

**Departmental Instruction No. 213(RTS)00
Medical and Protective Restraints**

213 - 1 Background

The Department of Mental Health, Mental Retardation and Substance Abuse Services (hereafter referred to as the Department) provides inpatient treatment and training services to people with mental illness and mental retardation. Many of these individuals also suffer from debilitating medical conditions and others may, from time to time, require medical treatment for acute conditions. In either case, treatment may require interventions that limit the movement of a client as a means of protecting him from harm.

213 - 2 Purpose

Policies & procedures

The purpose of this Instruction is to establish uniform policies and procedures for the use of medical and protective restraints in state facilities and to assure that all facility procedures:

- are consistent with applicable rules and regulations
 - afford maximum protections for clients; and
 - provide adequate guidance to physicians and nurses in the use of these interventions.
-

Exceptions

Law enforcement. The use of restrictive devices applied and monitored by law enforcement are not governed by this Departmental Instruction.

Voluntary protective supports. Voluntary mechanical supports used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility or maximum normative bodily functioning than would be possible without the use of such a mechanical support, and the voluntary use of protective equipment such as helmets are not considered restraints.

Standard medical immobilization. Standard practices that include the use of devices to maintain the position, limit mobility, or temporarily immobilize a client during medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes are not considered restraints.

Mechanical supports in training centers. This Departmental Instruction does not apply to the use of mechanical supports needed to achieve proper body position, balance, or alignment by training center clients. Training centers must comply with Title 42, Chapter IV, Part 483.440 (c)(6) as it applies to the use of mechanical supports.

213 - 3 Definitions

The following definitions will apply to this Departmental Instruction:

Attending physician The attending physician is the physician with primary responsibility for the care and treatment of the client.

Medical restraint Medical restraint refers to the use of a positioning or securing device used to limit the mobility of the client for medical, diagnostic, or surgical purposes and the related post-procedure care processes, when the use of such a device is not a standard practice for the client's condition.

Protective restraint Protective restraint refers to use of a mechanical device to compensate for a specific physical deficit, when the client does not have the option to remove the device. The device may limit a client's movement and prevent possible harm to the client (e.g., bed rails or gerichairs) or it may create a passive barrier to protect the client (e.g., helmets).

**QMHP/
QMRP** QMHP (qualified mental health professional)/QMRP (qualified mental retardation professional) refers to a person with at least one year experience working directly with persons with mental illness/mental retardation and who is a doctor of medicine or osteopathy, a registered nurse, or an individual who holds at least a bachelor's degree in a human service discipline.

Restraint Restraint means the use of physical restraint, pharmacologic restraint, or a mechanical restraint device that is used to control behavior or involuntarily restrict the freedom of movement of the client.

213 - 4 Responsible Authority

Central Office The DMHMRSAS Medical Director of Health and Quality Care is responsible for interpretation of this Departmental Instruction.

Continued on next page

Facilities The facility director will establish facility-specific policies and procedures to ensure compliance with this Departmental Instruction, state and federal regulations, and other applicable requirements.

To the extent any inconsistency exists between these procedures and facility procedures, the more restrictive procedures will control.

213 - 5 Specific Guidance

Distinguishing between types of immobilization Current standards recognize various types of immobilization and each may use the same or similar mechanical devices. These distinctions are not based on the type of equipment or intervention used to immobilize a client; they are based on:

- the intervention's intended use
- its involuntary or voluntary application and/or
- the identified client need.

The use of immobilization for medical or protective purposes is based on:

- a medical assessment of the client's non-psychiatric medical/surgical status
- an accurate diagnosis
- the physician's clinical opinion about the most appropriate care for the client, and
- whether the device is customarily employed for the assessed need.

Least restrictiveness Any use of a mechanical device for medical or protective purposes must take into consideration the restrictiveness of the device being used. Before writing the order, the physician must review the range of restrictive devices to identify the intervention that the client would perceive as the least restrictive means to achieve the intended purpose. This review must be documented in the client's record.

The restrictiveness of the device and less restrictive alternatives must be taken into consideration whenever:

- the physician renews the order for the device
 - the treatment team reviews the treatment plan, and
 - an internal review of the procedure is conducted.
-

Continued on next page

**Staff
training**

All staff who are authorized to apply and monitor the use of medical and protective restraints must be trained and demonstrate competencies in:

- the application of mechanical devices for medical and protective
- taking vital signs and recognizing readings that require notification of a physician or RN.
- recognizing nutritional/hydration needs
- addressing hygiene and elimination
- checking circulation and range of motion in the extremities
- recognizing readiness for discontinuation of medical and protective restraint
- addressing physical and psychological comfort needs and recognizing untoward reactions; and
- recognizing when to contact a physician, RN, or emergency services.

This training will become part of each facility's mandatory preservice training program and annual review training.

Evaluation of staff competency and the need for additional training will be determined by training and supervisory staff.

