



A Client Safety Module:

UNDERSTANDING RESTRAINTS & ALTERNATIVES

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A Client Safety Module: Understanding Restraints & Alternatives

HOW MUCH DO YOU KNOW ABOUT RESTRAINTS?

Whether or not you've ever worked with a restrained client, think about how you would answer the following questions:

Do restraints prevent falls?

Most people answer "yes" to this question, but studies have shown that restraints really don't prevent falls.

Do restraints keep people safe?

Well, you might think that restraining clients who like to wander helps keep them safe. But restraints can be more of a safety hazard than a safety measure. For example, when used with confused clients, restraints have been known to increase agitation and confusion—increasing the risk of an injury.

Are restraints legal?

Yes, some restraints are legal—depending on your state and workplace policies. However, restraints can never be used to discipline a client or to make things easier for a healthcare worker. They must be medically necessary and must promote the highest possible quality of life for each client.

For example, Mr. Jones lives at a rest home. He has dementia and the staff wants to restrain him for his own safety. This is *not* a medically necessary reason for restraints as there

are other methods for keeping Mr. Jones safe.

His roommate, Mr. Smith, also has dementia. He has just had a hip replacement and is not allowed to put weight on his right foot. Because his is confused, Mr. Smith doesn't understand these instructions. The staff has a medical reason to restrain him—*temporarily*—until his hip heals.

Do restraints have to be used if a family member insists?

This can be a tricky issue, but the answer is "no". Restraints are used only when ordered by a physician.

Studies have shown that more than 50% of the general public does not know the answers to these questions. That means that many of your clients and their families may not be aware of the dangers of restraints. The more you learn about restraints, the more you can help them understand that there are better ways to keep someone safe.

Keep reading to learn more about:

- The history of restraints.
- The controversy over bed rails.
- Alternatives to restraints.

Understanding Physical Restraints

- A physical restraint is any method or device used to restrict movement or to keep a client in a certain position while sitting or lying down.
- Examples of physical restraints include: Posey vests, lap belts, wrist and ankle straps, chairs with locking trays or roll bars, mittens, “geri-chairs” and straitjackets.
- Even a wheelchair can be considered a physical restraint if it is used for the convenience of the staff rather than due to a medical reason.
- Physical restraints are regulated by the Food and Drug Administration (the FDA) because they are considered *medical devices*.



- A physical restraint is not considered to be a safety measure. Instead, it is a form of **medical treatment**. A restraint must be medically necessary to treat the client’s condition in order for a physician to prescribe it.
- There are federal and state laws regarding the use of restraints. It is important that you know how your state regulates restraints.
- Your workplace may have rules about restraints that are even *stricter* than the state and federal regulations. Be sure you know your workplace policy regarding restraints.
- Short term emergency use of restraints may be beneficial to some clients. For example, restraints may keep a client from pulling out a life-saving IV. Or, they might help a doctor examine a delirious person to figure out what’s wrong.

Understanding Chemical Restraints

- Any drug given to change a client’s behavior—such as wandering, restlessness or yelling—may be considered a chemical restraint.
- Chemical restraints are drugs that are not necessary for the client’s medical condition but are used as a means of discipline or convenience. For example, giving a client a drug in order to keep him in one place is the same as chemically restraining him.
- Medications like sleeping pills may be chemical restraints. For example, let’s say that Mrs. Johnson has a physician’s order for a sleeping pill to be given only as needed. If



Mrs. Johnson is given a sleeping pill because she is complaining about not being able to sleep, that’s okay. But, if Mrs. Johnson is given a sleeping pill to keep her from wandering around at night, then that sleeping pill becomes a way of restraining her. Do you see the difference?

- Studies have shown that medications are usually not very effective for changing behaviors like pacing, wandering, being uncooperative or being agitated.
- Drugs like sedatives and anti-anxiety drugs often increase confusion. This may make the behavior problems worse, not better.

The History of Restraints

- Restraining clients with physical and chemical restraints became popular during the late 1800's, especially in US and British psychiatric hospitals. For a long time, it was believed that this was the best way to treat a confused or mentally ill person.
- In the 1900's, restraints became common in nursing homes. They were used to keep confused clients from hurting themselves.



