RESTRAINTS

There are two classifications of restraints:

Violent Restraints

Behavioral Restraint: used for self-destructive or violent behavior. Time sensitive orders are required for Behavioral restraints as follows:

A) Adults (>18) = 4 hour limit (after 4-hrs requires re-evaluation & new physician order and face to face assessment within one hour)

B) Ages 9-17 = 2 hour limit (after 2-hrs requires re-evaluation & new physician order and face to face assessment within one hour)

C) Children < 9 = 1hour limit (after 1-hr requires re-evaluation & new physician order and face to face assessment within one hour)

- The restraint order shall specify the method of restraint to be used.
- Applying restraints denotes a change in patient's condition.
- Each family is notified of the initiation of restraint in cases that the individual has consented to have family kept informed regarding their care.
- All patients are treated with dignity & respect, in a physical and psychological environment that supports their rights and well-being. Education is provided.
- Restraints must be discontinued as soon as re-assessment denotes safely possible.

Non-Violent (medical restraint). Requires initial order and renewed every calendar day. Non-Violent: *Restraint Appropriate* for the individual patient receiving medical care.

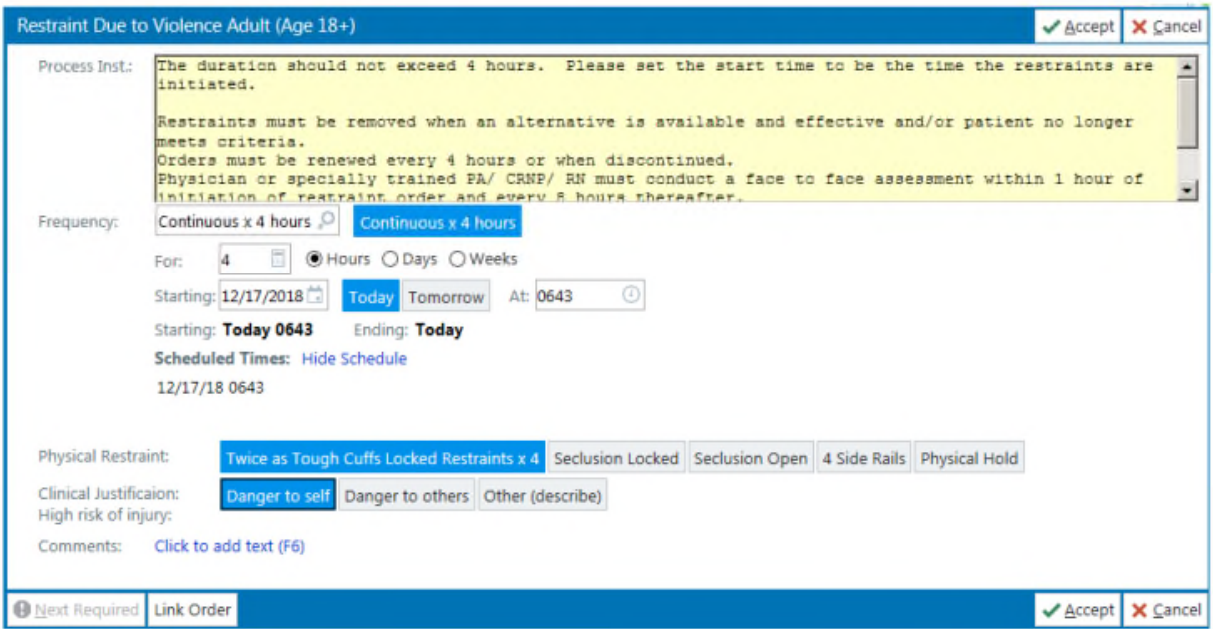
Restraint for Violent Destructive Behavior

One Hour Face to Face

Goal: Comply with the Department of Health (DOH) and The Joint Commission (TJC) documentation requirements.

