# Alarms and Restraints

Arkansas Health Care Association

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# Intent of Section P

Record the frequency that the resident was restrained by any of the listed devices at any time during the day/ night over the look-back period

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# Use of Physical Restraints

- Use not prohibited in nursing homes.
  - Cannot be imposed for discipline or convenience
  - Must be required to treat resident's medical symptoms
- Must assess resident needs and medical symptoms before using physical restraints
- Use of physical restraints should be the exception, not the rule.

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# P0100 Importance[1]

- Play a limited role in medical care.
- Physical restraints limit mobility.
- Physical restraints increase risk of adverse outcomes.
  - Functional decline
  - Agitation
  - Diminished sense of dignity
  - Depressed mood
  - Pressure ulcers

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# P0100 Importance$_2$

- Cognitively-impaired residents at higher risk due to physical restraints:
  - Entrapment
  - Injury
  - Death
- Significant risk of restraint-related injury or death

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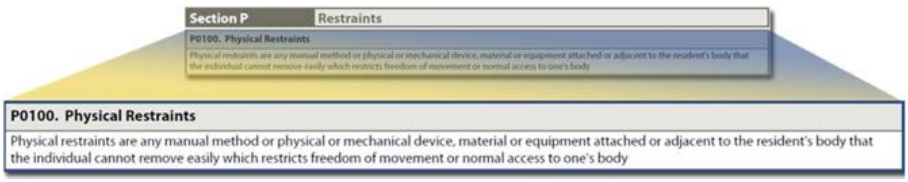
# Physical Restraints$_1$




- Manual method or physical or mechanical device, material, or equipment
- Attached or adjacent to the resident's body that the individual cannot remove easily
- Which restricts freedom of movement or normal access to one's body

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# Physical Restraints$_2$

- Removes easily
  - Can be removed intentionally by the resident in the same manner as it was applied by the staff
  - Consider the resident's physical condition and ability to accomplish his or her objective.
- Freedom of movement
  - Any change in place or position for the body, or any part of the body, that the person is physically able to control or access

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# Examples of Physical Restraints

- Leg restraints
- Arm restraints
- Hand mitts
- Soft ties/vests
- Lap cushions
- Lap trays
- Position change alarms
- Facility practices
  - Side rails
  - Velcro on sheets
  - Devices used with chairs (tray, table, bar, or belt)
  - Placement of chair or bed

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## P0100 Conduct the Assessment$_1$

- Review resident's medical record.
  - Physician's orders
  - Nurses' notes
  - Nursing assistant documentation
- Consult the nursing staff across all shifts.
  - Resident's cognitive status and limitations
  - Physical status and limitations

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## P0100 Conduct the Assessment$_2$

- Observe the resident.
  - Determine the effect on the resident's normal function.
  - Do not focus on type, intent, or reason for use.
- Evaluate whether the resident can easily and voluntarily remove the device.
- Determine if the device restricts freedom of movement or access to the body.
- Determine if device meets criteria of the definition of a physical restraint for purpose of MDS 3.0.

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## P0100 Assessment Guidelines$_1$

- Do not focus on the intent or reason for using the device, material, or equipment.
- **Focus only on the effect of the device on the resident.**
- Assess each resident individually.
- Exclude devices typically used for provision of care.
- The complete definition of a restraint must be met.

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## P0100 Assessment Guidelines$_2$

- Any device that meets the definition of a physical restraint must have:
  - Physician documentation of a medical symptom that supports the use of the restraint
  - Physician's order for the type of physical restraint and parameters of use
  - Care plan and a process in place for systematic and gradual physical restraint reduction (and/ or elimination, if possible), as appropriate

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# Coding Tip

•When coding this section, do not consider as a restraint a locked/secured unit or building in which the resident has the freedom to move about the locked/secured unit or building. Additional guidance regarding locked/secured units is provided in the section "Considerations Involving Secured/Locked Areas" of F603 in Appendix PP of the State Operations Manual.

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# P0100 Coding Instructions

- How often the physical restraint was used
- Location of the physical restraint
  - In bed
  - In a chair or out of bed
- Category of the physical restraint
  - Bed rails or chairs that prevent rising
  - Trunk or limb restraint
- Code all physical restraints used in the look-back period.

