

## ***PHYSICAL RESTRAINTS Policy***

### **POLICY:**

It is the policy of the facility that all staff is trained on the use of physical restraints for a resident that needs to be restraints and what kind of restraint will be and for how long.

It is the policy of North Lake ALF to assess the physical condition of any assistive device used by a resident in order to assure that the device is safe and in good condition to use.

### **PROCEDURES:**

It is vital that all staff be trained completely by the administrator for each kind of restraint. That the device is applied appropriately and safely as prescribed by the physician.

First, there must be a prescription by a physician yearly. A care plan must be developed by the physician within 14 days of the prescription date, and prior to the use of restraint on a resident.

The care plan must include:

- a. Why was the device prescribed?
- b. What is the maximum amount of time the resident will be restrained daily?
- c. How will staff monitor the resident with the restraint?
- d. How will the staff observe the resident?
- e. How will the staff report to the physician any injuries?
- f. How will the staff report an increase in agitation?
- g. How will the staff report any signs and symptoms of depression, or decline in the resident's mobility?
- h. The facility must make sure that the staff is trained correctly to ensure that the device is applied appropriately and safely.

It is the responsibility of **Facility Nam** to assure that the prescribing physician reviews the appropriateness of the continued use of the restraint annually and that he/she documents the review of the device and maintains it in the resident's records. If the resident's ability to independently remove or avoid the device must be considered a physical restraint and all requirements of this subsection apply.