- Before 1990, over 40% of nursing home residents in the United States were restrained. However, in many European countries, the rate was as low as 5%. The Europeans were using alternatives to restraints and focusing more on a client's quality of life.
- In the United States, we were more concerned about safety. Various types of restraints, such as belts, vests, bedrails and special chairs were used to prevent falls and injuries. Health care workers and family members were taught that restraints were useful devices to keep clients safe—similar

to the way a crib, playpen or stroller might keep an infant safe. The idea was to protect clients who could not protect themselves.

- In 1974, a federal regulation was passed that said restraints could be used only when ordered by a physician.
- In 1987, a federal law was passed that limited the use of restraints in nursing homes. Recent studies show that the number of nursing home clients being restrained is down to about 15%.
- In 1992, the FDA ordered that every restraint device be labeled "For Prescription Only".
- In 1999, Medicare put out new regulations about patient rights and the use of restraints.
- Over the last few decades, medical research has shown that restraints **do not** prevent injury. In fact, they often add more safety concerns than they take away.
- Because of these findings, health care workers in the U. S. have used more alternatives to restraints. The goal is to keep clients safe *without* restraining them.



In previous centuries, medical professionals didn't concern themselves much about patient rights. That's why there were more restraints being used.



What about Patient Rights?

- Most states and health care organizations have patient rights statements that discuss the use of restraints. Our federal government does too. The most recent federal regulation regarding patient rights and the use of restraints says that:
 - Restraints can be used only when there is a specific medical reason for them, and when the client or family member is informed of the reason.
 - The entire health care team must try to think of alternatives to restraints.
 - Clients who are restrained must be monitored very carefully to make sure they are safe and comfortable and to see if they still need the restraint.
 - The plan must be to discontinue the restraints as soon as possible.
- Health care employees who work with restraints must be carefully trained in their use, and have ongoing inservices about restraints.
- Remember...your clients have the right to the best possible health care—and, in general, restraints do not achieve this goal. On the contrary, restraints are responsible for causing serious problems, including physical injuries, behavioral issues, loss of independence, pressure sores and incontinence.
 - In addition, your clients have the right to be free from unnecessary restraints used to change their behavior, to punish them or to make their care easier.
 - Hospital studies have shown that restrained patients have a longer hospital stay and a higher risk of dying while hospitalized than patients who are not restrained.

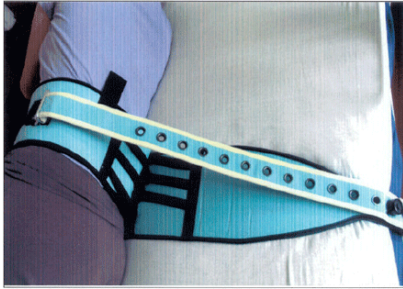


What about the Rights of Family Members?



- Family members have the right to discuss the use of restraints with the health care team, and to give their opinion.
 - *But what happens when the family thinks that restraints are the only way to keep their loved one safe, but the health care team doesn't think restraints are necessary?*
- Remember, if there is no medical reason for the restraints, the health care team should not use them.
- Instead, they should *teach* the family about the risks involved with using restraints and about the many *alternatives* to restraints.
- The health care team should also reassure the family by explaining the specific plan for keeping their loved one safe while providing a good quality of life.

What Does the Law Say about Restraints?



Federal laws allow the use of restraints in two situations:

- To keep clients safe when they are threatening to hurt themselves or others.
- Under the order of a physician. (The doctor's order must include the medical reason for using the restraint, when it can be used, and how long it can be used.)

The decision to discontinue restraints is up to the health care team. Some families have tried to sue because restraints were taken off their loved ones. However, judges will support the health care team's decision as long as they have used alternatives to

restraints and documented their plan and the client's response.

Restraints are a short-term solution. Whenever restraints are used, there must be a plan in place for discontinuing them.

The Food and Drug Administration has made the following recommendations for restraint use:

- Try alternatives *before* using restraints.
- Get *consent* from the client and/or the family before using restraints.
- Use restraints for a *short* time only.
- Check on restrained clients *frequently*.
- Remove restraints at least every two hours to allow for bodily functions and activity.
- Make sure restraints are applied *comfortably*.
- Follow the manufacturer's *directions* for using the restraint.
- *Document* carefully.

