

TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER	POLICY and PROCEDURE
Department: NURSING	Subject: RESTRAINT-FREE ENVIRONMENT (p. 1)

PURPOSE:

The policy of TFRNC is to ensure that Residents live in environments which are restraint-free as possible.

GUIDING PRINCIPLES:

- People have the right to live in an environment that is safe, dignified and respectful;
- People's behavior is an integral part of their communication;
- The use of restraints can be dehumanizing, invasive and life-threatening; and
- The first step toward changing someone's behavior is to understand the reason for it.

POLICY:

It is the policy of TFRNC to ensure that restraints shall only be used for the safety and well-being of the Resident(s) and only after all alternatives have been tried unsuccessfully. Restraints shall only be used to treat the Resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls.

POLICY INTERPRETATION AND IMPLEMENTATION

1. "Physical Restraints" are defined 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 restricts normal access to one's body.
2. The definition of a restraint is based on the functional status of the Resident and not the device. If the Resident cannot remove a device in the same manner in which the staff applied it, given that Resident's physical condition (ie – side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint.
3. Examples of devices that are/may be considered physical restraints include leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, geri-chairs and lap cushions and trays that the Resident cannot remove.
4. Practices that inappropriately utilize equipment to prevent Resident mobility are considered restraints and are not permitted, including:
 - a. Using bedrails to keep a Resident from voluntarily getting out of bed, as opposed to enhancing mobility while in bed;
 - b. Tucking sheets so tightly that a bed-bound Resident cannot move;
 - c. Placing a Resident in a chair that prevents the Resident from rising; and
 - d. Placing a Resident who uses a wheelchair so close to a wall, such that the wall prevents the Resident from rising.

Department: NURSING

**Subject: RESTRAINT-FREE
ENVIRONMENT (p. 2)**

5. Restraints may only be used if/when the Resident has a specific medical symptom that cannot be addressed by another less-restrictive intervention AND a restraint is required to:
 - a. Treat a medical symptom;
 - b. Protect Resident safety; and
 - c. Help the Resident attain the highest level of his/her physical or psychological well-being
6. Prior to placing a Resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms.
7. Emergency use of restraints is permitted if their use is immediately necessary to prevent the Resident from injuring him/herself or others and/or to prevent the Resident from interfering with life-sustaining treatment, and no other less-restrictive interventions are feasible.
 - a. The Director of Nursing Services has the authority to order the use of emergency restraints. The Attending Physician must be notified of such use and the reason for the order.
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