

## To Be or Not to Be? Alarms as a Restraint?



F-Tag 221 mandates freedom from physical restraints. We know that proper management of delivery of care to Residents should rarely, if ever, include the use of a physical restraint. When attempting to manage a Resident's fall risk, it is important to consider the devices used and if those devices could be considered a restraint under the survey guidelines and interpretive tools.

Language in F-Tag 221 clearly states that Residents are to be "free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the Resident's medical symptoms." A restraint should be considered only as an absolute last resort to restore safety or in an emergency and/or temporary situation to accomplish safety. The use of alarms and monitors can be imprecise given that there are often latches, cords and clips associated with the use of the device. If these devices are not carefully documented, there is potential for misinterpretation of their use as a "restraining" device. Appropriate documentation is the key to validating that a Resident's utilization of a safety device in their chair or bed is NOT a physical restraint.

Key considerations for your team to discuss and document include:

1. Does the alarm restrict the Resident's movement and what documentation supports the need for the alarm to ensure safety?
2. How is the alarm being Care Planned and monitored to reduce long term dependence and to ensure Resident safety?
3. How is the alarm coded on the MDS? Is there a thorough assessment addressing the potential of an alarm as a restraint? If an alarm has the potential to be interpreted as a restraint, has the restraint been coded on the MDS? Has the Resident Assessment Protocol (RAP) thoroughly addressed the risks and benefits of the device to the Resident in a specific manner?
4. Is there documentation that the alarm is a 'reminder' or 'trigger' for the Resident to sit down or to prompt the Resident that standing without assistance is unsafe and may result in a fall? Documentation must establish a Resident's ability to move freely, utilizing the device as a reminder. The device enhances the Resident's safety associated with known fall risk. The device does NOT act as a physical barrier.

Surveyors will expect to see documentation that confirms there has been Resident and Caregiver education detailing: the medical necessity of the alarm or monitor; the Physician involvement in the decision to utilize a monitor; and the Interdisciplinary team member's utilization of an investigative protocol to trial less restrictive options when establishing Resident-specific safety parameters. Understanding this insight pertaining to F-Tag 221 will ensure your documentation demonstrates all attempts to reduce the need for a physical restraint by initially introducing less restrictive options including alarms and monitors.