

# Physical Restraint Application

Level III

<b>Purpose</b>	The purpose of this procedure is to provide safety or postural support of a resident to prevent injury to the resident or others when the resident has medical symptoms that warrant the use of restraints.
<b>Definition</b>	<b>Physical restraints</b> are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. ( <b>Note:</b> The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint. The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables, seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint.)
<b>Preparation</b>	<ol style="list-style-type: none"><li>1. Verify physician's order for the use of restraints, including diagnosis for use.</li><li>2. Review the resident's care plan to assess for any special needs of the resident.</li><li>3. Assemble equipment and supplies needed.</li></ol>
<b>Equipment and Supplies</b>	The following equipment and supplies will be necessary when performing this procedure. <ol style="list-style-type: none"><li>1. Restraint, as ordered;</li><li>2. Soap;</li><li>3. Water;</li><li>4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and</li><li>5. Other equipment or supplies as necessary or appropriate.</li></ol>
<b>Steps in the Procedure</b>	<ol style="list-style-type: none"><li>1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.</li><li>2. Wash and dry your hands thoroughly.</li><li>3. Apply the ordered restraint using the appropriate procedure. <b><i>Follow the instructions provided by the manufacturer of the restraint.</i></b></li><li>4. Method of application for <b>Soft Tie Belt:</b><ol style="list-style-type: none"><li>a. Place soft tie belt across the resident's waist.</li><li>b. Cross tie behind the resident to allow for movement.</li><li>c. Tie behind wheelchair and under the armrests or to moveable part of the bed frame with a slip knot to allow for speedy removal in an emergency.</li><li>d. Place one hand under edge of soft tie belt to be sure it is not too tight.</li><li>e. Never tie to or around the side rails or the lowest part of the bedframe.</li></ol></li><li>5. Method of application for <b>Soft Cloth Mittens:</b><ol style="list-style-type: none"><li>a. Place mitten on resident's hand.</li><li>b. Secure the mitten at the resident's wrist loose enough to insert two fingers between the mitten and the wrist.</li><li>c. If the wrist is to be restrained also, follow wrist restraint directions below.</li></ol></li><li>6. Method of application for <b>Wrist Restraints:</b><ol style="list-style-type: none"><li>a. Place soft cloth cuff of the wrist restraint around the resident's wrist. Allow sufficient room to insert three fingers between the resident's wrist and the restraint.</li></ol></li></ol>

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**Steps in the Procedure (continued)**

- b. Tie in such a manner that restraint will not tighten when pulled.
- c. Secure tie to arm of the wheelchair or to moveable part of the bed frame allowing adequate length of tie for movement.
- d. Never tie to or around the side rails or lowest part of the bed frame.
- 7. Method of application for **Seat Belt**:
  - a. Position the resident's arms and hands free from restriction by the seat belt.
  - b. Straighten the seat belt; no irritating twists or wrinkles should be present.
  - c. Position seat belt around resident's waist and secure clasp. Place one hand under edge of seat belt to be sure it is not too tight.
  - d. Check to be sure that clasp does not cause pressure to any part of the resident's body.
- 8. Method of application for **Trays**:
  - a. Position the resident's arms and hands free from restriction by the tray.
  - b. Place the tray in proper position on top of the wheelchair/chair arms.
  - c. Secure the tray with spring release clamps or velcro fasteners.
  - d. Position the resident's arms comfortably on top of the tray.
  - e. Place one hand between the resident and the tray to be sure tray is not causing pressure on any part of the resident's body.
- 9. Be gentle with the resident. Do not rush the procedure.
- 10. Secure all types of restraints in a slip knot to allow for speedy removal in an emergency.
- 11. Make the resident comfortable (e.g., reposition bed covers, position comfortably in wheelchair, etc.).
- 12. Place the call light within easy reach of the resident.
- 13. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
- 14. Check the resident every 30 minutes.
- 15. Remove the restraint every 2 hours for at least 10 minutes and change the resident's position. Exercise the resident.
- 16. Take the resident to the bathroom at regular intervals.
- 17. Wash and dry your hands thoroughly before and after care.

**Documentation**

The following information should be recorded in the resident's medical record:

- 1. The date and time the restraint was applied.
- 2. The name and title of the individual(s) who applied the restraint.
- 3. The type of physical restraint applied.
- 4. The specific reason the restraint was applied.
- 5. The length of time the restraint will be used.
- 6. Each time the device is released for resident exercise, toileting, and position change.
- 7. Each time the resident is monitored, per facility policy.
- 8. All assessment data (e.g., bruises, rashes, sores, etc.) observed during the procedure.
- 9. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
- 10. Any problems or complaints made by the resident related to the restraint application.
- 11. If the resident refused the treatment and the reason(s) why.
- 12. The signature and title of the person recording the data.

**Reporting**

- 1. Notify the supervisor if the resident refuses the procedure.
- 2. Report other information in accordance with facility policy and professional standards of practice.

<b>References</b>	
<b>Procedure Revised</b>	Date: <u>3-1-2022</u>