

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: MEDICAL PROTECTIVE DEVICES

ANNUAL REVIEW MONTH: OCTOBER

RESPONSIBLE FOR REVIEW: CHIEF MEDICAL OFFICER

LAST REVISION COMPLETED: February 2008

I. Policy Statement:

The staff of this facility will utilize medical protective devices only as defined in this policy and will employ only the least restrictive device available to meet the needs of the client. Utilization of these devices must ensure treatment in a safe and secure environment based on standard practice for the procedure, reducing health and safety risks, and protecting the rights and dignity of the client.

II. Purpose:

This policy designates the procedures for the use of medical protective devices, as defined herein.

III. Applicability:

This policy is applicable to clients who receive care in Psychiatric Treatment & Forensic Services (PTFS), and Developmental Disabilities Services (DDS).

IV. Definition:

A **MEDICAL PROTECTIVE DEVICE** is a device which restricts the movement of the client or restricts the normal access of the client to his or her body or parts of his or her body **AND** is used to facilitate medical, dental, diagnostic or surgical procedures or medical treatment of the client's physical condition or to aid in the healing process for an injury or wound. A medical protective device is **NOT** used to **PREVENT** accidental injury, even if the injury to be prevented is due to a medical condition, **NOR** is it to be used for behavioral restraint.

V. Requirements:

A. Medical: The medical staff member will assess the client initially and at least every thirty days as indicated by the client's condition. The medical staff member must order the device at the time of application and at least every 30

days thereafter, for the duration of the use of the device. The ordered duration for use of the device should be for the minimum amount of time thought to be necessary to accomplish the objective, not to exceed 30 days. The medical staff member will document the assessment and the necessity for such a device in the medical record when the orders are written initially and with each renewal.

- B. Consent: In the nursing facilities, a signed consent for the utilization of such a device must be obtained from the client/guardian/representative prior to the application of the device.
- C. Monitoring:
 - Every 30 minutes, a direct care staff member shall monitor the client and a notation will be entered on the "Protective Restraint Flow Sheet (CSH-284)."
 - Upon application and every **two (2)** hours, a licensed nurse will check the client to ensure the proper application of the device and to evaluate the client for any adverse effects of the device to the client. These results will be entered on the "Protective Restraint Flow Sheet (CSH-284)."
- D. Team: The treatment team will explore any alternatives to the device, seeking the least restrictive device available to meet the needs of the client. Such discussion and the conclusions regarding the most appropriate and least restrictive device will be entered into the medical record. This discussion and documentation will occur at the initial application of this device and every 30 days for the duration of the use of the device. If the use of such a device is necessary on a chronic basis, more than 2 months, the use of the device and the indications for its use will be included in the clients ISP/IPP. Such documentation will also indicate that the device chosen is the least restrictive means to address the needs of the client.

VI. Reporting:

The number of clients placed in medical protective devices and the number and type of devices will be reported to the Information Systems and Performance Evaluation Department monthly.

Approved:

This policy has been approved by the CMO and CEO in April 2008.