

Track Changes
from Chapter 3 Section P v1.17.1
to Chapter 3 Section P v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	P0100–P0200	P-2–P-11	Page length changed due to revised content.
3	P0100	P-1	<p>Are Restraints Prohibited by CMS?</p> <p>CMS is committed to reducing unnecessary physical restraints in nursing homes and ensuring that residents are free of physical restraints unless deemed necessary and appropriate as permitted by regulation. Proper interpretation of the physical restraint definition is necessary to understand if nursing homes are accurately assessing manual methods or physical or mechanical devices, materials or equipment as physical restraints and meeting the federal requirements for restraint use (see Centers for Medicare & Medicaid Services. [2007, June 22]. Memorandum to State Survey Agency Directors from CMS Director, Survey and Certification Group: Clarification of Terms Used in the Definition of Physical Restraints as Applied to the Requirements for Long Term Care Facilities. Retrieved December 18, 2012, from http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-22.pdf). These requirements, as well as those related to alarms and their relevant definitions, are available in Appendix PP of the <i>State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities</i> available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guide_lines_ltcf.pdf.</p>
3	P0100	P-1	<p>Prior to using any physical restraint, the nursing home must assess the resident to properly identify the resident's needs and the medical symptom(s) that the restraint is being employed to address. If a physical restraint is needed to treat the resident's medical symptom(s), the nursing home is responsible for assessing the appropriateness of that restraint. When the decision is made to use a physical restraint, CMS encourages, to the extent possible, gradual restraint reduction because there are many negative outcomes associated with restraint use.</p>

Track Changes
from Chapter 3 Section P v1.17.1
to Chapter 3 Section P v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	P0100	P-5	<ul style="list-style-type: none"> • Code 0, not used: if the item was not used during the 7-day look-back period or it was used but did not meet the definition. • Code 1, used less than daily: if the item met the definition and was used less than daily during the observation period.
3	P0100	P-7	<ul style="list-style-type: none"> • Restraints used in emergency situations. If the resident needs emergency care, physical restraints may be used for brief periods to permit medical treatment to proceed, unless the resident or legal representative has previously made a valid refusal of the treatment in question. The resident's right to participate in care planning and the right to refuse treatment are addressed at 42 CFR §§483.10(c)(6) and 483.21(b)(ii)(A)–(F) respectively. The use of physical restraints in this instance should be limited to preventing the resident from interfering with life-sustaining procedures only and not for routine care.

Track Changes
from Chapter 3 Section P v1.17.1
to Chapter 3 Section P v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	P0100	P-8	<ul style="list-style-type: none"> • Request for restraints. While a resident, family member, legal representative, or surrogate may request use of a physical restraint, the nursing home is responsible for evaluating the appropriateness of that request, just as they would for any 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. <p>According to 42 CFR 483.10(e)(1) and 483.12, “The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident’s medical symptoms.” CMS expects that no resident will be physically restrained for discipline or convenience. Prior to employing any physical restraint, the nursing home must perform a prescribed resident assessment to properly identify the resident’s needs and the medical symptom(s) the physical restraint is being employed to address. The guidelines in the State Operations Manual (SOM) state,</p>
3	P0200	P-11	<ul style="list-style-type: none"> • When determining whether the use of an alarm also meets the criteria of a restraint, refer to the section “Determination of the Use of Position Change Alarms as Restraints” of F604 in Appendix PP of the State Operations Manual available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_p_guidelines_ltcf.pdf.