

Physical Restraint-Free Care

EVERYONE DESERVES DIGNITY AND FREEDOM

Restraint-free individuals can eat, dress, and move independently, maintain their muscle and strength, interact with others, and maintain their freedom and dignity.

Physical Restraints

What are Physical Restraints?

A physical restraint is any object or device that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Examples include vest restraints, waist belts, geri-chairs, hand mitts, lap trays, and side rails.

Poor outcomes of restraints:

- Accidents involving restraints which may cause serious injury: bruises, cuts, entrapment, side rail deaths by strangulation, and suffocation.
- Changes in body systems which may include: poor circulation, constipation, incontinence, weak muscles and bone structure, pressure sores, agitation, depressed appetite, infections, or death.
- Changes in quality of life which may include: reduced social contact, withdrawal, loss of autonomy, depression, disrupted sleep, agitation, or loss of mobility.

Physical restraints are used in place of good care because:

- Facilities or family members mistakenly believe that they ensure safety;
- Facilities fear liability;
- Facilities may use them in place of adequate staff.

Restraints are most often used on:

- Frail elderly residents who have fallen or may fall.
- Residents with a dementing illness who wander unsafely or have severe behavioral symptoms

PHYSICAL RESTRAINT USE IN THE U.S.

Nationally, over 6% of nursing home residents are restrained. The Advancing Excellence in America's Nursing Homes Campaign has set a goal of 5% or less for all nursing homes in the country. In many nursing homes across the country, residents are restraint-free without any increase in serious injuries. It is unrealistic to expect that all falls and injuries can be prevented.

Federal Law and Regulations

The Nursing Home Reform Act of 1987 (OBRA '87) states the resident has the right to be free from physical or chemical restraints imposed for purposes of discipline or convenience and if restraint is not required to treat the resident's medical symptoms.

This law also includes provisions requiring:

- quality of care—to prevent poor outcomes;
- assessment and care planning—for each resident to attain and maintain her/his highest level of functioning;
- residents be treated in such a manner and environment to enhance quality of life.

RESTRAINT REDUCTION STRATEGIES

Twenty years of experience provide many strategies for safe restraint reduction and elimination. Restraint reduction involves the whole facility, including administrators, nursing directors, physical and recreational therapists, nursing assistants, and housekeeping personnel. Family members and advocates can encourage the facility's efforts, and expect and insist that the facility:

- Complete a **comprehensive resident assessment** that identifies strengths and weaknesses, self-care abilities and help needed, plus lifelong habits and daily routines.
- Develop an **individualized care plan** for how staff will meet a resident's assessed needs. It describes the care goals (e.g. safe walking), and when and what each staff person will do to reach the goal. The care team includes staff, residents and families (if the resident wants), and devises the plan at the quality care plan conference. The resident may also invite an ombudsman to attend. Care plans change as the resident's needs change.
- Train staff to assess and meet an individual resident's needs—hunger, toileting, sleep, thirst, exercise, etc.—according to the **resident's routine rather than the facility's routine**.
- Make permanent and consistent staff assignments and promote staff flexibility to meet residents' individualized needs.
- Treat medical conditions, such as **pain**, that may cause residents to be restless or agitated.
- Support and encourage care giving staff to **think creatively** of new ways to identify and meet residents' needs. For example, a "night owl" resident could visit the day room and watch TV if unable to sleep at night.
- Provide a **program of activities** such as exercise, outdoor time, or small jobs agreed to and enjoyed by the resident.
- Provide **companionship**, including volunteers, family, and friends by making the facility welcoming.

- Create a **safe environment** with good lighting, pads on the floor to cushion falls out of bed, a variety of individualized comfortable seats, beds and mattresses, door alarms, and clear and safe walking paths inside and outside the building.

NURSING HOMES CAN IMPLEMENT SPECIFIC PROGRAMS FOR REDUCING PHYSICAL RESTRAINTS, INCLUDING:

Restorative care, including walking, dressing, independent eating, and bathing programs, as well as:

- Wheelchair management program—including correct size and good condition for seat cushions.
- Individualized seating program—chairs, wheelchairs, tailored to individual needs.
- Specialized programs for residents with dementia, designed to increase their quality of life.
- Videotaped family visits for distant families.
- Wandering program—to promote safe wandering while preserving the rights of others.
- Preventive program based on knowing the resident—to prevent triggering of behavioral symptoms of distress.
- Toileting of residents based on their schedules rather than on staff schedules.