What about State Laws?

Each state has its own rules about using restraints. For example, in some states:

- When restraints are used, a call light must be within the client's reach.
- Restrained clients must be checked every *fifteen minutes* to make sure they are positioned properly and to meet their personal needs.

If you aren't sure about the laws in your state, ask your supervisor. And

remember, your workplace may have even *stricter* rules about restraints. Be sure to follow your workplace policies.

The restraint policy for your workplace may be posted in a highly visible place. Look for it!



What's the bottom line? Be sure to follow your workplace policies regarding the use of restraints.

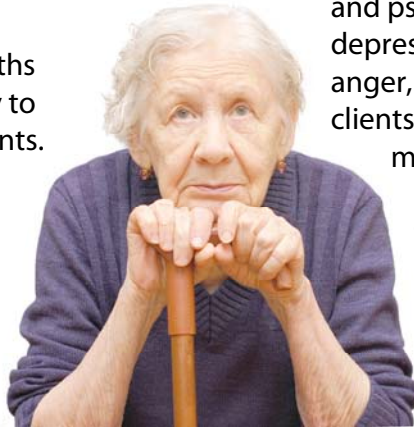
Are Restraints Really So Bad?

Restraints are used most often on clients who are:

- Very sick or who have had surgery.
- Threatening to harm themselves or others.
- Elderly, especially if they have dementia.

You may have worked with clients who were restrained and who never had any problems. **But consider these facts:**

- The FDA estimates that, every year, there are hundreds of injuries—and at least 100 deaths—because of restraints.
- The majority of injuries and deaths happen when elderly people try to free themselves from the restraints. But, a few children have died from restraints also.
- Most of the deaths have been caused by accidental hanging or strangulation.



- Restraints contribute to a number of physical problems such as: broken bones, burns, increased falls, muscle loss, weakness, contractures, pressure sores, incontinence, urinary infections, constipation, nerve damage and pneumonia.
- Restraining clients does not decrease the risk of falling down. In fact, a recent study found that nearly half of all falls happen to people who are restrained.
- Restraints can cause and/or worsen emotional and psychological problems, too. These include: depression, increased confusion, frustration, anger, aggression and agitation. Restrained clients may also feel isolated, humiliated and may lose their self-esteem.
- Researchers who interviewed elderly clients six months *after* their discharge from a health care facility found that they were still feeling the emotional effects of being restrained.

Why Do These Accidents Happen?

A big part of your job is to keep your clients as safe from harm as possible. However, restraints are seldom the answer. Restraint accidents can happen for a number of reasons, such as:

- Failing to check on a restrained client for a long time. (A client who is restrained needs more frequent attention, not less!)
- Putting a client in the wrong restraint for his size or condition.
- Tying the restraint too loosely or too tightly. (If the straps are too loose, the client might get

tangled in them. If the straps are too tight, the client may not be able to breathe.)

- Putting the restraint on backwards or upside down.
- Failing to secure the restraint properly. For example, if a vest restraint is tied to the wheel of a wheelchair, the client may be injured when the wheel is turned.

Studies have shown that many accidents happen because health care workers have not been properly trained to put on restraint devices.

When Is a Bed Rail a Restraint?

- The side rails on a bed might seem like an innocent safety measure, but even they can put a client at risk—and may be considered a restraint.
- If the side rails are there so clients can use them to move up in bed or to get out of bed, they are not restraints. (For example, if you put up side rails to help a client turn while you make the bed, they are not considered restraints.)
- Side rails are often used in hospitals for acutely ill people or for people who have just had surgery. This is allowed since the restraint is for a medical reason and the side rails will be lowered as soon as the client feels better.
- If the side rails are being used to keep clients from getting out of bed—even when they want to—they are restraints.



A bed rail may be used as a hand-hold for getting into or out of bed. In this case, it would not be considered a restraint.

If you're wondering whether or not it's okay to use bed rails with your clients, discuss the issue with your supervisor.

Bed Rail Injuries



The most common injury that happens with side rails is when a client climbs over the rails and falls to the floor.

If clients are “attached” to the bed by a vest or a strap, side rails can be even more dangerous. Clients may still try to climb over the bed rails and they may get hung up on the rails and/or choked by their restraints.