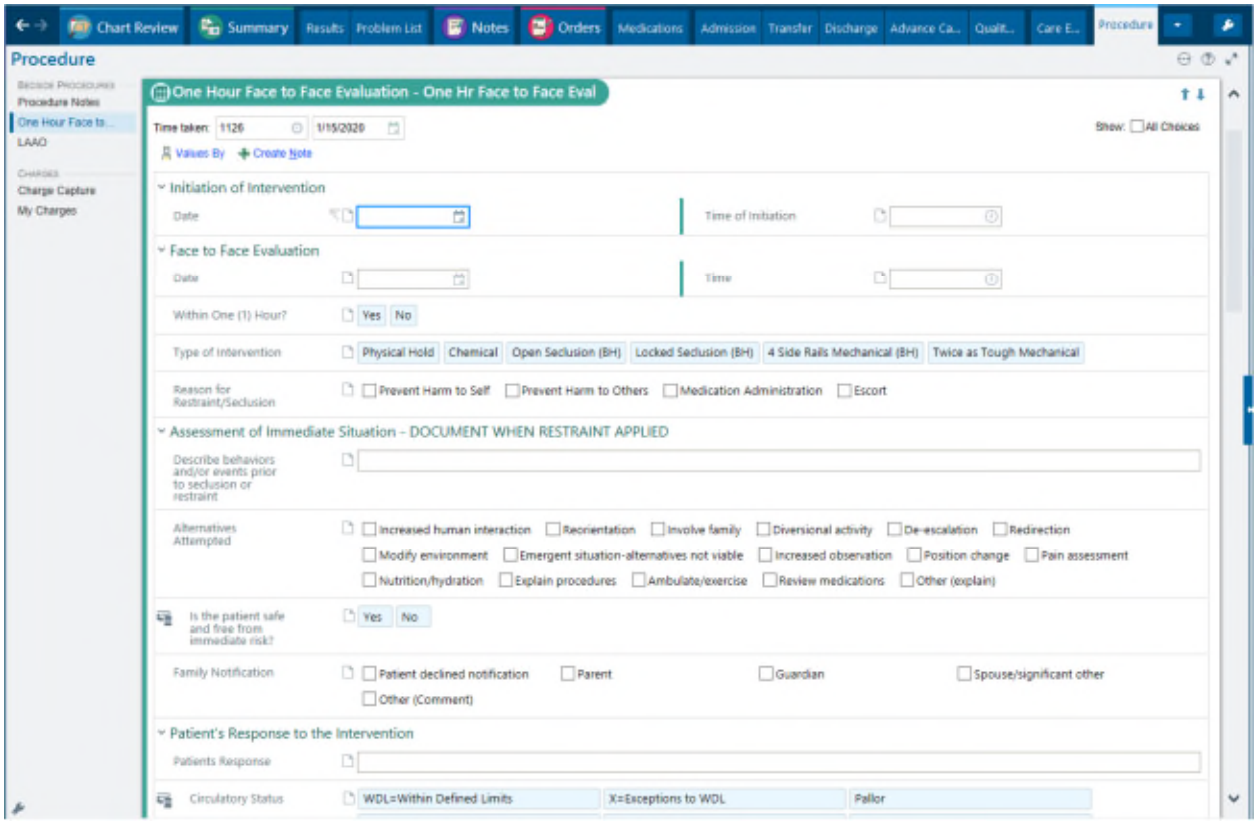
Memorial Medical Center (MMC) promotes a violence and coercion-free treatment philosophy that focuses on the prevention of emergencies that have the potential to lead to restraint and seclusion use. MMC is committed to prevent, reduce, and eliminate the use of seclusion/restraint through early identification and intervention of high-risk behaviors or events. Restraint and seclusion interventions are implemented only as a last resort to protect the physical safety of the patient, staff, or others when behaviors pose a risk of imminent harm to the patient, staff, or others. Non-physical interventions are the preferred method of intervention and the use of seclusion/restraint is considered to be an exception and not a standard of practice.

An order for restraint due to violence must be obtained by a provider. The goal is to get the patient out of restraints before the first order time is expired. Patients age of 18 years or older is limited to four hours.



A qualified registered nurse may initiate restraint or seclusion in advance of the provider's order based on an appropriate assessment of the patient. Restraint and seclusion are used only when there is an immediate risk to patient, staff member(s), or other physical safety.

A provider or provider extender is required to evaluate the patient in person for the face to face assessment within one hour of the behavioral restraint intervention. All flowsheet rows must be completed within one hour in the *One Hr Face to Face Eval* template located in the Procedures Activity.



The patient is re-evaluated by a provider or provider extender, or qualified registered nurse every four hours and will complete all documentation requirements. Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.