**Section 350.1084 Emergency Use of Physical Restraints**

a) *If a resident needs emergency care,* physical *restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.* (Section 2-106(c) of the Act)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;

2) prevent the resident from doing serious mental or physical harm to himself/herself; or

3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proven ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse or QMRP with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. 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. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint has been removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the physical restraint is being used.

d) The emergency use of a physical restraint must be documented in the resident's record, including:

1) the behavior incident that prompted the use of the physical restraint;

2) the date and times the physical restraint was applied and released;

3) the name and title of the person responsible for the application and supervision of the physical restraint;

4) the action by the resident's physician upon notification of the physical restraint use;

5) the new or revised orders issued by the physician;

6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and

7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraint.

e) The facility's emergency use of physical restraints shall comply with Sections 350.1082(e), (f), (g), and (j).

(Source: Added at 20 Ill. Reg. 12049, effective September 10, 1996)