Clients can also become trapped between the side rails and the mattress. This can cause injury or death!

The U.S. Food and Drug Administration (the FDA) has received nearly 800 reports of people being caught, trapped or strangled in bed rails. This include patients in hospitals, residents in nursing facilities and home health clients. Out of 772 people, 460 of them died and 136 were injured. The rest were rescued by a staff member before any injury could occur. So, don't take the use of side rails for granted. They may not be appropriate for some of your clients.

How Can You Help with Bed Safety?

If bed rails **are** being used:

- Make sure the space between the mattress and the side rails is small enough to keep your client from being trapped (generally 2 ½ inches or less).
- Check to see that the mattress is attached to the bed well enough so it doesn't slide back and forth. (Sliding might make the gap wider!)
- Teach clients to lower the side rails themselves to prevent them from climbing over.
- Make sure the bars in the side rails are close enough together to prevent clients from slipping through or from getting their heads trapped.
- As you make your client's bed, inspect it to make sure the mattress, bed frame and bed rails (if present) fit together safely. Report any issues.
- If available, use a soft cover *over* the side rail to pad the area and to keep clients from sliding through.
- If your client has a restraint that attaches to the bed, be sure to secure it to the bed springs or frame—**never to the mattress or the bed rails**. If the bed is adjustable, be sure to secure the restraint to the parts of the bed that move *with* the client.
- If a client has the bed rails up, make sure you check on him or her frequently. Don't assume that the bed rails will keep the client from getting up!



- Be sure to report any problems you notice with a client's bed and/or any instance where your client has tried to climb over a side rail.

If bed rails **are not** being used:

- Keep the bed in the lowest possible position with the wheels locked.
- Try to stay one step ahead of your clients' basic needs such as hunger, thirst, toileting and pain. For example, if you schedule frequent trips to the toilet, your client will learn to trust you—and my not try to get out bed by himself.
- When your clients are in bed, make sure they have adequate lighting and that their personal items are close at hand.
- If available, place a padded mat next to the bed that might cushion a fall—as long as the mat doesn't create a greater safety hazard during ambulation.
- Instead of side rails, some clients manage well with beds that are only 7 to 13 inches off the floor and/or a bed alarm or "sensor" that alerts the staff when a client is trying to get out of bed.



Some bed alarms, like the one pictured above, have a motion detector that sounds an alarm when a client tries to get out of bed.

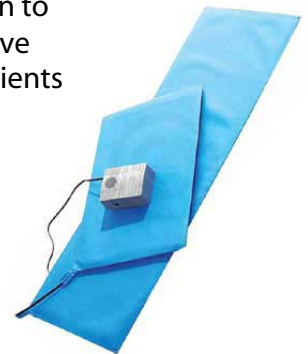
What Are Some Alternatives to Restraints?

In **the United States, about one of every six nursing home resident is restrained in some way. No one really knows how many people are being restrained in their own homes. To achieve the highest level of care and wellness for your clients, it's important to make use of all the alternatives to restraints, such as:**

- Use cushions and/or wedges to keep clients from sliding out of chairs. Place the cushion under their thighs to keep them from slipping and to help them maintain proper posture while seated.
- Make sure that a chair is the correct size for a client. You can also put a nonslip material on the seat of a chair to prevent sliding.
- If possible, use a chair alarm (such as a sensor on the seat) for a client who shouldn't get up without assistance.
- Keep the client close to the nurse's station or other area where he or she can be observed easily.
- If available, try using a beanbag chair with your client. They can be a comfortable alternative to restraints because most people require assistance in getting out of them.
- Create a special (safe) area with lots of interesting activities to occupy your client's time and attention.
- Seat clients at a table with an activity that interests them to keep them from wandering and/or from sliding out of their chair.



- Physical therapy may be a good alternative to restraints. For example: Mr. Smith is restrained because he has an unsteady gait and tends to fall. He has been wearing a vest restraint to keep him from getting up. But if he received physical therapy to strengthen his legs, he might be able to walk without falling and would no longer need restraints. (And remember that restraints keep clients inactive. Inactivity causes muscles and joints to weaken. This makes clients less safe than before the restraints were used. So keeping Mr. Smith in a restraint will just make him weaker and weaker!)
- Be sure to see to your clients' personal needs including thirst, hunger, toileting and social activities. If their needs are met, they might be less likely to get up without assistance or to wander.
- Try having your clients listen to soothing music. Studies have shown that music relaxes clients who tend to wander or be agitated.
- Some health care facilities use bed, chair and/or door alarms to protect clients who wander.