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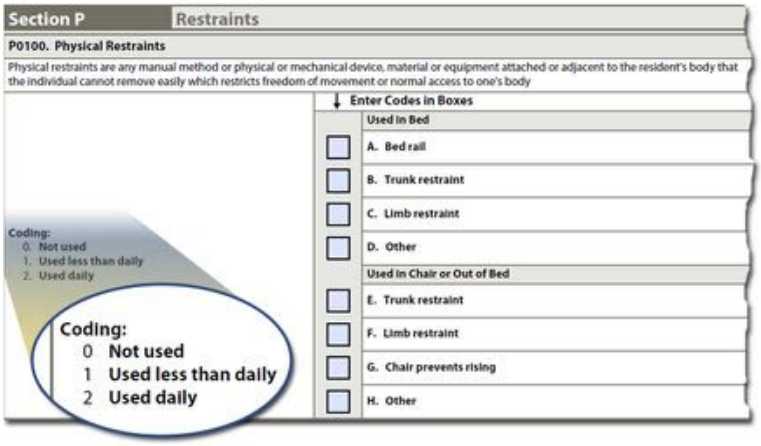
# Frequency of Use

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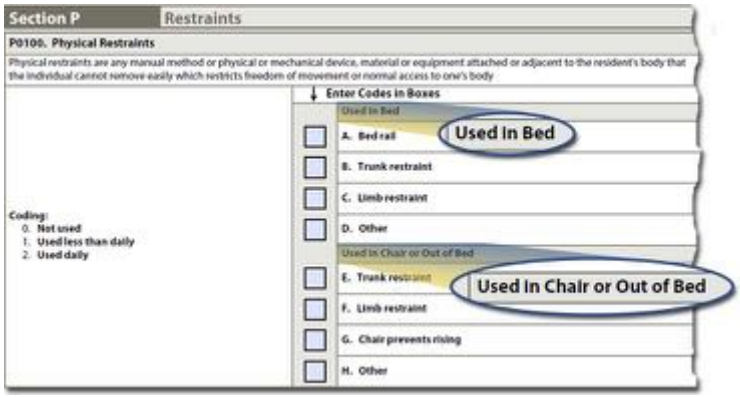
# Location of Physical Restraint

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# Category of Physical Restraint

- Bed rails
- Trunk restraints
- Limb restraints
- Chair that prevents rising
- Other
  - Any device that does not fit listed categories
  - Meets the criteria of physical restraints
  - Should be care-planned and monitored

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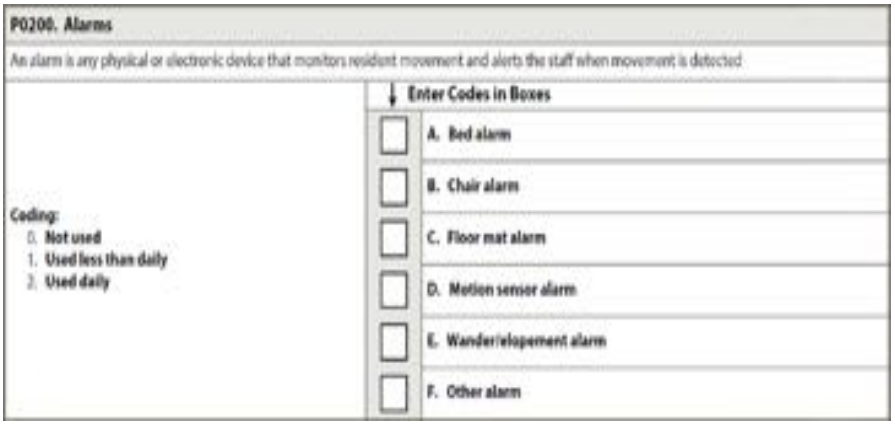
# P0200. Alarms



| P0200. Alarms | |
|---|---|
| An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected | |
| | ↓ Enter Codes in Boxes |
| Coding:<br>0. Not used<br>1. Used less than daily<br>2. Used daily | ☐ A. Bed alarm |
| | ☐ B. Chair alarm |
| | ☐ C. Floor mat alarm |
| | ☐ D. Motion sensor alarm |
| | ☐ E. Wander/elopement alarm |
| | ☐ F. Other alarm |

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# Item Rationale

**Health-related Quality of Life**

- An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair and floor sensor pads, cords that clip to the resident's clothing, motion sensors, door alarms, or elopement/wandering devices.
- While often used as an intervention in a resident's fall prevention strategy, the efficacy of alarms to prevent falls has not been proven; therefore, alarm use must not be the primary or sole intervention in the plan.

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# Item Rationale

- The use of an alarm as part of the resident's plan of care does not eliminate the need for adequate supervision, nor does the alarm replace individualized, person-centered care planning.
- Adverse consequences of alarm use include, but are not limited to, fear, anxiety, or agitation related to the alarm sound; decreased mobility; sleep disturbances; and infringement on freedom of movement, dignity, and privacy.

