

**UPMC PINNACLE  
POLICY AND PROCEDURE MANUAL**

**POLICY:** ECR 19  
**INDEX:** Administrative

**SUBJECT:** Physical Restraints/Seclusion  
**DATE:** December 17, 2018

**I. POLICY**

It is the policy of the UPMC Pinnacle Hospitals to be committed to the prevention, reduction and to strive to eliminate the use of physical restraints. The organization is committed to preventing unnecessary use of physical restraints. The affirmative statement that must be adhered to, to ensure compliance to the policy and its supporting procedures:

**II. PURPOSE**

This policy establishes a patient focused process for the implementation, application, and documentation of physical restraints. The patient has a right to be free from physical restraints or seclusion. Physical restraint or seclusion in the acute care setting will be used to promote healing or recovery, and to prevent injury. The use of physical restraints will not be used as a means of coercion, discipline, convenience, or retaliation by staff.

**III. SCOPE**

This policy applies to inpatient units and emergency departments at UPMC Pinnacle Hospitals (UPMC Pinnacle Harrisburg; UPMC Pinnacle Community Osteopathic; UPMC Pinnacle West Shore).

**IV. DEFINITIONS**

**Chemical restraint:** A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Pinnacle Health does not employ chemical restraint.

**Licensed Independent Practitioner (LIP):** Any individual who is permitted by law and who is also permitted by the organization to provide patient care services without direction or supervision, within the scope of one's license.

**Non-violent Behavior:** The inability to perceive, recognize, judge, sense, reason and imagine the consequences of one's actions despite the cause.

**Physical Hold:** Holding a patient in a manner which restricts the patient's movement against the patient's will. This is considered a restraint when used for administration of medications or to perform other procedures against the patient's will. If the patient is

willing to receive the medication or procedure but is unable to remain still, holding the patient is not a restraint.

**Protective Devices:** Mechanisms intended to compensate for a specific physical deficit or prevent incidents not related to cognitive dysfunction such as protective helmets, IV arm boards, and bedrails (when not used to keep a patient in bed).

**Qualified Staff:** Staff who have been oriented to and are deemed competent in the use, application, and removal of physical and mechanical restraint devices. Competencies are reviewed and documented on a regular basis.

**Restraint:** Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body, or head freely. A restraint does not include devices such as orthopedically prescribed devices, surgical dressings, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort.)

**Seclusion:** 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. This is carried out in the Emergency Department in specially designed rooms.

**Time-Out:** The voluntary isolation of a patient initiated by the patient or with staff prompting to a less stimulating area of the unit such as the unlocked seclusion room. Time out greater than 30 minutes constitutes seclusion.

**Violent Behavior:** Uncontrolled aggressive/assaultive/suicidal-mutilatory behavior placing oneself or others in imminent danger despite the cause. Examples of these behaviors include but are not limited to kicking, punching, grabbing with intent to harm, and intruding in the care of others.

## V. **GENERAL INFORMATION**

- A. Physical restraint is considered a last resort intervention to promote healing/recovery and prevent injury after other alternatives have failed. Patients' rights, dignity and well-being are supported and maintained. These include:
  - 1. Respect for the patient as an individual.
  - 2. Provision of a safe and clean environment.
  - 3. Continuation of care processes when appropriate.
  - 4. Maintenance of modesty, minimal visibility to others, and comfortable body position and temperature.
- B. The use of physical restraint is documented in the medical record.

- C. Physical restraint application is restricted to those staff members that have successfully completed the required education and have demonstrated proficiency regarding the appropriate procedure for applying the restraint.
- D. No person may be discharged home with a restraining device.
- E. Staffing will be adjusted based on patient need.
- F. Patients experiencing the initial peri-anesthesia event located in the Cardiothoracic Intensive Care Unit (CTICU) will not be considered as restrained patients for the first six post-operative hours. No physician order for restraint will be required during this period. Documentation of monitoring and care will be performed per the CTICU standard of care. If the patient requires restraint after six hours, a restraint order will be obtained and restraint documentation will be performed per protocol.
- G. The use of restraints applied by law enforcement agencies will not be defined in this policy. Refer to PHS Administrative Policy #90 Inmate/Prisoner Admission to Acute Care.
- H. Reporting:
  - 1. Internal: UPMC Pinnacle Hospitals Incident Reporting System, Nursing Quality Council.
  - 2. External: Center for Medicare and Medicaid Services, Safe Medical Devices Act, Pennsylvania Patient Safety Authority, and The Joint Commission.