IMPORTANT:

If you can't change a client's behavior, then change the *environment*. For example, think about a curious toddler who gets into everything. We don't put him in a high chair for 8 hours a day to keep him safe! Instead, we change his environment—we put gates on stairways and locks on cabinets. Think about your clients the same way. Instead of restraining them, make their living area safe.

More Ways to Keep Your Clients Safe...

Consider **why** your clients are trying to get up. Are they:

- Trying to get to the bathroom?
- Feeling lonely, scared or bored?
- Used to being awake at night? (Perhaps they worked nights for years.)
- Experiencing hunger or pain?
- Suffering from an infection? (Infections can cause restlessness and confusion.)
- Trying to reach a personal belonging?
- Confused because their routine was disrupted?
- Trying to perform a routine task from the past, such as feeding the dog or picking up their kids from school?
- Reacting to a new medication?

If you can get an idea about why the client is getting up, you might be able to come up with a solution for the problem. Discuss your ideas with your supervisor and/or other members of the health care team.

Then, make sure your clients are safe when they do get up and move around:

- Check that your clients wear non-skid shoes for ambulating—and that the shoes fit properly.
- Encourage them to use any cane or walker that may have been ordered for them.
- Make sure your clients wear their glasses and/or hearing aids. Seeing and hearing well makes it easier to move around and avoid falls!
- See if your client can get hip pads to protect the hips in case of a fall. Some clients may benefit from knee pads and/or helmets, too!
- Remove all obstacles in your client's living area that block movement such as low tables or throw rugs.



- Check to see that your clients have enough light to see where they are going—both during the day and at night.
- Put a color coded sign on the door to their room and/or the bathroom so they can easily find their way back.
- If your clients like to walk (or pace), be sure they do so in a safe, secure area, preferably within sight of plenty of staff members.
- Follow your workplace policy regarding locking doors to the outside or to other areas within your facility.
- Plan supervised walks with your clients and keep to a regular schedule. Increased physical activity will improve their overall strength and may help them sleep better at night.

IMPORTANT!

If restraints are being used to avoid having to check on clients, then they are being misused. Clients in restraints need more monitoring, not less!

If you work with clients in their own homes and you know that a client is being restrained by family members, notify your supervisor. The family may need further education about how to keep their loved one safe.

Elopement: A Dangerous Problem

Have you ever known a client who eloped? And, we're not talking about running off to get married! When it comes to health care, elopement means that a client leaves, unsupervised and unnoticed, prior to his other scheduled discharge.



Clients who elope may simply wander off or walk away. Or, they may escape or run away. The majority of clients who elope suffer from some form of dementia, such as Alzheimer's disease.

While no one really knows the exact number of "elopement" every year, more than 125,000 cases

are reported to the police. Unfortunately, in many of these cases, the client gets lost and is at risk for serious injury or death.

For example, clients who elope may:

- Be exposed to extreme weather conditions.
- Drown.
- Break bones.
- Fall prey to criminals.
- Be struck by a car.
- Miss vital medications that they need to remain healthy.

If a client is missing for more than 24 hours, the risk of death rises dramatically.

Who Is at Risk for Elopement?

- As you read above, clients with dementia have a high risk for elopement. This is because they suffer from increased confusion and memory loss.
- People who have a history of elopement are also at risk. Chances are, if they have wandered away before, they will do it again.
- Studies have shown that the highest risk for elopement is within 48 to 72 hours of admission to a health care facility—because the person is feeling uncomfortable in a strange place.
- On admission, every new client needs to be assessed by a nurse or physician for a history of wandering and/or elopement. And, because the risk doesn't disappear after the first 72 hours, each client's risk level should be reassessed on a regular basis. (As many as 80% of the people who elope do so more than once.)
- Information about a client's elopement should be shared with the entire health care team. Since you



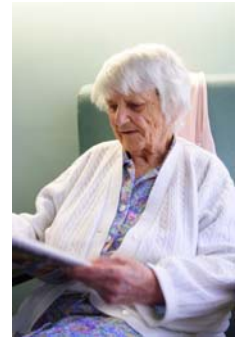
spend so much time with your clients, it's especially important for you to be aware of which clients are at high risk for wandering away from supervised care.

