**Section 330.1145 Restraints**

a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

b) No physical restraints with locks shall be used.

c) Physical restraints shall only be used in an emergency as specified in Section 330.1150.

d) *Neither restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel. No restraints or confinements shall be employed except as ordered by a physician who documents the need for such restraints or confinements in the resident's clinical record.* (Section 2-106(b) of the Act)

e) Criteria for determining whether physical restraints are needed for a resident shall include, but not be limited to whether:

1) The assessment of the resident's capabilities and an evaluation and *trial of less restrictive measures has led to the determination that the use of less restrictive measures would not attain or maintain the resident's highest practicable physical, mental or psychosocial well-being;*

2) The assessment of a specific physical condition or medical treatment indicates the condition or medical treatment requires the use of physical restraints;

3) *Consultation with appropriate health professionals, such as* registered professional nurses*, occupational or physical therapists,* indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and

4) Demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental, or psychosocial well-being*. (Section 2-106(c) of the Act)

f) The use of chemical restraints is prohibited.

g) *A* physical *restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. A restraint may be used only for specific periods, if it is the least restrictive means necessary to attain and maintain the resident's highest practicable physical, mental or psychosocial well-being, including brief periods of time to provide necessary life-saving treatment.* (Section 2-106(c) of the Act)

h) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

1) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used.

2) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than five days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing.

i) *Whenever a period of use of a restraint is initiated, the resident shall be advised of* their *right to have a person or organization of* their *choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint. A recipient who is under guardianship may request that a person or organization of* their *choosing be notified of the restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information, in writing, to the Guardianship and Advocacy Commission:

1) The reason the physical restraint was needed;

2) The type of physical restraint that was used;

3) The interventions utilized or considered prior to physical restraint and the impact of these interventions;

4) The length of time the physical restraint was to be applied; and

5) The name and title of the facility person who should be contacted for further information.

j) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have* their *hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)

k) A facility may not issue orders for the use of physical restraints on a standing or as needed basis.

l) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being.

m) A resident placed in a restraint must be checked at least every 15 minutes by staff trained in the use of restraints and a record of these checks and usage of restraints must be kept. A resident wearing a physical restraint shall have it released for a period of not less than 10 minutes during each two-hour period in which the restraint is employed, or more often if necessary. During these times, residents shall be given the opportunity for motion and exercise or shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate. A record of this activity during a period of restraint shall be kept in the resident's medical record.

n) Restraints shall be designed and used in a way that does not cause physical injury to the resident and that results in the least possible discomfort.

o) *In no event may restraint continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities, advanced practice psychiatric nurse, or a physician confirms, in writing, following a personal examination of the* resident, *that the restraint does not pose an undue risk to the* resident's *health in light of the* resident's *physical or medical condition. The order shall state the events leading up to the need for restraint and the purpose for which restraint is employed. The order shall also state the length of time restraint is to be employed and the clinical justification for the length of time. No order for restraint shall be valid for more than 16 hours.* [405 ILCS 5/2-108(a)].

p) No form of seclusion shall be permitted.

(Source: Amended at 48 Ill. Reg. 7397, effective May 3, 2024)