

# Restraints

- Office of Aging Adult Services (OAAS) wishes to safeguard participants from potential harm associated with restraint use.
- This training provides information on how to identify restraints and how to distinguish a restraint from an enabler.



# Restraint

A restraint is any device or practice which restricts freedom of movement or **normal** access to one's body and that cannot **easily** be removed by the individual.

# What is a Restraint?

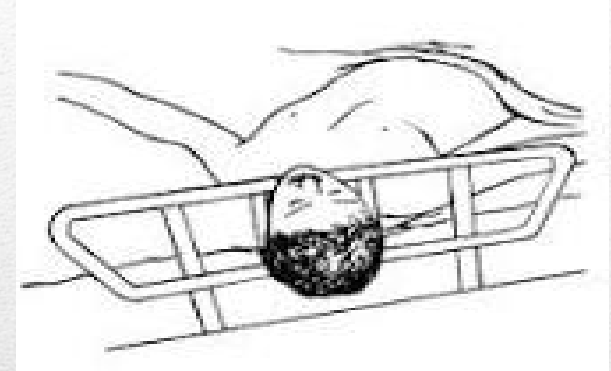
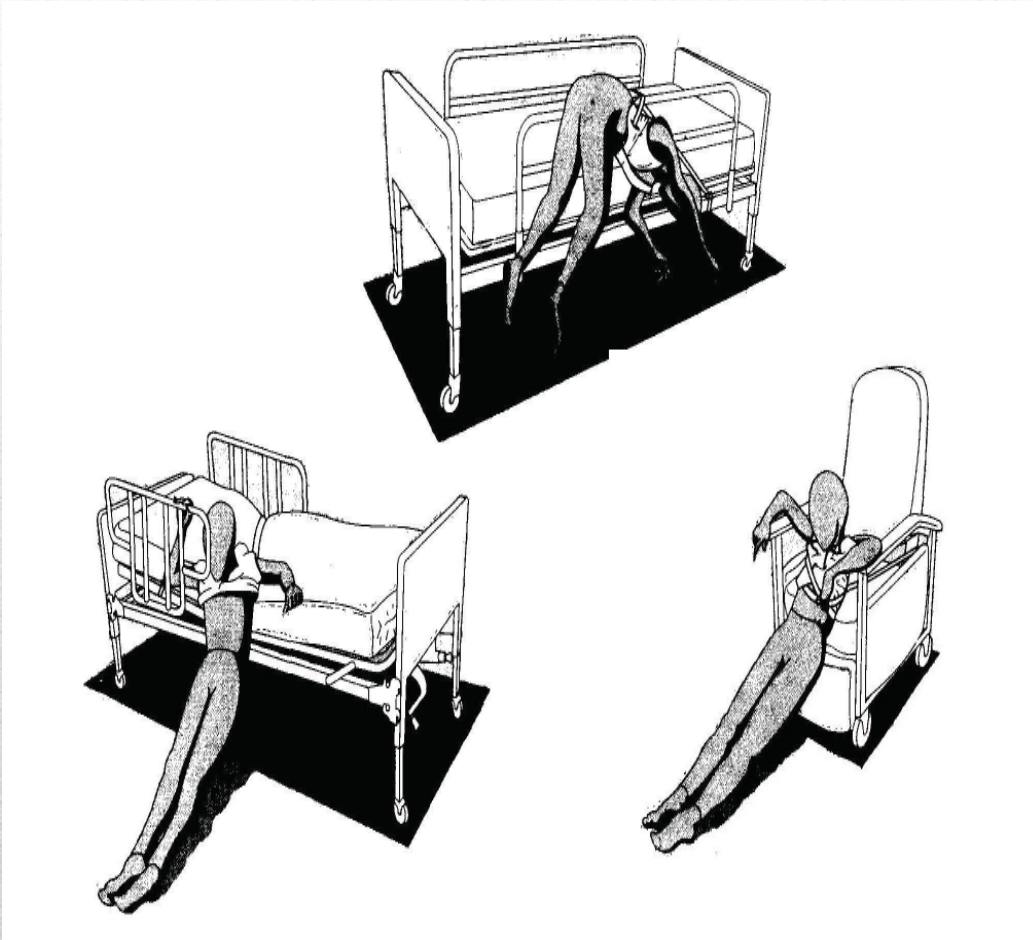
- A restraint is defined based on its **effect on the individual**, NOT on what the device is called. Any device may potentially be a restraint depending how it is used. It is important to understand the intent of the practice.
- If the answer to both of the following questions is “yes”, then the device is a restraint:
  1. Does the device or practice keep the individual from moving about or reaching part of their own body that they would otherwise be capable of doing?
  2. Is it difficult for the individual to remove the device?



