Clinical Job Aid: ALTERNATIVES TO RESTRAINT

Approved: September 2016
Next Review: September 2019

Clinical Area: All inpatient areas and emergency departments
Population Covered: All bedded patients
Campus: Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond
Implementation Date: August 2009

Related Procedures, Protocols, and Job Aids:
- Confused Patient Management: Delirium / Encephalopathy
- Health Care Agreements for Behavioral Management: Patient
- Patient Safety Attendant (PSA): Medical Interference
- Patient Safety Attendant (PSA): Proactive High Risk Patient Safety Monitoring
- Patient Safety Attendant (PSA): Violent/Self-Destructive Behavior (Restraint)
- Restraint or Seclusion Management

Purpose
To described the appropriate use of alternatives to restraint and/or seclusion.

Policy Statement
Swedish Medical Center supports the use of the least restrictive alternative to the use of restraint and/or seclusion in managing patient behavior. Patient, staff, and visitor safety are priorities.

LIP Order Requirement
None.

Responsible Persons
All licensed staff.

Prerequisite Information
1) Least restrictive alternatives to restraint and seclusion include: verbal de-escalation techniques, low stimulation/decreased stimulation environments, sensory modulation interventions, use of a patient safety attendant (PSA), and implementation of a Health Care Agreement (HCA).
2) All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint or seclusion in any form imposed as a means of coercion, discipline, convenience, or retaliation by staff.
3) A history of falls, dangerous behavior, a family’s request, or the possibility that the patient’s behavior may place him or her at risk is not sufficient reason to justify the use of restraint or seclusion.
4) The restraint or seclusion chosen is the least restrictive intervention that protects the patient’s or others’ safety and is to be discontinued at the earliest possible time. Restraint/seclusion is initiated only after evaluating the patient and determining that the use of alternatives to restraint or less restrictive measures poses a greater risk than that of using restraint/seclusion.

5) The use of non-intended devices (sheets, gauze, tape, bandages) as a restraint is prohibited.

6) Be alert for predictors of violence and respond early. See addendum, *Early Predictors and Interventions to Reduce Potential for Violence*.

7) Swedish prohibits the following:
   - The denial of the patient’s basic needs, such as the denial of a nutritious diet and water
   - The denial of shelter
   - The denial of essential, safe clothing
   - The use of corporal punishment
   - The use of fear-eliciting techniques
   - Any procedures that allow another patient to implement behavior management and treatment techniques on other patients.
   - The use of aversive or punitive behavior management interventions.

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| All licensed staff. | 1. Intervene immediately when a patient is unable to behave appropriately and the behavior is disturbing or dangerous to the patient or others in the environment, staff immediately intervene to provide safety and containment of inappropriate behavior. Examples of patient behaviors requiring immediate intervention include:
   - **Self-harm attempts**
   - **Disrobing outside of the privacy of the patient’s room**
   - **Breaking or throwing objects**
   - **Verbal threats or yelling**
   - **Unsolicited or inappropriate touching of another patient, staff, or visitor**

2. Use the least restrictive alternative to restraint and/or seclusion. Interventions include:
   - Use of patient’s name and maintaining eye contact
   - Use of age appropriate explanations of treatment
   - Engaged listening
   - Development of therapeutic rapport (includes tone, facial expressions, soothing conversation, hand holding)
   - Use of de-escalation techniques
   - Involvement of patient’s support systems
   - Offering of sensory interventions such as relaxation/calming activities, self-soothing activities, distracting activities, and environmental modifications
   - Use of PRN medications
   - Use of a patient safety attendant (PSA)
   - Implementation of a Health Care Agreement (HCA)

3. Document, as appropriate to staff licensure and role, patient’s behavior, interventions applied, and the patient’s response to each intervention.

4. Review behavioral management interventions with multidisciplinary treatment team and inform the patient’s plan of care to include target behaviors, adaptive or replacement behaviors, interventions, criteria for discontinuation of behavior management procedures, and behavior management techniques used. The plan of care is developed collaboratively with the patient and/or their family (when appropriate).
Definitions

Devices and alternatives NOT considered restraints:

- Orthopedically prescribed devices, such as an orthopedic splint
- Surgical dressing, bandages, IV arm board
- Protective helmet
- Other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests
- Positioning the patient during surgery or post-anesthesia care
- Any device used to protect the patient from harm which can be removed by the patient (e.g., Omni belt, torso support, and one-hand mitt).
- Use of side rails to protect the patient from falling out of bed as long as patient can independently exit the bed.
- Use of side rails/guard rails to protect the patient from falling out of stretcher, crib, or gurney.
- Patients monitored in their room with a staff person (e.g. PSA) and prompted to stay in room (not physically kept from leaving) is considered an alternative to restraint. If a patient will not remain in the room, a Code Gray can be called for possible restraint orders or seclusion.

Chemical Restraint: A drug or medication used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement that is not a standard treatment or dosage for the patient’s condition. For example, giving a medication for treating extreme agitation to sedate a patient would be considered treatment for a condition and, therefore, not considered a chemical restraint. Chemical Restraint is not used at Swedish.

Health Care Agreement (HCA). A document outlining specific unsafe behaviors and patient care needs, and plans to address unsafe behaviors and provide medical and nursing care.

Medical Interference Restraint: A restraint used to support medical healing and protect patient from self-harm, or restrict patient’s movement to assist with the provision of medical care. Patient immobilization that is a routine component of a procedure (e.g. MRI, surgery etc.) is not considered restraint.

Restraint: A restraint is considered to be any device, equipment, or method that immobilizes or reduces the ability of the patient to move limbs, body, or head freely. If the patient can freely remove the device, equipment, or method, it is not considered a restraint.

Seclusion: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. §482.13(e)(1)(ii).

Additional Clarification: If the patient is in a room alone (e.g. placed in the ED room or in an inpatient room) and a PSA is posted in the room, outside the door, or across the hall, and the PSA is only verbally prompting/asking (not verbally or physically threatening) the patient to stay in the room for safety until the MD, DMHP, MSW, family, etc. arrive, and the patient is cooperative, the patient is NOT in seclusion. This is an alternative to seclusion.

However, if the patient’s behavior escalates and he/she is unwilling to stay in the room, and the situation requires the staff to verbally intervene (coerce the patient to stay, threaten force) a Code Gray should be called. **Seclusion is only used in the ED and Inpatient Behavioral Health units.**

Violent Restraint: A restraint used to restrict a patient’s movement for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff members, or others.
Regulatory Requirement

The Joint Commission (TJC). PC.03.05.01-.03.05.19 – Provision of Care, Treatment and Services. PC.01.03.03-01.03.05

Centers for Medicare & Medicaid Services (CMS). Medicare Conditions of Participation for Hospitals. 482.13(e-g) – Patient Rights.

WAC-246-320-226(3)(f).

Det Norske Veritas (DNV). PR.6, PR.7, and PR.8 – Patient Rights.

References (see Johns Hopkins Evidence-Based Practice Evidence Rating Scales)


Addenda

Caring for Agitated, Potentially Violent Involuntary Boarded Patients
Early Predictors and Interventions to Reduce Potential for Violence

STAKEHOLDERS

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