## **VI. PROCEDURE**

### **A. Staff Competency/Education**

- 1. Education will be provided during the orientation period and annually for all staff who apply and/or monitor patients in restraint or seclusion. Staff competency will be demonstrated regarding the use of physical restraints/seclusion upon completion of the education during orientation and annually. This will include but not be limited to:
  - a. Restraint alternatives and the minimization of restraint use.
  - b. Underlying causes of threatening behavior that may indicate the need for physical restraint or seclusion.
  - c. Understanding that threatening behavior may be related to medical as well as emotional conditions.
  - d. Techniques to identify staff and patient behaviors, events and environmental factors that might, if allowed to escalate, trigger circumstances that require the use of a restraint or seclusion.

- e. The use of non-physical restraint methods for the prevention and management of threatening behavior that might otherwise require physical restraint. These will include but are not limited to de-escalation, medication and other techniques such as time-out.
- f. Self-protection skills.
- g. Recognizing signs of, and taking action to alleviate, physical distress in the individual who is in restraint or seclusion (For example, positional asphyxia).
- h. Choosing the least restrictive intervention based on an individual assessment of the patient's medical or behavioral status or condition.
- i. Safe physical holding techniques, take-down procedures and the application/removal of physical restraints for staff who apply physical restraints.
- j. Taking vital signs and interpreting their relevance to the physical safety of the individual in restraint/seclusion.
- k. Recognizing and addressing the nutritional status, hydration, skin integrity, need for range of motion of the extremities, hygiene, elimination, comfort and physical and psychological needs of the individual in physical restraint/seclusion.
- l. How behavioral criteria are developed and used to determine when physical restraint/seclusion should be discontinued.
- m. How to assist individuals to meet behavior criteria that indicate the readiness for discontinuation of physical restraint/seclusion.
- n. Recognizing when an LIP must be contacted to evaluate/treat the physical status of the individual in physical restraint/seclusion.
- o. Recognizing factors such as age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse which may affect the way an individual in physical restraint/seclusion may react to physical contact.
- p. Staff competencies and educational activities incorporate the viewpoints of individuals who have experienced physical restraint/seclusion.
- q. The two clinically justified reasons for use of physical restraint:
  - i. Use of Physical Restraint for Non Violent Behavior.
  - ii. Use of Physical Restraint/Seclusion for Violent Behavior.
- r. Identification of individuals, who may order restraints, apply restraints, perform 1 hour face to face evaluations, and monitor persons in physical restraints.

- s. Basic life support training per hospital standards.
- t. Physicians and LIPs authorized to order restraint or seclusion will have a working knowledge of PHS Policy #ECR-19, *Physical Restraints/Seclusion*.

## B. Restraint Order Guidelines

### 1. Use of Restraint for Non-Violent Behavior

#### a. Initiation of Physical Restraint for Non-Violent Behavior

- i. Physical restraint will be used when non-physical techniques have been attempted and have failed for the individual that is cognitively impaired or demonstrates the inability to understand safety instructions that will promote healing/recovery. These methods will include, but are not limited to:
  - (a) Verbal intervention
  - (b) Adjustment of medications
  - (c) Pain control
  - (d) Reality orientation
  - (e) Decreased stimulation
  - (f) Diversional activity
  - (g) Increased visual observation
  - (h) Frequent toileting
  - (i) Covering the invasive device
  - (j) Collaboration with the LIP to discontinue medical device when medically possible
  - (k) Use of a bed alarm
  - (l) Continuous observation
- ii. Physical restraints may be applied and maintained throughout a specific procedure if the patient is cognitively impaired or unable to understand safety instructions.
- iii. The need to use a physical restraint will be determined and initiated by qualified staff.
- iv. The following hierarchy will be used when determining the least restrictive type of physical restraint to be used:

- (a) Four bedrails up
  - (b) Mitts
  - (c) Soft limb restraints
- b. Order to Initiate the Use of Physical Restraint for Non-Violent Behavior
- i. The registered nurse initiating the use of the physical restraint will immediately obtain an order for the use of Physical Restraint for Non-Violent Behavior.
  - ii. A LIP will place an order for the use of physical restraint in the individual's medical record as soon as possible. If the LIP is not the attending/primary physician, the individual's attending/primary physician will be notified as soon as possible that an order was obtained for the use of the physical restraint.
  - iii. Standing and PRN orders will not be used.
  - iv. An LIP will complete an in-person evaluation of the individual within 24 hours of the initiation of physical restraint.
- c. Order to Continue the use of Physical Restraint for Non-Violent Behavior
- i. A licensed independent practitioner will determine the clinically justified need to continue the use of physical restraint by issuing a new order and completing an in-person reevaluation of the individual once every calendar day.
- d. Ongoing Monitoring and Care of the Individual in Physical Restraint for Non-Violent Behavior
- i. A qualified staff member will monitor the individual in physical restraint a minimum of once every 2 hours. This will include but not be limited to:
    - (a) Physical and emotional well-being of the individual
    - (b) Safety and comfort of the individual
    - (c) Maintaining the dignity and rights of the individual
    - (d) Determining if less restrictive alternatives
    - (e) Circulation and range of motion of extremities
    - (f) Hygiene and elimination need
    - (g) Removal and reapplication of physical restraints