# Examples of Restraints

- Using side rails to keep an individual from voluntarily getting out of bed
- Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly, so that movement is restricted
- Using trays, tables, bars, or belts that the individual cannot remove and that prevents an individual from rising
- Placing a chair or bed so close to a wall, that the wall prevents the individual from rising

# Restraint Risks





# What can Happen to People who are Restrained?

Not restraining people helps them to	Restrained people usually
<p>Feel better about themselves</p>	<p>Feel embarrassed :            “I’ve never been so humiliated”            “Why are they punishing me?”            “What if there is a fire?”            Withdraw, become depressed, and call out</p>
<p>Have normal appetites because they are moving around</p>	<p>Do not eat well and lose weight, which can lead to malnutrition</p>
<p>Drink normally because they are more likely to be able to reach the drink</p>	<p>Do not drink enough and may become dehydrated</p>
<p>Have skin in better condition</p>	<p>Experience cuts, bruises, or lacerations from struggling to get out of restraints.            Develop pressure sores from sitting or staying in bed too long without moving.</p>

# Imagine you are in a Restraint





# What is an Enabler?

- An enabler is a device or practice that improves function for an individual and:
  - is used at the request of the individual to make them feel more secure or comfortable or
  - has been recommended or approved by a professional healthcare provider.

# Examples of Enablers

- A bed rail that an individual can use to make them feel more secure or for repositioning
- A trunk restraint that helps an individual maintain an upright posture and improves breathing
- A customized wheelchair seating system which positions a person at their optimum functionality.
  - Examples include:
    - A seatbelt for a person who does not have enough balance to keep from falling out of their chair
    - Positioning devices to improve sitting balance and prevent deformity such as, a subbasis bar, abduction wedge, lateral supports, thigh guides, headrests, etc.



# What is OAAS trying to accomplish?

- Helping participants live restraint free
- Ensuring participants maintain their dignity and are treated humanely
- Reducing the potential of harm, including death

# Alternative to Restraints





# What can you do if you suspect Restraint use?

DSP will:

- Ensure the participant is safe
- Contact Support Coordinator to address the situation.
- If appropriate, contact Adult Protective Services at 1-800-898-4910 to report the situation.

SC will:

- Ensure the participant is safe
- Discuss with the participant and/or family alternatives and possible consult with Healthcare Professional
- If appropriate, contact Adult Protective Services at 1-800-898-4910 to report the situation.

# Changes

1. Revised HCBS Rights and Responsibilities Form:
  - **To contact your support coordinator to discuss alternatives to restraints that may be used.**
2. Revised Support Coordination Contact Documentation (SCD)
  - #6. Has the participant had falls, injuries, hospitalization, **been restrained**, or been a victim of verbal abuse, physical abuse, neglect, or exploitation.



# Important Dates

- August 27, 2014
  - Restraint Fact Sheet on OAAS website
  - Revised SCD
  - Revised OAAS Rights and Responsibilities Form
- September 2, 2014
  - SC will begin using the revised SCD and OAAS Rights & Responsibilities Form.

# Questions





# References

- Burger, S. G. (2009). Restraints: The exception, not the rule. NCCNHR. <http://www.nccnhr.org/>
- Strumpf, NE and Evans, LK., “Physical Restraint of the Hospitalized Elderly: Perceptions of Patients and Nurses,” *Nursing Research*, Vol. 37, pp. 132-137.