POLICY
It is the policy of Ageia Health Services that residents be free from physical restraints or inappropriate use of psychoactive medications/or chemical restraints except when:
- a resident approves or requests the use of the restraint as a supportive or enabling devise to increase independence
  Or
- a resident’s actions present an imminent danger to self or others and only until appropriate action is taken by medical, emergency or police personnel

DEFINITIONS
A restraint is defined as any physical device that the resident cannot manipulate which is used to restrict movement or normal access to the resident’s body.
Supportive devices with restraining qualities can include: Gerry chairs, side rails, wheelchairs with brakes on that are positioned in front of a table other than at mealtime, and recliners with the footrest elevated.

PROCEDURES
If a resident has requested the use of a supportive or enabling device with possible restraining qualities to increase independence or mobility the following must be documented:
- The resident must be evaluated to determine the appropriateness of the device in relation to the resident’s condition.
  a. This evaluation must include input from the Resident and family member/responsible party as well as the Executive Director and Facility LN prior to its use.
  b. The alternatives explored, rationale, reason for use, and condition of the resident (including the resident’s cognitive ability and understanding of the use of the device and ability to accept risks) must be documented initially using the Bed Side Rails or Supportive Devices with Restraining Qualities Initial Evaluation Form and reflected on the service plan.
- The facility must obtain a physician’s order to be maintained on file in the resident’s record. Neither the family nor a medical professional can solely request the use of a supportive device without an evaluation and resident participation in the decision making process.
- The resident must be notified of the possible risks associated with the use of the device prior to its implementation. This must be documented in the resident’s record via the service plan.
• The continued use of such devices must be re-assessed for appropriateness and the service plan updated as indicated at lease quarterly or more often as indicated.
• The resident must request the device be engaged for each use. Staff may “engage” the device **ONLY** at the request of the resident.

For use of bed side rails refer to *Bed Side Rails Policy and Procedure.*

For appropriate psychoactive medication use refer to *PRN Psychoactive/Psychotropic Use Policy and Procedure.*

If a resident’s actions present an **immediate** risk for harm to self or others, the facility is to initiate the following only until appropriate action is taken by medical, emergency or police personnel:

• Initially attempt to divert unsafe behaviors by re-directing the unsafe resident to an area of decreased stimulus, or engaging resident in a 1:1 discussion or activity.
  
  o If the unsafe resident is unable or unwilling to be re-directed into another area then other residents (if present) must be moved from the area to minimize their risk of harm.

• If the unsafe resident is unable to be calmed immediately or continues to be at immediate risk for harm to self or others, 911 is to be called.
  
  o Request transport to ER and notify the appropriate family/responsible party and other personnel.

• If the attempted interventions are effective and the resident is no longer at risk for harm to him/herself or others, encourage the resident to remain in a low stimulus environment until anxiety or agitation have subsided and resident feels more in control.

• Document the resident’s behavior, interventions used with results, notification of all appropriate persons and follow up in accordance with facility policy.

• Update the resident’s service plan to reflect an evaluation to determine possible underlying causes or contributing factors, interventions and coordination of care facilitated with appropriate health professionals.
### Policies and Procedures
#### Residential and Assisted Living Communities

<table>
<thead>
<tr>
<th>Policy Title: Use of Supportive Devices with Possible Restraining Qualities</th>
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<tbody>
<tr>
<td>Policy Number: HS.11.10.19   Effective Date: 5/1/2012</td>
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<td>Approved By: Kevin Cox</td>
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**RELATED POLICIES/REFERENCES**
- Bed Side Rails Policy and Procedure
- PRN Psychoactive/Psychotropic Use Policy and Procedure

**FORMS**
- Bed Side Rails or Supportive Devices with Restraining Qualities Initial Evaluation Form