- (h) Repositioning
    - (i) Provision of fluid and nourishment.
    - (j) Vital signs as per unit standard or physician order
  - e. Discontinuation of Physical Restraint for Non-Violent Behavior
    - i. Restraint will be discontinued as soon as possible when the reason for restraint is resolved.
  - f. Documentation
    - i. The order to use physical restraints will be entered in the electronic medical record.
    - ii. Documentation in the electronic medical record will include:
      - (a) Assessment and care of the individual in restraint
      - (b) Interventions attempted before the application of physical restraint
      - (c) Use of the least restrictive alternative\
      - (d) Patient education
  - g. Performance Improvement
    - i. Episodes of physical restraint will be reviewed by a nurse leader with the following information:
      - (a) Date and time of restraint application and order
      - (b) Alternatives to restraint documentation
      - (c) Patient and/or family education documentation
- 2. Use of Restraint for Violent Behavior
  - a. Initiation of Physical Restraint/Seclusion for Violent Behavior
    - i. Physical restraint/seclusion will only be used when the individual is in imminent danger of harming oneself or others. The decision to utilize restraint/seclusion will be made by LIPs and Qualified staff who are Registered Nurses ("RN").
    - ii. Physical restraint/seclusion will be used when non-physical techniques have failed to manage the individual's threatening behavior. These methods will include but are not limited to:
      - (a) Verbal intervention
      - (b) Adjustment of medications
      - (c) Pain control
      - (d) Reality orientation
      - (e) Decreased stimulation

- (f) Diversional activity
- (g) Increased visual observation.
  
- (h) Frequent toileting
- (i) Covering the invasive device
- (j) Collaboration with the LIP to discontinue medical device when medically possible
- (k) Use of a bed alarm
- (l) Continuous observation

iii. Physical restraint and seclusion will not be used simultaneously for any patient.

b. Order to Initiate the Use of Physical Restraint/Seclusion for Violent Behavior

i. If an LIP is not available to enter an order for physical restraint/seclusion at the time such is initiated:

(a) The RN who initiated the use of physical restraint/seclusion will contact the licensed independent practitioner and:

- (i) Notify them of the event.
- (ii) Review the individual's physical and psychological condition.
- (iii) Determine if the use of physical restraint/seclusion needs to be continued.
- (iv) Identify interventions that will facilitate the discontinuation of physical restraint/seclusion.
- (v) Obtain an order for the use of physical restraint/seclusion for violent patient. Standing or PRN order will not be used.

(b) An LIP will conduct an in-person evaluation within one (1) hour of the time the individual is placed in physical restraint/seclusion to determine methods that may help the individual gain control and to make any needed revisions to the individual's plan of care.

(c) Orders for physical restraint/seclusion will be time limited as follows:

- (i) 4 hours for the individual who is 18 years and older.
- (ii) 2 hours for the individual who is 9 to 17 years of age.
- (iii) 1 hour for children 8 years of age and under.

(d) If the LIP is not the individual's attending/primary physician, the individual's attending/primary physician will be notified as soon as possible that an order was obtained for the use of the physical restraint/seclusion.

