

Risks of Restraints

*Understanding
Restraint-Related
Positional Asphyxia*



Risks of Restraints

Understanding Restraint-Related Positional Asphyxia

Editor's Note: In an effort to avoid the gender bias inherent in our language as well as the awkwardness of repeatedly using terms such as "he/she" and "him/her," we have chosen to alternate between male and female pronouns throughout this guide.



In your job, there might be times when you are called upon to restrain individuals who have become dangerous to themselves or others. This pamphlet answers some common questions about physical restraints.

Q What does it mean to restrain someone?

A Anytime you restrict a person's freedom of movement by holding the person or by using a mechanical device, you are restraining that individual. Restraints can last for seconds, minutes, or hours.

Q Under what circumstances should individuals in my care be restrained?

A Sometimes a person needs to be restrained in order to receive medical or nursing care. For example, a confused patient may need restraints to prevent him from removing an IV that is providing needed medication.

Other than to receive medical or nursing care, individuals should be restrained only when **all** of the following guidelines are met:

- The person is an immediate danger to self or others.
- Other ways to manage the person's dangerous behavior have failed.
- Staff members are trained in the proper use of restraints.

There may be additional guidelines in your facility's policies and procedures, so be sure to check with your supervisor.

Q Should restraints be used as a means of punishment?

A Physical restraints should **never** be used for **any** of the following purposes:

- As a punishment.
- For the convenience of staff.
- As a way to inflict pain.

Q How long should a physical restraint last?

A A physical restraint should be used as a temporary emergency measure to take control of another person only until that person has regained control of her own behavior and is no longer a danger to herself or others.

Specific laws or regulations may govern your facility's use of restraints, so be sure to check your facility's policies and procedures for applicable time limitations.

Q Are physical restraints dangerous?

A All physical restraints involve some possibility of injury to the person being restrained and to staff. There is less risk of injury when staff members are well trained and safer techniques are used, but there is always the chance that an injury will occur.

There is also a psychological danger in using restraints. Being restrained can be a frightening—even traumatic—experience. Restraints can also interfere with the relationship between caregivers and the person being restrained. And if people are restrained often, they may begin to feel that they have no control over their own lives.

For these reasons, restraints should be used only when the person's behavior is MORE dangerous than the danger of using restraints.

Q How can we reduce the possibility of injury during a restraint?

A Injuries can be reduced in two important ways. First, staff members need to be trained in safer ways of restraining, and they need to practice those skills on a regular basis. A physical restraint is an emergency procedure—not very different from CPR or first aid. As with any emergency response procedure, staff members need to rehearse these skills on a regular basis.

Second, some restraints are more dangerous than others. By choosing safer restraint techniques, you and your facility can reduce the possibility of serious injury—or even death. In particular, you should avoid positions that can lead to *restraint-related positional asphyxia*.

Q What is restraint-related positional asphyxia?

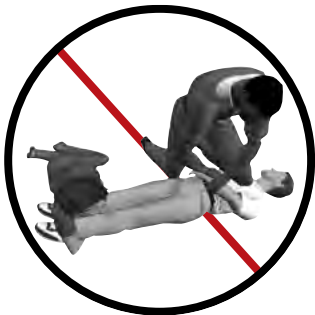
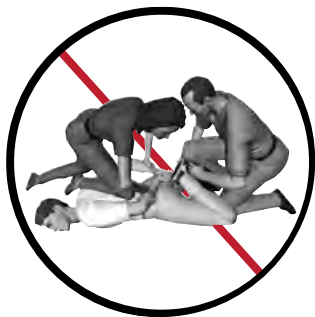
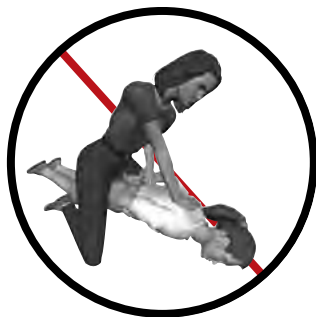
A *Restraint-related positional asphyxia* occurs when a person being restrained is placed in a position in which he cannot breathe properly and is not able to take in enough oxygen. This lack of oxygen can lead to disturbances in the rhythm of the heart, and death can result.

Q What positions are most likely to cause restraint-related positional asphyxia?

A Higher-risk positions include facedown (prone) floor restraints, or any position in which a person is bent over in such a way that it is difficult to breathe. This includes a seated or kneeling position in which a person being restrained is bent over at the waist, and it also includes any facedown position on a bed or mat.

Staff members must be especially careful not to use their own bodies in a way that restricts someone's ability to breathe, such as sitting or lying across a person's back or stomach. When a person is lying facedown, even pressure to the arms and legs can interfere with a person's ability to move her chest or abdomen in order to breathe effectively.

High-Risk Positions for *Restraint-Related Positional Asphyxia*



Illustrations are based on information from various individuals and resources.
See Resources and References on page 8.

All of these positions may interfere with a person's ability to breathe. While these positions are different, they share a common factor: When forcefully maintained, each of them could prevent the diaphragm (the largest muscle of respiration) from working. If the diaphragm is not allowed room to move down into the abdomen, breathing is seriously restricted. And when a forcefully maintained position hinders both chest and abdomen movement—the result can be fatal.