- Remember that pacing has a calming effect on some people, especially those with dementia. The key is to keep them safe. It is somewhat easier to prevent elopement if you can figure out why your clients are trying to leave. (Check out the list of possible reasons on page 10.)

Preventing Elopement

Obviously, you can't keep clients restrained 24 hours a day just because they have a history of wandering. There are many other alternatives that can be used. Here are just a few tips that may help prevent your clients from eloping:

- Make sure your clients get some type of exercise each day.
- If possible, place clients with a history of elopement in a room close to the nurse's station.
- Provide clients with a safe place to wander.
- Put "STOP" and "GO" signs in the hallways to give clients clues about where to walk.
- Reduce the amount of foot traffic and noise near clients who tend to wander. Too much stimulation can add to their confusion.
- Make your client's living space as familiar as possible. For example, ask the family to bring in the client's pillow, photos, wall art, robe, shawl, stuffed animal, etc.
- Ask the family to record soothing messages that you can play for the client.
- If your client was married, line the spouse's side of the bed with pillows so your client doesn't feel alone.
- Provide activities for your clients such as:
 - Fish tanks to observe
 - Catalogs to browse
 - Old playing card, jewelry or blocks to sort
 - Socks or towels to fold
- Put your client's personal belongings out of sight—if those items seem to trigger the idea of leaving. For example, tuck away:
 - Overcoats
 - Hats
 - Purses
- Respond to every door, bed or chair alarm—even if it's a false alarm sometimes.



What If a Client Manages to Elope?

You might think that elopement will never happen with one of your clients, but are you prepared if it does? Be sure you:

- Know the elopement policy for your workplace. If you work in a facility, the policy may be for you to notify security immediately. If you work in home health, your first step may be to call 911.



- Remember that, after an elopement, the more time that ticks by, the more danger your client is in. So get help quickly!
- Be prepared to give pertinent information to the police, including the client's full name and age, the clothes he/she was wearing and where and when you last saw your client.
- Ask your supervisor if your state has a "silver alert" program which uses the local television and radio stations to help spread the word about a missing client.

If You Work with Restrained Clients...

- Remember that restraints may only be used with a doctor's order...and only because it is the best option for maintaining a client's health and wellness. The restraint used should be the *least* restrictive device possible.
- Make sure that restrained clients do *not* have access to smoking materials.
- Check your client every fifteen minutes (or according to your workplace policy). Look for signs of discomfort, problems with breathing and/or skin irritation.
- Remove the restraints *at least* every two hours.
- Remember that restraints make clients *more* dependent—so restrained clients will need more of your time than unrestrained clients.
- Never discontinue a restraint suddenly without having a plan for alternative safety measures.
- Remember that if restraints are allowed in your workplace, they should be used only as the treatment of last resort. All alternatives should be tried first.
- Be sure you know how to put a restraint device on *before* you use it. Don't ever guess! If you're not sure how to put on a restraint, ask for help. It could mean the difference between life and death for your client.
- Remember to support your clients' rights. Their rights are just as important as safety.
- Keep in mind that there is no way to prevent all falls—and that restraints are no guarantee against falls. (In fact, studies have shown that when a health care organization reduces



"I felt like a dog and cried all night. It hurt me to have to be tied up. I felt like I was a nobody, that I was dirt. It makes me cry to talk about it."

~ A senior who had been restrained

the use of restraints, there is not an increase in falls or serious injuries.)

- Don't forget to provide careful skin care to any restrained client since restraints increase their risk of developing pressure ulcers.
- Consider doing range of motion exercises with your restrained clients. It's especially important to help keep their muscles and joints strong.
- Check if your workplace has a committee that meets to discuss alternatives to restraints. If so, think about volunteering your time. You spend a lot of time with your clients and your ideas about how to keep them safe are very important to the health care team.
- When you work with a restrained client, be sure to document promptly and carefully. Remember, your workplace is responsible for your client's safety.
- Keep in mind that restraints can never be a substitute for good client care!