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# Planning for Care

- Individualized, person-centered care planning surrounding the resident's use of an alarm is important to the resident's overall well-being.
- When the use of an alarm is considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions.
- There are times when the use of an alarm may meet the definition of a restraint, as the alarm may restrict the resident's freedom of movement and may not be easily removed by the resident.

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# Planning for Care

•When an alarm is used as an intervention in the resident's safety strategy, the effect the alarm has on the resident must be evaluated individually for that resident.

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# Steps for Assessment

1. Review the resident's medical record (e.g., physician orders, nurses' notes, nursing assistant documentation) to determine if alarms were used during the 7-day look-back period.
2. Consult the nursing staff to determine the resident's cognitive and physical status/limitations.
3. Evaluate whether the alarm affects the resident's freedom of movement when the alarm/device is in place. For example, does the resident avoid standing up or repositioning himself/herself due to fear of setting off the alarm?

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# Coding Instructions

*Identify all alarms that were used at any time (day or night) during the 7-day look-back period.*

After determining whether or not an item listed in P0200 was used during the 7-day look-back period, code the frequency of use:

- **Code 0. Not used:** if the device was not used during the 7-day look-back period.
- **Code 1. Used less than daily:** if the device was used less than daily.
- **Code 2. Used daily:** if the device was used on a daily basis during the look-back period.

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# Coding Tips

- **Bed alarm** includes devices such as a sensor pad placed on the bed or a device that clips to the resident's clothing.
- **Chair alarm** includes devices such as a sensor pad placed on the chair or wheelchair or a device that clips to the resident's clothing.
- **Floor mat alarm** includes devices such as a sensor pad placed on the floor beside the bed.
- **Motion sensor alarm** includes infrared beam motion detectors.

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# Coding Tips

- **Wander/elopement alarm** includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn/attached to the resident that alert the staff when the resident nears or exits an area or building. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.
- **Other alarm** includes devices such as alarms on the resident's bathroom and/or bedroom door, toilet seat alarms, or seatbelt alarms.

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# Coding Tips

- Code any type of alarm, audible or inaudible, used during the look-back period in this section.
- **If an alarm meets the criteria as a restraint, code the alarm use in both P0100. Physical Restraints, and P0200. Alarms.**
- Motion sensors and wrist sensors worn by the resident to track the resident's sleep patterns should not be coded in this section.
- Wandering is random or repetitive locomotion. This movement may be goal-directed (e.g., the resident appears to be searching for something such as an exit) or may be non-goal directed or aimless. Non-goal directed wandering requires a response in a manner that addresses both safety issues and an evaluation to identify root causes to the degree possible.

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# Coding Tips

- While wander, door, or building alarms can help monitor a resident's activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace necessary supervision
- **Wander/elopement alarm** includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn by/attached to the resident that activate an alarm and/or alert the staff when the resident nears or exits a specific area or the building. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.

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# Coding Tips

- Do not code a universal building exit alarm applied to an exit door that is intended to alert staff when *anyone* (including visitors or staff members) exits the door.
- When determining whether the use of an alarm also meets the criteria of a restraint, refer to the section "Determination of the Use of Position Change Alarms as Restraints" of F604 in Appendix PP of the State Operations Manual.

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# Examples of Facility Practices that Meet the Definition of Restraint Use 1

- Using *bed* rails that keep a resident from voluntarily getting out of bed; jb1
- Placing a chair or bed close *enough* to a wall that *the resident is prevented* from rising out of the chair or voluntarily getting out of bed*;*
- *Placing a resident on a concave mattress so that the resident cannot independently get out of bed;*
- Tucking in *a sheet tightly so that the resident cannot get out of bed,* or *fastening* fabric or clothing so that a resident's *freedom of* movement is restricted*;*
- Placing a resident in a chair*, such as a beanbag or recliner,* that prevents a resident from rising *independently*;

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**Slide 30**

**jb1** made into 2 slides so that could be more legible - we tend not to use a font less than 22
Jane Belt, 7/17/2017

## Examples of Facility Practices that Meet the Definition of Restraint Use 2

- Using devices in conjunction with a chair, such as trays, tables, cushions, bars or belts, that the resident cannot remove and prevents the resident from rising;
- Applying leg or arm restraints, hand mitts, soft ties or vests that the resident cannot remove;
- Holding down a resident in response to a behavioral symptom or during the provision of care if the resident is resistive or refusing the care;
- Placing a resident in an enclosed framed wheeled walker, in which the resident cannot open the front gate or if the device has been altered to prevent the resident from exiting the device; and
- Using a position change alarm to monitor resident movement, and the resident is afraid to move to avoid setting off the alarm