- c. Order to Continue the Use of Physical Restraint/Seclusion for Violent Behavior
  - i. The decision to continue the use of physical restraint/seclusion will be made by a LIP in collaboration with a qualified RN and will be based on the individual's ability to achieve behavioral criteria. This must be documented.
  - ii. Orders to continue the use of physical restraint/seclusion are time limited and must be obtained once every:
    - (a) 4 hours for the individual who is 18 years and older.
    - (b) 2 hours for the individual who is 9 to 17 years of age.
    - (c) 1 hour for the individual who is 8 years of age or younger.
  - iii. An LIP will conduct an in-person re-evaluation for the individual in continuous restraints/seclusion at least every:
    - (a) 8 hours for the individual who is 18 years of age or older.
    - (b) 4 hours for the individual who is 17 years of age or younger.
    - (c) 2 hours for the individual who is 8 years of age or younger.
  - iv. If a patient who has been released from restraint or seclusion (i.e., before the expiration of the order) exhibits dangerous behavior requiring re-institution of restraint or seclusion, a new order must be obtained. The original order is no longer valid.
- d. Continuous Monitoring of the Individual in Physical Restraint/Seclusion for Violent Behavior
  - i. Qualified staff will monitor the individual in physical restraint/seclusion every 15 minutes as appropriate to the restraint or seclusion employed. This will include, but not be limited to:
    - (a) Signs of injury.
    - (b) Nutrition/hydration status.
    - (c) Circulation and range of motion of extremities.
    - (d) Hygiene and elimination.
    - (e) Comfort
    - (f) Psychological status.
    - (g) Physical status.
    - (h) Readiness for discontinuation of physical restraint/seclusion.
  - ii. Physical Restraint

- (a) The individual in physical restraint will be monitored by continuous, direct, face to face, observation.
- iii. Seclusion
  - (a) The individual in seclusion will be monitored by continuous, direct, face-to-face, observation for the first hour they are in seclusion.
  - (b) After the first hour of seclusion, the individual can be monitored by continuous observation via the simultaneous use of audio and visual equipment.
- e. Discontinuation of Physical Restraint/Seclusion for Violent Behavior
  - i. The individual in physical restraint/seclusion will participate in determining behavioral criteria that will indicate readiness for discontinuation of physical restraint/seclusion.
  - ii. The behavioral criteria that will indicate readiness for discontinuation of physical restraint/seclusion will be documented in the electronic medical record.
  - iii. The individual who requires use of physical restraint/seclusion and staff will participate in a debriefing after the episode to:
    - (a) Discuss what led to the use of physical restraint/seclusion.
    - (b) Determine what could have been done to prevent the use of physical restraint/seclusion.
    - (c) Review if the individual's right to privacy was protected.
    - (d) Determine if physical/psychological trauma resulted from the episode.
    - (e) Modify the individual's treatment plan when indicated.
  - iv. Documentation of the debriefing will be documented in the electronic medical record.

## **VII. DOCUMENTATION**

- A. The individual/family/significant other education regarding the use of physical restraint/seclusion will be documented in the electronic medical record.
- B. The behavior indicating the need for use of physical restraint/seclusion will be documented in the electronic medical record.
- C. The attempted alternatives employed to prevent the use of physical restraint/seclusion will be documented in the electronic medical record.

- D. The order to use physical restraint/seclusion will be entered in the electronic medical record.
- E. The ongoing monitoring (15 minute checks) will be documented in the electronic medical record.
- F. The face-to-face evaluation of the individual in physical restraint/seclusion by an LIP will be documented in the electronic medical record.

## **VIII. PERFORMANCE IMPROVEMENT**

- A. Data for all episodes of physical restraint will be collected and analyzed to reduce the risk associated with physical restraint. Data will include:
  - 1. The unit
  - 2. The staff who initiated the use of physical restraint
  - 3. The age and gender of the individual placed in physical restraint/seclusion
  - 4. The shift when physical restraint initiated
  - 5. The date and time physical restraint initiated
  - 6. The day of week physical restraint initiated
  - 7. The length of each episode
  - 8. The type of restraint
  - 9. The injuries, if any, sustained by the individual or staff
- B. Pinnacle Health will report the following information to CMS (Centers for Medicare and Medicaid Services):
  - 1. Each death that occurs while a patient is in restraint/seclusion.
  - 2. Each death that occurs within 24 hours after a patient has been removed from restraint or seclusion.
  - 3. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that the use of restraint or placement in seclusion contributed directly or indirectly to a patient's death.
  - 4. Each death referenced must be reported to CMS by telephone no later than the close of business the next business day following the knowledge of the patient's death.

5. The date and time the death was reported to CMS will be documented in the patient's medical record.

**IX. REFERNECES**

Eskandari, F. Abdullah, K. Zainal, N. Wong, L. (2018). The effect of educational intervention on nurses' knowledge, attitude, intention, practice and incidence rate of physical restraint use. *Nurse Education and Practice*, 32, 52-57.

Joint Commission, The. Hospital Accreditation Standards. Provision of Care, Treatment and Services. Standards PC.03.05.01 through PC.03.05.19. 2010.

**SIGNED:** Phil Guarneschelli, President and CEO

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