



# Restraints: Facility Systems Assessment Checklists

A systems assessment is a starting point for a quality improvement project. These checklists will be most useful if you are willing to look at your current practices with a more critical eye.

## Directions for Restraints: Systems Assessment Overview Questionnaire

- To be completed by a direct care or interdisciplinary team.
- Consult with appropriate staff in answering certain questions and completing checklists.
- Check “Yes” if you have the process in place and it is always complete and done so consistently. Please continue to the next question.
- Check “Yes, but needs improvement” if the process is in place, but is not always complete or done consistently. Proceed to the checklist referenced by the page after the question.
- Check “No” if the process is not in place and proceed to the checklist referenced by the page after the question.
- Check “In Progress” if the need is currently being addressed, but still needs improvement. Continue to the checklist referenced by the page after the question.

Restraints: Facility Assessment	Yes	No	Yes But Needs Imp.	In Progress
Does your facility have a process to evaluate the degree to which your organization is committed to restraint reduction and/or elimination? (page 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility consistently complete a comprehensive assessment for residents currently using restraints or being considered for restraints? (page 3-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have an oversight process to ensure accurate coding of restraint use on the MDS? (page 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have a process to ensure the development, implementation and re-evaluation of care plans for restraints? (page 7-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have a process for eliminating restraints? (page 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have initial and ongoing education on restraint elimination for all relevant staff, residents and families/responsible parties? (page 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## When completing each checklist on the following pages:

- If you answer “Yes” to all of the questions, you are indicating that the process is always complete and done so consistently. Continue to the next checklist.
- If you are not sure, or answer “No” to one of the questions, choose one or more elements on which to focus your quality improvement project. We recommend that you begin with the easiest element to change and proceed from that point.
- If you answer “Needs Improvement” to one or more of the questions, the process is not always complete and/or not always done consistently. Utilize a Root Cause Analysis process to determine why the process is inconsistent.
- If you answer “In Progress” to one or more of the questions, continue with your improvement project using the suggestions from the systems checklist as a guide.

## Restraints: Organizational Commitment to Elimination

Evaluation of your organization’s level of commitment should include the following components:

	Yes	No	Needs Imp.	In Progress
Has an interdisciplinary team (IDT) for restraint elimination/reduction been formed or key staff members identified for such a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your facility implemented a “no-restraint” policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have specific processes in place to analyze the effectiveness and accuracy of current clinical practices? ( Such as: screening, assessments, restraint alternatives, documentation and interventions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide education for staff, family, and residents on the dangers of restraints and implementing less restrictive alternatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have processes in place to identify, evaluate, and attempt to assess and treat underlying conditions precipitating the use of restraints (e.g., history of falls)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fall prevention and management program in place that is consistent with current Clinical Practice Guidelines (CPGs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a system for identifying environmental risk factors and considering environmental modifications to promote safety and decrease restraint use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility celebrate restraint reduction/elimination success stories and reward caregivers and family members for positive attitudes and assistance in creating a restraint-free environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have processes to identify needs for staff support and then provide those resources for the elimination of restraints? (such as adequate staffing, adequate time for the IDT to function, education opportunities other than regular in-services, functional communication systems, tools and assessments, and environmental enhancements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your restraint reduction/prevention program include facility-wide programs on one or more of the following topics: targeted activities; safe sitting/standing resident education; wanderers; toileting and continence; assistance for families/residents to cope with and adapt to non-modifiable risk-factors for falling, unsafe behaviors; rehabilitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility evaluate its own processes, review outcome measures, and revise as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Restraints: Resident Assessment

Does your facility's resident assessment process include the following components?

	Yes	No	Needs Imp.	In Progress
<b>Is there a system to perform basic assessments ( including medical history review and physical examination, to rule out acute illness) for any resident...</b>				
- using restraint devices currently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- being considered for a device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- requiring assessment for restraint due to an incident or event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- newly admitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the assessment reflect a multidisciplinary approach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the resident and/or legal guardian's involvement documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the assessment include obtaining information from resident, family, or caregivers about the resident's previous life experiences, interests, and social patterns to identify unrecognized needs and provide an individualized approach to restraint-free care?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an assessment of all risk factors completed and documented according to policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If resident has fallen, has a history of falls, or is otherwise identified as at risk for falls, is a comprehensive falls assessment completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the falls assessment reflect an interdisciplinary approach and address the following factors? (check just one box)</b>				
- Underlying medical conditions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- High-risk medication use;				
- Orthostatic hypotension;				
- Poor vision;				
- Gait deficit;				
- Muscle weakness;				
- Use of assistive devices;				
- Wheelchair seating issues;				
- Unsafe behaviors;				
- Environmental hazards or risks;				
- Unsafe footwear/foot care;				
- Fear of falling				

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## Restraints: Resident Assessment

(continued from p. 3)

	Yes	No	Needs Imp.	In Progress
Do you document precipitating events causing or triggering the resident's current situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If an event (e.g., falls, behaviors) is triggering the assessment, does the documentation state what happened, who was present, where, and when it happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a medical necessity always identified before a restraint is utilized and that meets federal guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are interventions to prevent or reduce the use of a restraint identified that are appropriate for the individual resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is the following information regarding the intervention provided in the documentation and/or care plan?</b>				
- Person/discipline responsible for implementing and monitoring the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Alternate interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Action plan or future trials of alternate interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How the intervention improves function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How the intervention permits or prevents the resident to access his/her body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Explain why this is the least-restrictive option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Explanation of how it provides the highest level of function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Documentation to support that the intervention succeeded or failed and why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Outcomes of trailed alternate interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Identification of potential problems or risk factors of restraint removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Restraints: Resident Assessment