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## *Determination of the Use of Position Change Alarms as Restraints 1*

- *Position change alarms are any physical or electronic device that monitors resident movement and alerts the staff when movement is detected. Types of position change alarms include chair and bed sensor pads, bedside alarmed mats, alarms clipped to a resident's clothing, seatbelt alarms, and infrared beam motion detectors. Position change alarms do not include alarms intended to monitor for unsafe wandering such as door or elevator alarms.*

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## *Determination of the Use of Position Change Alarms as Restraints 2*

- *While position change alarms may be implemented to monitor a resident's movements, for some residents, the use of position change alarms that are audible to the resident(s) may have the unintended consequence of inhibiting freedom of movement.*
- *For example, a resident may be afraid to move to avoid setting off the alarm and creating noise that is a nuisance to the resident(s) and staff, or is embarrassing to the resident. For this resident, a position change alarm may have the potential effect of a physical restraint.*

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## Potential Negative Outcomes from Position Change Alarms

*Examples of negative potential or actual outcomes which may result from the use of position change alarms as a physical restraint, include:*

- Loss of dignity;
- Decreased mobility;
- Bowel and bladder incontinence;
- Sleep disturbances due to the sound of the alarm or because the resident is afraid to move in bed thereby setting off the alarm; and
- Confusion, fear, agitation, anxiety, or irritation in response to the sound of the alarm as residents may mistake the alarm as a warning or as something they need to get away from.

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## Assessment, Care Planning, and Documentation for the Use of a Physical Restraint

- The regulation limits the use of any physical restraint to circumstances in which the resident has medical symptoms that warrant the use of restraints.
- There must be documentation identifying the medical symptom being treated and an order for the use of the specific type of restraint.
- However, the practitioner's order alone (without supporting clinical documentation) is not sufficient to warrant the use of the restraint.
- The facility is accountable for the process to meet the minimum requirements of the regulation including appropriate assessment, care planning by the interdisciplinary team, and documentation of the medical symptoms and use of the physical restraint for the least amount of time possible and provide ongoing re-evaluation.

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## Assessment, Care Planning, and Documentation for the Use of a Physical Restraint

- The resident or resident representative may request the use of a physical restraint; however, the nursing home is responsible for evaluating the appropriateness of the request, and must determine if the resident has a medical symptom that must be treated and must include the practitioner in the review and discussion.
- If there are no medical symptoms identified that require treatment, the use of the restraint is prohibited.
- Also, a resident, or the resident representative, has the right to refuse treatment; however, he/she does not have the right to demand a restraint be used when it is not necessary to treat a medical symptom.

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## *Assessment, Care Planning, and Documentation for the Use of a Physical Restraint*

Facilities are responsible for knowing the effects devices have on its residents.

If a device has a restraining effect on a resident, and is not administered to treat a medical symptom, the device is acting as a physical restraint.

The restraining effects to the resident may have been caused intentionally or unintentionally by staff, and would indicate an action of discipline or convenience.

In the case of an unintentional physical restraint, the facility did not intend to restrain a resident, but a device is being used that has that same effect, and is not being used to treat a medical symptom.

These effects may result in convenience for the staff, as the resident may require less effort than previously required.

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## Requirements

If a resident is identified with a physical restraint, the facility must be able to provide evidence that ensures:

- The resident's medical symptom that requires the use of a physical restraint has been identified;
- A practitioner's order is in place for the use of the specific physical restraint based upon the identified medical symptom;

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# Requirements

- Interventions, including less restrictive alternatives were attempted to treat the medical symptom but were ineffective;
- The resident/representative was informed of potential risks and benefits of all options under consideration including using a restraint, not using a restraint, and alternatives to restraint use;

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# Requirements

- The length of time the restraint is anticipated to be used to treat the medical symptom, the identification of who may apply the restraint, where and how the restraint is to be applied and used, the time and frequency the restraint should be released, and who may determine when the medical symptom has resolved in order to discontinue use of the restraint;
- The type of specific direct monitoring and supervision provided during the use of the restraint, including documentation of the monitoring;
- The identification of how the resident may request staff assistance and how needs will be met during use of the restraint, such as for re-positioning, hydration, meals, using the bathroom and hygiene;

