WHAT ARE RESTRAINTS?

1. PHYSICAL RESTRAINTS

Any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts movement or normal access to one's own body.

2. CHEMICAL RESTRAINTS

A psychopharmacological drug that is used for discipline or convenience and not required to treat medical symptoms.

WHY ARE PHYSICAL RESTRAINTS USED?

- As a perceived means of protecting frail and demented residents from falls
- As a substitute for individualized care
- Fear of liability

WHY ARE CHEMICAL RESTRAINTS USED?

To control behavior

ETHICAL ISSUES

- Resident's right to be free of physical and chemical restraints
- Preservation of autonomy

WHAT ARE THE POOR OUTCOMES OF RESTRAINT USE?

Changes In Body Systems Due To Physical Restraints

- Loss of muscle tone
- Weakened bone structure
- Cardiovascular stress
- Pressure sores
- Incontinence
- Chronic constipation
- Increased agitation
- Depression
- Loss of mobility

Changes In Body Systems Due To Chemical Restraints

- Loss of ADL (Activities of Daily Living) function
- Loss of cognition
- Aggression
- Hallucinations

Changes That May Affect Quality Of Life

- Reduced social contact
- Withdrawal from surroundings
- Less participation in activities
- Loss of independence and control
- Decreased desire to eat
- Increased problems with sleep patters
- Loss of dignity

Risk With Restraints:

- Possible death
- Strangulation/injury
- Pressure sores
- Agitation
- Reduced bone mass
- Stiffness in joints
- Permanent decreased loss of Mobility

Risk Without Restraints:

- Falls
- Temporary decreased/loss of Mobility as a result of a fall

LAWS AND REGULATIONS

OBRA 1987 States The Resident Has The Right To Be Free From... Physical Or Chemical Restraints Imposed For Purposes Of Discipline Or Convenience And Not Required To Treat The Resident's Medical Symptoms.

This does not preclude the use of assistive Devices when deemed medically necessary and/or appropriate.

The CT LTCOP has compiled the information contained in this brochure from multiple resources that address the "Use of Restraints" in nursing homes.

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It is the facility's responsibility to assess, address, and resolve any medical, physical and environmental causes of falls. Physical or Chemical restraints should only be considered as a last resort and only to respond to a medical condition.

QUESTIONS TO ASK REGARDING FALL PREVENTION

INTERVENTION

- 1. Has there been a medical evaluation to Look for active medical problems? For Example: muscle weakness, anemia, medication side effects, infection, cardiac arrhythmia, dehydration, neurological impairments .etc.
- 2. Has there been a gait evaluation and referral to a physical therapist for restorative training? For example: muscle strengthening, balance training, prescription of assistive devices.
- 3. Has there been an environmental assessment of possible contributing factors? for example: poor lighting, slippery floors, bed too high, inappropriate footwear, visually confusing patterned rugs, door thresholds, etc.

Thorough, individualized resident assessment, and care planning are the most effective methods for determining the need and/or appropriateness of the use of restraints.

For Further Information and Available Resources Contact Your Regional Ombudsman

TOLL FREE NUMBER 1-866-388-1888

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RESTRAINTS

ARE THEY NECESSARY?

What You Need To Know



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THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN

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