

# The Ethical Use of Restraints: Balancing Dual Nursing Duties of Patient Safety and Personal Safety

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**Written by:** ANA Center for Ethics and Human Rights  
**Adopted by:** ANA Board of Directors

## Purpose

The purpose of this position statement is to address the ethical use of restraints by registered nurses. Registered nurses are expected to balance dual nursing duties of patient safety and personal safety when using restraints.

## Statement of ANA Position

Nurses promote and advocate for the protection of patients from harm and from the potential for harm that could result from the use of physical restraints. While patients may be restrained to prevent them from harming themselves or others, this practice could result in patient harm. Previous ANA position statements have addressed the role of nurses in reducing or eliminating patient restraint practices. Therefore, nurses have an important role in creating a safe environment for patients, loved ones, health care professionals, and all members of the care team as well as for themselves. Knowledge and awareness of those situations where the use of restraints is appropriate and indicated is necessary for nurses to create an environment that is safe for patients and for health care professionals.

## History/Previous Position Statements

- Action Report: Reduction of Patient Restraint and Seclusion in Health Care Settings, ANA House of Delegates, 2000
- Position Statement: Reduction of Patient Restraint and Seclusion in Health Care Settings, ANA Board of Directors, March 12, 2012; ANA Board of Directors 2001

The focus of the previous 2012 ANA position statement was on the registered nurse's role in reducing the use of patient restraints and seclusion, previously viewed as necessary for promoting patient safety. The use of restraints was found to be associated with both physical and psychological negative consequences to

patients and residents; therefore, the impetus in the past two decades was on finding measures to eliminate the use of restraints and creating a restraint-free environment. The practice of restraining patients can be viewed as contrary to the ethical traditions of the nursing profession, particularly that of respect for dignity and the patient's right to self-determination and autonomy. This 2012 position statement summarized the rules and regulations and standards of regulatory and professional organizations, including the Centers for Medicare & Medicaid Services (CMS), the National Alliance for the Mentally Ill (NAMI), The Joint Commission (TJC), and others. The recommendations included the need for education on the appropriate use of restraints and seclusion, use of least restrictive interventions, ensuring sufficient nursing staff, having policies and environmental supports in place, and enforcing documentation requirements. The position statement also expressed the need for additional research "to explore safe, appropriate, and effective nursing responses to patient behaviors that continue to place patients at risk, and to the safety factors related to restraint and seclusion." This position statement supersedes the 2012 ANA position statement.

## Code of Ethics for Nurses with Interpretive Statements

The ethical values that provide justification for nurses' duty to provide care that is safe and respectful of patient rights and inherent dignity and worth are expressed in Provision 1 of the Code of Ethics. Provisions 2 and 3 identify nurses' primary commitment to and role in advocating for the rights, health, and safety of the patient. When patients are at risk of harming themselves through interference with their treatment or through impaired mobility or cognitive function, nurses have a duty to act to promote patient safety when critical safety issues that cannot be resolved with other methods place patients at risk of harming themselves. Accountability and responsibility for making nursing judgments, decisions, and taking action to provide a safe patient care environment is expressed in Provision 5. Provision 6 identifies the role of nurses for establishing, maintaining, and improving the ethical environment of the work setting, a duty that is especially integral to the role of nurse managers and executives. Just as nurses have a role in assuring that patients are safe and their autonomy is respected, nurses also have a duty to themselves to assure their own safety. This duty to self is expressed in Provision 4. There are therefore situations where nurses are ethically obliged to take measures to protect themselves from patients who exhibit violent and threatening behaviors.

## Supportive Material

### Today's Health Care Environment

Since 2012, there have been several studies on the use of restraints in health care settings. The position statement "Reduction of Patient Restraint and Seclusion in Health Care Settings" stated that "additional research is needed to explore safe, appropriate, and effective nursing responses to patient behaviors that continue to place patients at risk, and to the safety factors related to restraint and seclusion" (ANA, 2012). Since then, a number of studies have been conducted related to the use of restraints. These studies can be organized according to the topics of acute care settings that include critical care and medical-surgical areas (Bauer & Weust, 2017; Cospers, Morelock, & Provine, 2015; Dolan & Looby, 2017; Lynn & Brookes, 2017; Mitchell, Panchisin, & Seckel, 2018), emergency departments (Anderson, Fitzgerald, & Luck, 2010; Emde & Markle, 2002), behavioral health (Snorrason & Biering, 2018), and long-term care (Dahlke et al., 2019; Heinze, Dassen, & Grittner, 2011; Park & Tang, 2007), as well as the issues related to education and strategies for prevention of violence (Brous, 2010; Eskandari et al., 2018; Locke et al., 2018). The use of restraints remains controversial. Many factors contribute to the use of restraints, and the registered nurse should have the knowledge, skills, and attitudes to understand the appropriate use of restraints. It is also recognized that violent incidents in the health care environment are increasing, necessitating the need for increased awareness of potential or actual situations by nurses and for reporting incidents of such situations.

## Legal/Regulatory Issues

False imprisonment is the unlawful restraint of an individual's personal freedom or the unlawful restraint or restriction of an individual (Pozgar, 2019, p. 62). Restraints are commonly used to regulate behavior when patients are disoriented or may injure themselves (e.g., suicide, falls) or others (Pozgar, 2019, p. 62).

The rationale for the use of restraints may be valid, but there has been an inclination for overuse (Pozgar, 2019, p. 63). Restraints are to be used as a final option due to governmental regulations (Pozgar, 2019, p. 63). Legal issues can be addressed in health care agencies by the implementation of policies that have a goal of eradicating or restricting the use of restraints (Pozgar, 2019, p. 63). Guidelines for the successful use of restraints should include the following:

- Policies that adhere to governmental requirements and accrediting agencies
- Policies that address the least restrictive device and monitoring of patients with restraints, and that require advanced practitioner orders for restraints
- Interprofessional education
- Patient and family education
- Ongoing patient assessment
- Informed consent
- Ongoing review of best practices for patient injury prevention
- A process to address complaints by patients who are restrained
- Documentation (Pozgar, 2019, p. 63)

## Recommendations

ANA recommends implementation of the following evidence-based actions:

### **Patient Safety: Reduction of Patient Restraint**

- Collaborate with the health care team and organizations to promote policies and progress toward a restraint-free culture across all settings.
- Implement alternatives and less restrictive measures to use of restraints, such as electronic remote observation for 1:1 continuous patient observation.
- Use evidence-based interventions in providing a restraint-free environment and in promoting patient safety in aggression-prone situations.
- Monitor the appropriate use of restraints through mechanisms such as a multidisciplinary restraints committee and restraints rounds.

### **Personal Safety: Violence Prevention**

- Implement measures to recognize, assess, report, and prevent incidents of actual or potential violence to health care professionals, such as a Violence Prevention Committee.
- Conduct ongoing education on use of de-escalation techniques.
- Implement the use of personal safety devices, such as badge alarms.

## Summary

Nurses have a duty to promote a restraint-free culture across all clinical and therapeutic settings. Nurses may be required to use patient restraints and seclusion to assure patient and nursing and staff safety and to facilitate the delivery of nursing care. In these clinical situations, nurses should respect and uphold the autonomy and inherent dignity, and human rights of all individuals involved. Nurses must be aware of and balance a patient's right to self-determination with the health and welfare rights of those in the clinical setting. Evidence-based interventions that sustain the ethical values of all involved should be used.

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