



# Restraints: Staff Attitudinal Survey

## Removing Restraints in Nursing Homes

Please check the box that best describes your opinion. Only check one box per line.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Restraints decrease the likelihood of injurious falls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can identify five or more alternatives to restraints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Restraints decrease agitation among residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Families are the decision-makers for restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility and its employees are the decision-makers for restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Restraints save lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Residents should have a voice in their restraint use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My facility uses restraints primarily for legal reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My facility's administration supports a restraint-free environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The environment in my facility can support restraint-free residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Title (RN, LPN, CNA, MD, Administrator, etc.) \_\_\_\_\_

Nursing Home Experience (years/months) \_\_\_\_\_

## Staff Attitudinal Survey Answer key: Removing Restraints in Nursing Homes

1. Reduced use of physical restraints results in a decrease in injurious falls and a decrease in the total number of injuries. A study of a quality improvement restraint reduction program in 16 nursing homes (NHs) in NC, CA, MI, and NY showed a reduction in serious injuries from 7.5% to 4.4% when restraints were reduced from 41% to 4%. Another study of 12 NHs in CT found that 31% of residents received a restraint order over a one year period. Serious fall-related injuries occurred for 5% of unrestrained residents and 17% of restrained residents. Another study in seven NHs compared weekly fall rates for 184 residents before and after restraint removal. It found that 2% of residents fell per week with restraints and 3% fell per week after restraint removal, but injurious falls did not change (Neufeld RR, 1999; Tinetti ME, 1992; Ejaz FK, 1994).
2. Please see *Alternatives to Physical Restraints* form, available at [www.ifqhc.org](http://www.ifqhc.org).
3. Restraints increase resident agitation (Williams & Finch, 1997; Sullivan-Marx, 2001; Evans & Strumpf, 1990; Guttman et al., 1999; Werner P et al, 1989).
4. Families should not be decision-makers for restraint use but have a say in their loved-one's care plan processes. Family involvement, education, and support is critical to achieving a restraint-free environment. Education regarding hazards of restraints plus use of restraint alternatives will give family members security needed when placing a loved one in a restraint-free facility or when discussing removal of a pre-existing restraint (Cohen et al., 1996).
5. The facility and its employees are the decision-makers for restraint use, because nursing observation of behaviors and requests precipitate most restraint orders. Facility staff control most aspects of alternative approaches to restraints, and have ultimate responsibility for harm resulting from restraint use.
6. Restraints do not save lives. More than 200 deaths occur every year as a result of restraints even when they are applied according to manufacturer's instructions (Guttman et al., 1999).
7. According to CMS guidelines, a resident and/or family of a resident with dementia should be involved in care planning for use of a physical restraint. Some facilities have created a policy and procedure, which requires the resident or family representative to sign an informed consent form to use a restraint. With informed consent, the family is clearly aware of the potential harms and alternatives if they wish such a device to be used.
8. Facilities should not use restraints for legal reasons because legal risk from physical restraint use is greater than legal risk from not using restraints (Evans & Strumpf, 1990). Marshall Kapp, JD, MPH, a national legal expert on the topic states in his 1999 review of the topic that a review of cases from 1995-98 showed that "restraint reduction or elimination is likely to create legal risk management benefits for providers in addition to producing positive clinical, psychological, ethical, and financial effects for both providers and residents."
9. The correct answer to this item will be based on your knowledge of your facility's administration.
10. Please see *Alternatives to Physical Restraints* form, available at [www.ifqhc.org](http://www.ifqhc.org).

## References:

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