(continued from p. 4)

	Yes	No	Needs Imp.	In Progress
If a restraint is currently used, is the type of restraint and reason used re-evaluated during the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a restraint is currently being used, does the assessment address time frames, situations, or conditions regarding application or removal of the restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the restraint is used to enhance the resident's ability to be self-sufficient, does the record reflect time, duration, circumstances, adverse effects (if any)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a restraint is currently being use, is it consistently released as indicated in the care plan? Is the resident provided with activity (e.g., ROM, change of activity) as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility assess and attempt to treat or rule out underlying medical conditions precipitating restraint use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are the following factors considered in the assessment of underlying medical issues precipitating the use of restraints?</b>				
- Gait/balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cardiovascular insufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hyperglycemia/hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Urinary or fecal urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Delerium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Restraints: MDS Coding

Does your facility have a process to routinely audit MDS coding for accuracy? If so, does the audit process include the following components?

	Yes	No	Needs Imp.	In Progress
Is a person, other than the MDS coordinator, accountable for auditing the MDS coding for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a process to ensure the MDS is completed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the administrator and/or DON routinely provided with MDS generated reports, such as the "Missing Resident" report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the coding of Item P4 accurately reflect the frequency, over the last seven days, with which the resident was restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does interdisciplinary documentation support the coding of Item P4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was nursing documentation consistent and adequate across all shifts for the seven-day review period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does observation of the resident across shifts match the coding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was information gathered from multiple sources prior to coding Item P4 in accordance with instructions in the LTC Resident Assessment Instrument User's Manual (e.g., interviews/discussion with the resident and direct care staff on all three shifts including weekends, review of documentation used to communicate with staff across shifts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If use of devices and restraints varied from shift-to-shift, does the MDS capture the differences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does nursing documentation and/or the care plan explain any variation in use of devices/restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Restraints: Developing Care Plans

Does your facility's care plan process include the following components?

	Yes	No	Needs Imp.	In Progress
<b>If a resident is currently restrained...</b>				
- does his/her care plan reflect a problem (e.g., history, anxiety of falls) requiring a restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- has medical necessity been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- is treatment for underlying medical conditions included in the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are factors identified during risk assessments included in the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are time frames, situations, or conditions specified in the care plan regarding application or removal of the restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence to support involvement (if the resident wishes) of the resident and/or legal guardian with formulating the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are approaches for restraint elimination identified on the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the care plan include a plan for implementation of alternatives to restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there documentation of attempted restraints alternatives? If so, does it include a rationale for why these measures were not effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the care plan have a goal related to providing the highest functional status with the least restrictive environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the care plan specify a monitoring plan for residents with and without restraints identified as "at risk" for falls or unsafe behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are devices or situations that have a restraining effect, but do not meet MDS restraint criteria, identified and addressed in the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the resident exhibits the following unsafe behaviors, does the care plan include individualized behavior management strategies and interventions for monitoring, provide comfort and assistance, and reduce injury?</b>				
- attempting to get out of bed alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- attempting to stand, transfer or walk alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- walking or pacing to the point of fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- propelling or walking alone in unsafe areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Restraints: Developing Care Plans

(continued from p. 7)

	Yes	No	Needs Imp.	In Progress
For residents in wheelchairs with postural/positioning difficulties, does the care plan identify and include measures to improve position, comfort and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have an interim plan of care that can be implemented while risk assessments and care plans are completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence that the plan of care has been implemented (e.g., ensure least restrictive environment, monitoring the resident, provision of proper hydration and ADL needs, access to call light, education, environmental adaptations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence to support prevention of complications such as contractures, skin breakdown, and incontinence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence that the plan of care has been updated or revised if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Restraints: Elimination

Does the restraint elimination process include the following components?

	Yes	No	Needs Improvement	In Progress
Does your facility have an IDT to monitor and evaluate restraints? In addition to other disciplines, the team should include representation from all shifts, nursing assistants, and individuals with knowledge regarding regulations of restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the IDT have a system for tracking and identifying residents appropriate for assessment or reassessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the system identify...</b>				
- the reason for the restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the type of restraint used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a trend or event that precipitates a reason for restraint use (e.g., during what time of the day, under what circumstance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- where the resident is restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- how long the resident is restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- who implemented the restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your process include assessment and treatment of underlying conditions (e.g., falls, physical aggression, wandering)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your process include evaluation of the intervention's effectiveness and the resident's response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the interdisciplinary team reassess for elimination or least restrictive alternate devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the IDT provide continual reassessment and revisions to plan of care to determine that the measure implemented is the least restrictive or until the restraint is safely eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Quality Assurance or CQI committee have a process to analyze the occurrences of falls for system failures utilizing a root cause analysis investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## Restraints: Staff Training and Education

Does your facility's training and education program include the following components?

	Yes	No	Needs Imp.	In Progress
Does your facility conduct an orientation program for all new and existing caregivers, support staff and physicians regarding restraint elimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are residents and family members/significant others educated about the risks of restraints and your restraint elimination policy prior to resident admission and then ongoing during the resident's stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility provide ongoing in-services on restraint prevention/elimination for all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do the educational materials address...</b>				
- the purpose of the IDT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the facility's philosophy and goals regarding restraint elimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- individual expectations, roles, and responsibilities of each caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- that there must be medical necessity identified before a restraint is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- that all other measures identified as appropriate for the resident must be attempted before a restraint is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the referral process to the restraint team if restraints are being considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- parameters of emergency restraint use: time frame, application, physician's orders, consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- documentation of programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- regulations regarding restraint use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- adverse effects of restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the education provided at the appropriate level for the learner (e.g., CNA vs. RN)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_