Q Are some people more at risk for *restraint-related positional asphyxia* than others?

A Yes. Contributing factors include:

- Obesity.
- Extreme physical exertion or struggling prior to, or during, restraint.
- Breathing problems, such as asthma or emphysema.
- Heart disease.
- Use of alcohol or other drugs.

Always keep in mind that people might have health problems that you don't know about, so everyone being restrained should be considered to be at risk for *restraint-related positional asphyxia*.

Q Is it a good idea to check on the physical status of a person while the person is being restrained?

A Yes, this is a good safety precaution, but it's also important to note that restrained individuals have gone from a state of no distress to death in a matter of moments. Monitoring the person's status is not a substitute for avoiding high-risk positions that interfere with breathing.

Q **What is the best way to avoid restraint-related positional asphyxia?**

A The very best way to avoid *restraint-related positional asphyxia* is to avoid the need to restrain in the first place. Get to know the people in your care. Be aware of changes in behavior that can be warning signs that an individual is anxious or upset. Intervene early.

Learn to set limits effectively. Avoid being drawn into power struggles. Work at least as hard at learning verbal intervention skills as you do at learning physical intervention skills.

Treat everyone with dignity and respect. The best way to eliminate the dangers of restraints—to you and to those in your care—is to eliminate the need for restraints at all.

CPI's *Nonviolent Crisis Intervention*® training is a comprehensive program focused on preventing the need for restraints. Staff members are taught how to intervene early—before a crisis reaches the point of physical violence. They are also taught what to do after a crisis in order to reduce the chance that the same situation will happen again.

The physical intervention procedures taught in the *Nonviolent Crisis Intervention*® program are designed to maximize safety and offer a safer alternative to techniques that rely on the floor to restrain an individual.

For more information on CPI's training programs or to find out how to become a Certified Instructor of the *Nonviolent Crisis Intervention*® program at your facility, call **800.558.8976**.

If you are a Certified Instructor of the *Nonviolent Crisis Intervention*® program and would like more detailed information to share with your staff regarding the physiological aspects of *restraint-related positional asphyxia*, please contact CPI's Instructor Support at **877.877.5390**.

Resources and References

- American Psychiatric Association, American Psychiatric Nurses Association, & National Association of Psychiatric Health Systems. (2003). *Learning from each other: Success stories and ideas for reducing restraint/seclusion in behavioral health* [Electronic version]. Arlington, VA and Washington, D.C.: Authors.
- CPI. (2006). *Instructor Manual for the Nonviolent Crisis Intervention® Training Program*. Milwaukee, WI: Author.
- Davidson, J.C., McCullough, D., Steckley, L. & Warren, T. (Eds.) (2005). *Holding safely: Guidance for residential child care practitioners and managers about physically restraining children and young people*. Glasgow: Scottish Institute for Residential Child Care.
- Lee, S., Wright, S., et al. (2001). Physical restraint training for nurses in English and Welsh psychiatric intensive care and regional secure units. *Journal of Mental Health, 10*, 151.
- Mohr, W., Petti, T., & Mohr, B. (2003). Review paper: Adverse effects associated with physical restraint. *Canadian Journal of Psychiatry, 48*, 330-337.
- Morrison, L., Duryea, P. B., Moore, C., & Nathanson-Shinn, A. (2002). *The lethal hazard of prone restraint: Positional asphyxiation*. Publication #7018.01 [Electronic version]. Oakland, CA: Protection & Advocacy, Inc.
- O'Halloran, R. L., & Frank, J. G. (2000). Asphyxial death during prone restraint revisited: A report of 21 cases. *American Journal of Forensic Medicine and Pathology, 21*(1), 39-52.
- Pollanen, M., Chiasson, D., Cairns, J., & Young, J. (1998). Unexpected death related to restraint for excited delirium: A retrospective study of deaths in police custody and in the community. *Canadian Medical Association Journal, 158*(12).
- Reak, K. (1996, June). Cocaine, restraints and sudden death. *The Police Chief*.
- Reay, D. (1996, May). Suspect restraint and sudden death. *FBI Law Enforcement Bulletin, 65*(5).
- Weiss, E. M. (1998, October 11-15). Deadly restraint: A nationwide pattern of death. *Hartford Courant*.
- Wright, S. (1999). Physical restraint in the management of violence and aggression in in-patient settings: A review of issues. *Journal of Mental Health, 8*(5).

Who Are We?

CPI is the worldwide leader in providing training in crisis prevention and intervention to educators and other human service professionals. Over 10 million people throughout the world have participated in CPI's *Nonviolent Crisis Intervention*® training program, which teaches proven techniques to effectively manage disruptive and assaultive behavior.



To order additional booklets:

Call: 800.558.8976 • Fax: 414.979.7098

888.758.6048 TTY (Deaf, hard of hearing, or speech impaired)

Email: info@crisisprevention.com • crisisprevention.com

10850 W. Park Place, Suite 600 • Milwaukee, WI 53224

© 2006 CPI (reprinted 2016).

BROC0035 16-CPI-PAM-006 04/16

CPI® and *Nonviolent Crisis Intervention*® are registered trademarks of CPI.