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# Requirements

- *The resident's record includes ongoing re-evaluation for the need for a restraint and is effective in treating the medical symptom; and*
- *The development and implementation of interventions to prevent and address any risks related to the use of the restraint (See also the Long-Term Care Facility Resident Assessment Instrument User's Manual, Version 3.0, Chapter 3, Section P-Restraints for further guidance and 42 CFR 483.25(d) [F689] for concerns related to ensuring the resident receives adequate supervision to prevent accidents).*

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# Notes

- **NOTE**: If a resident is recently admitted to the facility and a restraint was used in a previous health care setting, the facility must still conduct an assessment to determine the existence of medical symptoms that warrant the continued use of the restraint.
- **NOTE:** The resident, or resident representative (if applicable), has the right to refuse the use of a restraint and may withdraw consent to use of the restraint at any time. If so, the refusal must be documented in the resident's record. The facility is expected to assess the resident and determine how resident's needs will be met if the resident refuses/declines treatment.
- **NOTE**: Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint. Although restraints have been traditionally used as a falls prevention

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## Restraints to Prevent Falls

- NOTE: Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint.
- Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries.
- There is no evidence that the use of physical restraints, including, but not limited to, *bed* rails and position change alarms, will prevent or reduce falls.
- Additionally, falls that occur while a person is physically restrained often result in more severe injuries (e.g., strangulation, entrapment).

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## Discipline and/or Convenience

- A facility must not impose physical restraints for purposes of discipline or convenience.
- The facility is prohibited from obtaining permission from the resident, or resident representative, for the use of restraints when the restraint is not necessary to treat the resident's medical symptoms.
- Anecdotally, it has been reported that staff will inform a resident, or the resident representative, that a restraint will be beneficial to the resident to prevent a fall or to safeguard the resident who may be wandering into other resident's rooms.
- However, in these instances, the surveyor should consider whether the restraint was used for the sake of staff convenience.

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# Examples of Restraints Used for Convenience and/or Discipline

- Staff state that a resident was placed in a restraint because staff are too busy to monitor the resident, and their workload includes too many residents to provide monitoring;
- Staff believe that the resident does not exercise good judgment, including that he/she forgets about his/her physical limitations in standing, walking, or using the bathroom alone and will not wait for staff assistance;
- Staff state that family have requested that the resident be restrained, as they are concerned about the resident falling especially during high activity times, such as during meals, when the staff are busy with other residents;
- When a resident is confused and becomes combative when care is provided and staff hold the resident's arms and legs down to complete the care (**NOTE**: This example differs from an emergency situation where staff briefly hold a resident for the sole purpose of providing necessary immediate medical care ordered by a practitioner).

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# Restraints for Imminent Danger

- Some facilities have identified that a situation occurred in which the resident(s) is in "imminent danger" and there was fear for the safety and well-being of the resident(s) due to violent behavior, such as physically attacking others.
- In these situations, the order from the practitioner and supporting documentation for the use of a restraint must be obtained either during the application of the restraint, or immediately after the restraint has been applied.
- The failure to immediately obtain an order is viewed as the application of restraint without an order and supporting documentation.

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# Facility must:

- Determine that a physical restraint is a measure of last resort to protect the safety of the resident or others;
- Provide ongoing direct monitoring and assessment of the resident's condition during use of the restraint;
- Provide assessment by the staff and practitioner to address other interventions that may address the symptoms or cause of the situation (e.g., identification of an infection process or delirium, presence of pain);
- Ensure that the resident and other residents are protected until the resident's behavioral symptoms have subsided, or until the resident is transferred to another setting;
- Discontinue the use of the restraint as soon as the imminent danger ends; and
- Immediately notify the resident representative of the symptoms and temporary intervention implemented.

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# Documentation Required

- Documentation must reflect what the resident was doing and what happened that presented the imminent danger, interventions that were attempted, response to those interventions, whether the resident was transferred to another setting for evaluation, whether the use of a physical restraint was ordered by the practitioner, and the medical symptom(s) and cause(s) that were identified.

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## *Determination of Use of Bed Rails as a Restraint*

- Facilities must use a person-centered approach when determining the use of bed rails, which would include conducting a comprehensive assessment, and identifying the medical symptom being treated by using bed rails.
- Bed rails may have the effect of restraining one individual but not another, depending on the individual resident's conditions and circumstances.

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## Bed Rails

- *To determine if a bed rail is being used as a restraint, the resident must be able to easily and voluntarily get in and out of bed when the equipment is in use.*
- *If the resident cannot easily and voluntarily release the bed rails, the use of the bed rails may be considered a restraint.*

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# Questions?
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