



Involuntary Seclusion

This happens a lot in clients' homes. A care receiver is being noisy and disruptive so caregivers remove them to another area. Don't ever make this

decision on your own.

Other forms of involuntary seclusion:

- ✓ Closing the door to the client's room when they want it kept open
- ✓ Placing a client in a wheelchair away from others
- ✓ Leaving a patient without a means to communicate- removing the phone for example

False Imprisonment

This is an area many caregivers have trouble understanding. It's not just about restraints. It's about a mindset. It is defined as restraining a person's movements or actions without the proper authorization. Clients have rights and caregivers must respect these rights. In the hospital setting, a patient CAN leave the hospital without a doctor's permission. They can also leave a nursing home/assisted living home or their own home. Under very few circumstances can caregivers interfere with this right. If you do, it's called false imprisonment.

Physical Restraints

Using them requires a doctor's order. Threatening to use them is considered false imprisonment. If restraints are ordered and applied, caregivers must observe of the restrained client every 15 minutes. Caregivers should make sure the restraints are on the client correctly and that they are not too tight. Caregivers should check whether the client needs to change positions. This helps prevent skin sores. Caregivers also should check whether the patient needs food, water, medical care, or to use the toilet.

Physical restraints are defined as any manual or physical device, material, or equipment attached to or near to the client's body, that:

- A client cannot easily remove
- Restricts movement of ANY and ALL body parts
- Restricts the client from accessing their own body or parts of their body

Examples of physical restraints:

- ✓ Wrist, Arm, Leg and Ankle restraints
- ✓ Vests
- ✓ Jackets
- ✓ Hand Mitts
- ✓ Geri chairs, recliners
- ✓ Seatbelts, safety belts
- ✓ Bed rails and the pads sometimes used on them

- ✓ In some populations the use of certain clothing would be considered a restraint. For example, donning a one piece undershirt on a child to prevent him from having access to his body; or a long sleeved shirt to prevent access to an IV site.

Also, many practices are considered a restraint.

- When a client doesn't have the physical strength to remove a device it is a restraint.
- When a client doesn't have the strength to sit up from a low rise sofa, for example, this practice is considered a restraint.
- Tucking in blankets and sheets so tightly the care receiver cannot move is considered a restraint. Using Velcro and tape to secure sheets is also a restraint.
- A lap tray being used with a wheelchair is a restraint if the client cannot remove it.
- Using recliners and Geri chairs, tilted back, is a restraint.
- Moving chairs and beds so close to a wall that it prevents a client from rising is a restraint.
- Placing a care receiver up into a table so close they cannot move their chair is a restraint.

In short, any action or device (designed for the sole purpose or something put together by caregiver) that prevents the free movement of body parts is a physical restraint.

Some clients require splints and other appliances to maintain alignment and posture. These are restraints as well, but are often referred to as enablers because they assist the client with ADL's.

The client may not be able to remove the splints, but it's not an overt restraint. An MD order is always in place for these items.

Chemical Restraints

Many medications are considered restraints. This is called **chemical restraining** and it is a very different thing than physical restraints. Nurses and doctors must understand the ramifications of using meds to induce sleep, states of relaxation, pain control that could be considered restraining activity.

Safe Restraint Use

Restraints can cause serious injury and even death. Restraints are not used to discipline a person. They are not used for staff convenience.

- ❖ A restraint is used only when it is the best safety measure for the person.
- ❖ ***A doctor's order is always required.***
- ❖ The least restrictive method is used.
- ❖ Consent is required. The person must understand the reason for the restraint.
- ❖ Observe the person at least every 15 minutes or as often as noted in the care plan.
- ❖ Remove or release the restraint, reposition the person, and meet basic needs at least every 2 hours or as often as noted in the care plan.