**Section 390.1312 Nonemergency Use of Physical Restraints**

a) The use of high chairs, playpens, cribs or youth beds for children up until their fourth birthday shall not be considered a physical restraint.

b) *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) 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)

c) A physical *restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative*. (Section 2-106(c) of the Act) 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.

d) 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.

e) 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.

f) A physical *restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act)

g) *Whenever a period of use of a* physical *restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the* physical *restraint, whether or not the guardian approved the notice.* A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. *If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the* physical *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.

h) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her 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)

i) 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.

j) 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.

k) No form of seclusion shall be permitted.

(Source: Amended at 46 Ill. Reg. 8192, effective May 6, 2022)