This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.

During skill check-off, the student must perform the skill unassisted with 100% competence.

While the course is being taught, a skill performance summary document/chart may be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill MUST be recorded on the NATS Part II by the conclusion of the course.

Restraint Alternatives: (Electric Warning Device is one Restraint Alternative*)

1. Help keep residents safe and still upholds resident right to be restraint free

2. Types of restraint alternatives:
   
   A. Bed alarms – these devices alert staff if a resident gets up without help*
   
   B. Floor cushion or pads next to the bed – decrease injuries if a person does fall when getting out of bed
   
   C. Barriers – such as STOP SIGNS posted on doors- discourages confused patients from wandering into the area
   
   D. Partial bed rails – prevent patients from rolling out of bed while allowing them freedom to get up if they wish to
   
   E. Wedge cushions – Place in wheelchairs to prevent forward sliding
   
   F. Wheelchair/chair alarms – alert staff if the resident slides forward or tries to get up without help*
   
   G. Activities and diversions – games, movies, music distract residents
   
   H. Positioning devices and wedges
   
   I. Furniture – low beds, rocking chairs, or recliners
   
   J. Easy-release belts – is a reminder of safety but resident can release if desired
Equipment: Fall Alarms also known as Exit Devices, Fall Detection Alarms, or Electronic Warning Devices

Pull Cord Fall Alarm
Consists of an adjustable length cord and garment clip that is attached to the resident's clothing. The end of the cord is attached to the control unit via a small magnetic pin or metal pin. The alarm is activated and sounds when the resident exits the bed, chair/wheelchair and the cord detaches from the control unit.

Combination Pressure Pad & Pull Cord Fall Alarms
These fall alarms can be used as a pull-cord alarm or attached to a pressure pad. When used as a pull-cord, the alarm is activated when the resident exits the bed, chair/wheelchair and the cord detaches from the control unit. For pressure-pad use, the alarm is activated when the weight of the resident is no longer on the pad.

Note: Follow manufacturer's directions and the instructions given by the supervising nurse. Fall alarms do not prevent falls unless staff members respond to the sound of the alarm!

1. Knock before entering room.
2. Identify resident and address them by name. State your name and title.
3. Explain procedure, speaking clearly, slowly, and directly maintaining face-to-face contact whenever possible.
4. Obtain permission from the resident before beginning procedure.
5. Wash hands and provide privacy if procedure requires privacy.
6. Do not remove fall detection alarms unless you are with the resident.
7. Reattach alarm device if you detach it during resident care.
   - Attach the garment clip to the resident’s clothing out of the resident’s reach if pull cord fall alarm is used
   - Assure the pull cord is not tangled
   - Assure the alarm unit is on and the pull cord is attached to the alarm unit. (A magnet affixes the pull cord to the alarm unit.)
8. Respond to the sounding of alarms STAT. Assure resident is safe and redirect resident if necessary.
9. Report malfunctioning fall alarm device (restraint alternative) to supervisor immediately.
10. Record actions and report any abnormal observations to supervisor.

Instructor’s Initials: ______________________________________ Date:________________
WARNING:
*Restraint use may increase risk of injuries such as strangulation or entrapment!*

About restraints:
1. Restraint is defined as any manual or chemical item or device that is attached to or next to the person’s body that limits the person’s freedom of movement or body access that the person cannot easily remove.

2. Use of restraints topic of debate for 20 years.

3. Warning: OBRA permits a person to be restrained if:
   
   A. It is a part of the plan of care to treat the person's physical, emotional, or behavioral problems.
   
   B. Needed to protect other patients or persons from harm.
   
   C. Ordered for medical reason, the order includes the body part to be restrained, the device to use, and the amount of time the restraint is to be used.
   
   D. Least restrictive method is used.
   
   E. Person agrees to the use of the restraint.
   
   F. Person’s dignity and quality of life are protected.
**Basic Guidelines:**

1. Never apply a restraint without a doctor's order.
2. Never apply a restraint if the person refuses it.
3. Never apply a restraint without fully understanding how the device should be used.
4. If a resident is restrained, the restraint and skin under the restraint must be checked at least every 15 minutes.
5. The resident’s restraint must be released every 2 hours, skin care given, resident repositioned, and restraint reapplied as ordered.

**Basic Restraint Procedure(s)**

1. Receive directions from supervisor. Knock before entering room.
2. Address resident by name. State your name and title.
3. Identify resident. Explain procedure and obtain permission.
6. Select the type of restraint ordered and select the correct size for the resident.
7. Position resident in good bodily alignment for the type of restraint being used.
8. Apply restraint according to the type of restraint and manufacturer’s instructions.
9. Apply straps appropriately.
   
   **Wheelchair Use:**
   - Straps to prevent sliding should always be over the thighs NOT around waist or chest when the safety belt if used in a wheelchair.
   - Straps should be at a 45 degree angle and secured to the chair under the seat, not behind the back when the safety belt is used in a wheelchair.

   **Bed Use:**
   - Secure straps to moveable part of the bed frame using a slipknot. Never tie to bedrails.
   - Leave 1-2 inches of slack in the straps
   - Tie straps out of the resident’s reach

10. Monitor resident’s circulation and resident's tolerance to restraint.
11. Record actions and report any abnormal observations to supervisor.
Mitten Restraint

- Hands must be clean, dry and padded when applying mitt restraints.
- Check pulse, color and temperature of hand every 5 minutes because resident cannot press call bell… Offer help with toileting, offer fluids, reposition

Wrist Restraint (Limb Restraint)

- Place soft edge against skin wrapping smoothly around wrist
- Pull secure and check fit by inserting two fingers between skin and restraint
- Position limb in comfortable position but limit movement as necessary
- Check pulse, color and temperature of hand every 15 minutes… Offer help with toileting, offer fluids, reposition
- Tie to moveable part of bed frame or wheelchair using slipknot
- NEVER TIE TO BED RAILS….be sure call light is in reach

Jacket or Vest Restraint

- Vest restraints are worn over clothing and must not restrict breathing.
- Slip sleeves over arms and positions V-area in the front
- Cross strap in back and pull through hole in jacket
- Secure straps to frame and check for tightness, comfort, and movement limitations
- Check pulse, color and temperature and breathing of resident in vest restraint every 15 minutes… Offer help with toileting, offer fluids, reposition. Call light in reach of resident

Safety Belt Restraint

- Place belt over top of clothing in front, passing ties across back
- Check restraint to be sure there are no wrinkles and that restraint does not restrict breathing.
- Put ties through belt slots,
- Check position of restraint and breathing every 15 minutes… Offer help with toileting, offer fluids, reposition. Be sure call light in reach

Instructor’s Initials: ___________________________ Date: _________________