

**Track Changes  
from Chapter 3 Section P v1.14  
to Chapter 3 Section P v1.15**

Chapter	Section	Page	Change
3	—	P-1	<b>SECTION P: RESTRAINTS AND ALARMS</b>
3	—	P-1	<p><b>Intent:</b> The intent of this section is to record the frequency <del>over the 7-day look-back period</del> that the resident was restrained by any of the listed devices <b>or an alarm was used</b>, at any time during the day or night, <b>during the 7-day look-back period</b>. Assessors will evaluate whether or not a device meets the definition of a physical restraint <b>or an alarm</b> and code only the devices that meet the definitions in the appropriate categories of <del>Item P0100</del>.</p>
3	—	P-1	<p><b>Are Restraints Prohibited by CMS?</b></p> <p>CMS is committed to reducing unnecessary physical restraints in nursing homes and ensuring that residents are free of physical restraints unless deemed necessary and appropriate as permitted by regulation. Proper interpretation of the physical restraint definition is necessary to understand if nursing homes are accurately assessing manual methods or physical or mechanical devices, materials or equipment as physical restraints and meeting the federal requirement for restraint use (see Centers for Medicare &amp; Medicaid Services. [2007, June 22]. Memorandum to State Survey Agency Directors from CMS Director, Survey and Certification Group: Clarification of Terms Used in the Definition of Physical Restraints as Applied to the Requirements for Long Term Care Facilities. Retrieved December 18, 2012, from <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-22.pdf">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-22.pdf</a>).</p> <p><b>Are Restraints Prohibited by CMS?</b></p>
3	—	P-1	<p>Federal regulations and CMS guidelines do not prohibit use of physical restraints in nursing homes, except when they are imposed for discipline or convenience and are not required to treat the resident's medical symptoms. The regulation specifically states, "The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms" (42 CFR 483.13(a) <b>10(e)(1) and 483.12</b>). Research and standards of practice show that physical restraints have many negative side effects and risks that far outweigh any benefit from their use.</p>

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Chapter	Section	Page	Change
3	P0100	P-7	<ul style="list-style-type: none"> <li>• <b>Restraints used in emergency situations.</b> If the resident needs emergency care, physical restraints may be used for brief periods to permit medical treatment to proceed, unless the resident or legal representative has previously made a valid refusal of the treatment in question. The resident's right to participate in care planning and the right to refuse treatment are addressed at 42 CFR §§483.10(b)(4)(c)(6) and 483.20(k)(2)(ii) 21(b)(ii)(A)–(F) respectively. The use of physical restraints in this instance should be limited to preventing the resident from interfering with life-sustaining procedures only and not for routine care.</li> </ul>
3	P0100	P-7	According to 42 CFR 483.13(a) 10(e)(1) and 483.12, “The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident’s medical symptoms.” CMS expects that no resident will be physically restrained for discipline or convenience.
3	P0100	P-7– P-8	Page length changed due to revised content on P-7.

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Chapter	Section	Page	Change
3	P0200	P-8	<div><div>P0200: Alarms</div><div><div><div>P0200. Alarms</div><div>An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected</div><div><div><div>Coding:</div><div><div>0. Not used</div><div>1. Used less than daily</div><div>2. Used daily</div></div></div><div><div>↓ Enter Codes in Boxes</div><div><div><div><input type="checkbox"/></div><div>A. Bed alarm</div></div><div><div><input type="checkbox"/></div><div>B. Chair alarm</div></div><div><div><input type="checkbox"/></div><div>C. Floor mat alarm</div></div><div><div><input type="checkbox"/></div><div>D. Motion sensor alarm</div></div><div><div><input type="checkbox"/></div><div>E. Wander/elopement alarm</div></div><div><div><input type="checkbox"/></div><div>F. Other alarm</div></div></div></div></div></div></div><div><div>Item Rationale</div><div><div>Health-related Quality of Life</div><div><div><div><div><div>•</div><div>An alarm is <u>any</u> physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair and floor sensor pads, cords that clip to the resident’s clothing, motion sensors, door alarms, or elopement/wandering devices.</div></div><div><div><div>•</div><div>While often used as an intervention in a resident’s fall prevention strategy, the efficacy of alarms to prevent falls has not been proven; therefore, alarm use must not be the primary or sole intervention in the plan.</div></div><div><div><div>•</div><div>The use of an alarm as part of the resident’s plan of care does not eliminate the need for adequate supervision, nor does the alarm replace individualized, person-centered care planning.</div></div><div><div><div>•</div><div>Adverse consequences of alarm use include, but are not limited to, fear, anxiety, or agitation related to the alarm sound; decreased mobility; sleep disturbances; and infringement on freedom of movement, dignity, and privacy.</div></div></div></div></div></div></div></div></div></div></div>

