restraint</u> • Hand mitt – limits mobility of hand, prevents finger use <ul style="list-style-type: none"> ○ Should <u>allow 1 finger between the wrist and restraint</u> 	
<p>(S-20) Restraints – Safe Application (2)</p> <ul style="list-style-type: none"> • Wrist – limits arm movement, prevents pulling on tubes or medical devices and scratching the skin or a wound <ul style="list-style-type: none"> ○ The soft part is next to the skin ○ Should <u>allow 1 finger between the wrist and restraint</u> • Seat belt – reduces falls while sitting <ul style="list-style-type: none"> ○ Should be placed at a 45-degree angle over the thighs when sitting ○ Resident’s hips should touch the back of the chair ○ Allows the resident to turn from side to side or sit up in bed 	
<p>(S-21) Restraints – Safe Application (3)</p> <ul style="list-style-type: none"> • Jacket – limits mobility of upper body <ul style="list-style-type: none"> ○ Opening is in back ○ Should be snug but allow for movement ○ Should <u>allow the resident to breathe easily</u> ○ Should <u>allow a flat hand to slide between the restraint and the resident’s body</u> 	
<p>(S-22) Restraints – Safe Application (4)</p> <ul style="list-style-type: none"> • Vest – limits mobility of upper body <ul style="list-style-type: none"> ○ “V” is in front ○ Crisscrosses in front ○ Should be snug but allow for movement ○ Should <u>allow the resident to breathe easily</u> ○ Should <u>allow a flat hand to slide between the restraint and the resident’s body</u> 	
<p>(S-23) Restraints – Safe Application (5)</p> <ul style="list-style-type: none"> • Lap tray – helps prevent the resident from leaning forward and falling out of the chair <ul style="list-style-type: none"> ○ Should be secured properly ○ Resident’s hips should touch the back of the chair 	

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<ul style="list-style-type: none"> ○ Observe often to prevent the resident from sliding down under the tray ● Side rails – use of sides rails that prohibit resident voluntarily getting out of bed is prohibited unless they are necessary to treat a resident’s medical symptoms (42CFR483.10(e), 42CFR483.12(a)(2)) ● Enablers – are allowed to promote independence and in place for the resident to grasp to help turn or assist with standing 	
<p>(S-24) Facility Restraints</p> <ul style="list-style-type: none"> ● Facilities may unintentionally use methods to help ensure resident safety which may be viewed as restraints ● It is important to recognize items that can restrict residents and prevent them from being mobile ● Communicate concerns to the nurse in a professional manner ● Consider the use of: <ul style="list-style-type: none"> ○ Over-bed table – placed across a resident sitting in a chair or wheelchair ○ Sheets - placed around and under a resident ○ Geri-chair ○ Wheelchair locked – when the resident is unable to unlock it 	
<p>TEACHING TIP #3K: Demonstrate how to tie a slip knot Demonstrate the proper way to tie a slip knot and explain its importance.</p> <p>TEACHING TIP #4K: Physical Restraints Discuss possible alternatives to restraints. Emphasize the importance of proper application and the need to monitor the resident’s physical and mental status every 15 minutes. Encourage students to ask the nurse to demonstrate proper placement of a restraint. Assure the student that it is reasonable to question the use of a restraint.</p> <p>TEACHING TIP #5K: Restraint Scenarios Ask for a student volunteer who will allow a wrist restraint to be applied. Ensure you have verbal/written consent from the student before applying the restraint.</p> <p>Demonstrate proper placement and application of the wrist restraint.</p> <p>Ask the student to share how he/she feels about being restrained.</p> <p>Encourage classmates to discuss concerns/difficulties while being restrained, such as:</p> <ul style="list-style-type: none"> ● Answering a phone 	

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<ul style="list-style-type: none"> • Texting • Scratching an itch • Taking a drink of water • Needing a bedpan/urinal 	
<p>(S-25) Remember</p> <ul style="list-style-type: none"> • Restraints are NEVER used as a convenience for the nursing staff or as an act of discipline/punishment • Unnecessary restraint (physical, mechanical, chemical) is considered false imprisonment (unlawful restraint or restriction of resident’s freedom of movement) • Restraints are used as a last resort intended to protect the welfare and safety of the resident and others • Restraints take away a resident’s right to freedom and violates his/her right to be treated with respect and dignity • 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 	