


SUBJECT: Restraints	
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1. Definition:

Restraints refer to mechanisms for limiting movement to ensure safety, comfort and/or facilitate examination or procedures.


2. Statement of Purpose

- 2.1. The use of restraints is based on the assessed needs of patients.
- 2.2. The use of restraints prevents the confused, disoriented or combative patient from harming self or others.

3. Policy

- 3.1. Only Registered Nurses who have completed the competency shall care for patients who require restraining.
- 3.2. Restraints are not to be used to discipline patients and/or for staff convenience.
- 3.3. Nurses shall be aware of the process of managing confused, disoriented or combative patients:
 - 3.3.1. **First Line Management**
 - 3.3.2. Effective communication, reassurance and
 - 3.3.3. **Second Line Management**
 - 3.3.4. Chemical restraint as per medical assessment, doctor's order, intervention and documentation.
 - 3.3.5. Vital signs assessment shall be as follows, or more frequently if indicated on Doctors orders, or patients condition: every 15 (fifteen) minutes x 2 then hourly

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3.3.6. **Third Line Management**

- 3.3.6.1.1. Application of physical restraint devices as per medical assessment,
- 3.3.6.1.2. **doctor's order**, intervention and document

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3.3.7. **For Physical Restraint Procedures refer to Lippincott: Nursing Procedures, Chapter 1, Fundamental Procedures.**

3.3.8. Hourly observation and documentation is required on the Daily Nursing Record. More frequent observations shall be performed if the patient is at risk of self-harm or indicated in doctor's orders.

3.3.9. Nurses must use only approved restraints and correct size of restraint.

3.3.10. Restraints shall be removed and replaced every two hours to facilitate assessment.

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4. References

- 4.1. Lippincott, (2004) *Nursing Procedures*, 4th edition, Lippincott, Williams & Wilkins Publishers
- 4.2. JCI (Joint Commission on International Accreditation), (2000), *Joint Commission on International Accreditation Standards for Hospitals*, 1st Edition

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