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Chapter	Section	Page	Change
3	P0200	P-9	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>Individualized, person-centered care planning surrounding the resident's use of an alarm is important to the resident's overall well-being.</li> <li>When the use of an alarm is considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions.</li> <li>There are times when the use of an alarm may meet the definition of a restraint, as the alarm may restrict the resident's freedom of movement and may not be easily removed by the resident.</li> </ul> <p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>Review the resident's medical record (e.g., physician orders, nurses' notes, nursing assistant documentation) to determine if alarms were used during the 7-day look-back period.</li> <li>Consult the nursing staff to determine the resident's cognitive and physical status/limitations.</li> <li>Evaluate whether the alarm affects the resident's freedom of movement when the alarm/device is in place. For example, does the resident avoid standing up or repositioning himself/herself due to fear of setting off the alarm?</li> </ol>
3	P0200	P-9	<p><b>Coding Instructions</b></p> <p><i>Identify all alarms that were used at any time (day or night) during the 7-day look-back period.</i></p> <p>After determining whether or not an item listed in P0200 was used during the 7-day look-back period, code the frequency of use:</p> <ul style="list-style-type: none"> <li>Code 0, not used: if the device was not used during the 7-day look-back period.</li> <li>Code 1, used less than daily: if the device was used less than daily.</li> <li>Code 2, used daily: if the device was used on a daily basis during the look-back period.</li> </ul>

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3	P0200	P-9	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• <b>Bed alarm</b> includes devices such as a sensor pad placed on the bed or a device that clips to the resident's clothing.</li> <li>• <b>Chair alarm</b> includes devices such as a sensor pad placed on the chair or wheelchair or a device that clips to the resident's clothing.</li> <li>• <b>Floor mat alarm</b> includes devices such as a sensor pad placed on the floor beside the bed.</li> <li>• <b>Motion sensor alarm</b> includes infrared beam motion detectors.</li> </ul>

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3	P0200	P-10	<ul style="list-style-type: none"> <li>• <b>Wander/elopement alarm</b> includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn/attached to the resident that alert the staff when the resident nears or exits an area or building. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.</li> <li>• <b>Other alarm</b> includes devices such as alarms on the resident's bathroom and/or bedroom door, toilet seat alarms, or seatbelt alarms.</li> <li>• Code any type of alarm, audible or inaudible, used during the look-back period in this section.</li> <li>• If an alarm meets the criteria as a restraint, code the alarm use in both P0100, Physical Restraints, and P0200, Alarms.</li> <li>• Motion sensors and wrist sensors worn by the resident to track the resident's sleep patterns should not be coded in this section.</li> <li>• Wandering is random or repetitive locomotion. This movement may be goal-directed (e.g., the resident appears to be searching for something such as an exit) or may be non-goal directed or aimless. Non-goal directed wandering requires a response in a manner that addresses both safety issues and an evaluation to identify root causes to the degree possible.</li> <li>• While wander, door, or building alarms can help monitor a resident's activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace necessary supervision.</li> <li>• Bracelets or devices worn or attached to the resident and/or his or her belongings that signal a door to lock when the resident approaches should be coded in P0200F Other alarm, whether or not the device activates a sound.</li> <li>• Do not code a universal building exit alarm applied to an exit door that is intended to alert staff when <i>anyone</i> (including visitors or staff members) exits the door.</li> </ul>