

Restraints: Staff Attitudinal Survey

Removing Restraints in Nursing Homes

Please check the box that best describes your opinion. Only check one box per line.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Restraints decrease the likelihood of injurious falls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can identify five or more alternatives to restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Restraints decrease agitation among residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Families are the decision-makers for restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility and its employees are the decision-makers for restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Restraints save lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Residents should have a voice in their restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My facility uses restraints primarily for legal reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My facility's administration supports a restraint-free environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The environment in my facility can support restraint-free residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If a device is used for its enabling benefit, then it does not need to be considered as a restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If a resident falls more than once, then a restraint is always necessary for the resident's safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Title (RN, LPN, CNA, MD, Administrator, etc.) _____

Nursing Home Experience (years/months) _____

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Staff Attitudinal Survey Answer key: Removing Restraints in Nursing Homes

1. Many studies have shown that, although restraints are intended to “prevent harm”, they neither decrease the number of falls, nor ensure freedom from injury. In fact, older adults who are restrained are more likely to experience a fall and/or more serious injury than those who are not restrained (AGS Position Statement, 2008).
2. Please see *Alternatives to Physical Restraints* form, available at www.primaris.org.
3. Restraints increase resident agitation (Braun & Capezuti, 2001; Williams & Finch, 1997; Sullivan-Marx, 2001; Guttman et al., 1999).
4. “While a resident, family member, legal representative or surrogate may request that a restraint be used, the facility has the responsibility to evaluate the appropriateness of that request as they would a request for any type of medical treatment. As with other medical treatments, such as the use of prescription drugs, a resident, family member, legal representative or surrogate has the right to refuse treatment, but not to demand its use when it is not deemed medically necessary” (RAI User’s Manual, pg3-200).
5. Although the family/resident need to be involved, the facility and its employees are the decision-makers for restraint use, because nursing observation of behaviors and requests precipitate most restraint orders. Facility staff control most aspects of alternative approaches to restraints, and have ultimate responsibility for harm resulting from restraint use (CMS S&C Memo 07-22).
6. Restraints do not save lives. More than 200 deaths occur every year as a result of restraints even when they are applied according to manufacturer’s instructions (Guttman et al., 1999).
7. According to CMS guidelines, a resident and/or family of a resident with dementia should be involved in care planning for use of a physical restraint. Some facilities have created a policy and procedure, which requires the resident or family representative to sign an informed consent form to use a restraint. With informed consent, the family is clearly aware of the potential harms and alternatives if they wish such a device to be used.
8. Braun & Capezuti (2001), in a review of legal precedents, state that the legal standard of care in nursing homes is presumed “against restraint use unless identifiable alternatives have been investigated and found impossible” (p.33). Marshall Kapp, JD, MPH (1999), a national legal expert on the topic, stated that a review of cases from 1995-98 demonstrated the creation of “legal risk management benefits for providers in addition to producing positive clinical, psychological, ethical, and financial effects for both providers.”
9. The correct answer to this item will be based on your knowledge of your facility’s administration.
10. Please see *Alternatives to Physical Restraints* form, available at www.primaris.org.
11. Many items typically considered as restraints may have the added benefit of being an enabler; however, any device, material, equipment, positioning, etc should be assessed first on the impact that item has on the resident, not on the intent or reason behind the use of the item (RAI Manual pg 3-198). In most instances, the enabling benefit does NOT outweigh the impact of the restraining effect.
12. There is no evidence that the use of physical restraints, including side rails, will prevent or reduce falls. Additionally, falls that occur while a person is physically restrained often result in more severe injuries (American Geriatric Society, 2001; CMS S&C Clarification Memo 2007). The key factor lies is the assessment of the resident’s condition and the impact that future falls might have. Consider what additional interventions might be initiated to prevent serious injury?

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