213 - 6 Procedures

The following procedures will be used for this Instruction:

**Facility
requirements**

Each facility will establish procedures, which shall include:

- the proper management of clients in medical and protective restraints during evacuation of facilities due to drills or actual disasters; and
- a list of approved medical and protective restraint devices and criteria for use of each device.

All facility procedures must be reviewed by the Office of Health and Quality Care. To the extent any inconsistency exists between this Departmental Instruction and any facility procedures, the more restrictive standard will control.

Each facility will monitor the uses of medical and protective restraint to assure that they are used only in compliance with this Departmental Instruction.

Continued on next page

**Medical
assessment**

Before writing any order to authorize the use of a medical or protective restraint, the attending physician or his designee must conduct a face-to-face evaluation of the client's non-psychiatric medical/surgical status. This assessment must determine if risks associated with the use of the restraint are outweighed by the risk of not using it.

Documentation in the clinical record must include:

- results of the medical assessment and identified problem
- the rational for the use of restraints
- less intrusive measures attempted or considered

- identified risks and why the use of the restraint outweighs the risks; and
- for renewal orders, the steps that were taken, since the last order was written, to improve the client's medical condition or impairment, which necessitates the use of medical or protective restraint.

**Physician's
order**

The physician's order must be documented on the Physician's Order form and must include the following:

- type of mechanical device
- specific measures for ensuring the client's safety, health, and well-being
- the time limits; and
- signature, date, and time.

If the order for a medical or protective restraint is written by a physician other than the assigned physician, the assigned physician must be consulted as soon as possible.

PRN orders for medical restraints and protective devices are prohibited.

The order for the medical restraint or protective device must be directly related to the client's treatment plan.

**Renewal
orders**

The physician's orders may be renewed at the end of the time period designated in the original, time-limited order:

- only upon a new written of a physician; AND
- after a face-to-face reevaluation of the client by the physician.

Continued on next page

Time limits The physician's order may authorize the medical or protective restraint for up to:

- 24-hours for the first 7 days
- 7 days for the first month, and
- 30 days thereafter.

Implementation guidelines Only authorized staff who have demonstrated competencies in the application and monitoring of mechanical devices and their use for medical and protection immobilization may place a client in medical or protective restraint.

Once a restraint is applied, an RN will immediately check for the proper application of restraints.

Monitoring requirements Observation of clients in medical or protective restraints will be made only by trained staff with demonstrated competence in the application and monitoring of such devices.

Observations will be made as ordered by the physician, or more frequently if clinically indicated. The determination of the frequency of monitoring will be made on the basis of the client's assessed medical needs and health status. Staff observations will:

- ensure that the client is treated for any adverse effects, which occur as a result of immobilization
- assess the continued need for the medical or protective intervention and
- ensure that the need for personal care (hydration, toileting, exercise, etc.) are addressed, as required by the client and in accordance with hospital procedures.

Staff assigned to observe the client will document as follows:

- observations will be documented on a monitoring form at every observation and
 - a progress note will be entered in the clinical record at the end of every shift.
-

Continued on next page

**Performance
improvement**

Each facility will establish a medical quality review process for medical and protective restraints to monitor the:

- appropriateness of the devices ordered
- restrictiveness of the devices
- overall level of care; and
- compliance with documentation requirements.

The initial review will be conducted by a QMHP or QMRP, as appropriate and may be a retrospective or concurrent review.

The initial reviewer will refer the case to the treatment team whenever one or more of the following criteria are met:

- the specific reason for the device is not documented
- the situation(s) for which the device will be used is not documented
- monitoring is not taking place as ordered
- client care is not taking place as required or ordered; and
- medical treatment is not provided, as required.

Each facility will comply with data reporting requirements established by the DMHMRSAS Quality Management Office. This data will be analyzed by facility leadership in its performance improvement activities to:

- ascertain that restraints are used appropriately
- identify opportunities to reduce the rate and improve the safety of restraint use; and
- identify any need to redesign care processes.

Whenever restraint are used as part of an approved behavioral treatment program, all quality assurance procedures and measures required by applicable DMHMRSAS policies and procedures, including client preference assessment, reliability assessments, treatment integrity assessment, and peer review requirements, will apply.

Continued on next page

213 - 7 References


Rules and Regulations to Assure the Rights of Residents of Facilities Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services, DMHMRSAS, 1983.

Health Care Financing Administration, 42 CFR 483, *Conditions for Participation for Intermediate Care Facilities for the Mentally Retarded.*

Health Care Financing Administration, 42 CFR 482, *Medicare and Medicaid Programs; Hospital Conditions of Participation: Clients' Rights*

Limitations on Hospital Client Movement that Constitute Restraint, September/October 1992. *Joint Commission Perspectives*, p. 11-12.

Implementing Restraint Standards in Hospitals, November/December 1992, *Joint Commission Perspectives*, p. 17-18.


Richard E. Kellogg
Commissioner

Effective Date: January 1, 2001