CENTER OF SPECIAL CARE
POLICY & PROCEDURE

TITLE: **GUIDELINES FOR APPLICATION OF RESTRAINT AND SAFETY DEVICES**	**EFFECTIVE/LAST MODIFIED DATE**: 11/17/2025
LAST REVIEWED WITHOUT CHANGES DATE:	
RESPONSIBLE DEPARTMENT/COMMITTEE: BEHAVIOR MANAGEMENT OVERSIGHT COMMITTEE	
APPROVED BY: BEHAVIOR MANAGEMENT OVERSIGHT COMMITTEE, VP NURSING	
CITATION/REFERENCE: NURSING REFERENCE CENTER DATABASE, WWW.FDA.GOV	

PURPOSE: To provide guidelines for proper application and use of certain restraint devices for patient and staff's safety and health.

GUIDANCE:

1. These guidelines do not supersede manufacturer's instructions. Always follow manufacturer's instructions.

2. These guidelines are to be used as a supplement to other policies. All restraint devices will be applied in accordance with policies:
   2.1. Restraint for Aggressive or Unsafe Behavior (Violent Restraints)
   2.2. Restraint for Safety Assurances (Nonviolent)

3. These standards incorporate into care an awareness of the cultural, ethnic, religious, language, and age related/developmental needs of each patient.

4. Restraint devices are applied, tested, monitored, and removed as recommended by manufacturer and as appropriate by qualified staff that is knowledgeable and competent on the safe and effective use of these devices.

5. Physical holds may only be employed by staff who is Safety Care certified.

6. Physical devices are applied in a manner that maintains proper body alignment and in accordance with manufacturer instructions. They are checked by slipping a finger between patient and the device to ensure a secure, but comfortable fit as appropriate to the device, and do not occlude patient vascular circulation, contribute to skin breakdown or pressure wound formation.

   6.1. Patient's comfort is monitored through patient's verbal response and/or physical signs and behaviors.
   6.2. Equipment is checked for proper working order prior to and during use.
   6.3. If devices possess an alarm capacity, any staff member may respond when alarm is activated, and should seek help of additional staff members as indicated by patient condition.

6.4. Removal of the devices are done periodically (e.g. to check circulation, sensation and motion) as appropriate to the type of device and when needed to provide care or for patient comfort.

7. Observation and assessment are performed as required by patient's health status and per policy under which device has been applied.

8. Any deaths that occur while a patient is restrained or in seclusion or that are related to the use of restraints, as well as any patient's death that occurs within 24 hours after restraint and/or seclusion has been discontinued will be reported to Center for Medicare and Medicaid Services (CMS). Reports to CMS will be made by Risk Management or designee on the next business day following knowledge of patient's death. Additionally, each death known to the hospital that occurs within one week after restraint or seclusion, where it could be reasonable that the use of restraint contributed directly or indirectly to the patient's death, must also be reported.

9. Any physical injury resulting from the use of physical restraint or seclusion must be reported to the Connecticut Department of Public Health by Risk Management or designee.

10. Hospital must report to the Food and Drug Administration (FDA) and to the device manufacturer, if known, within 10 working days of becoming aware of information that reasonably suggests that a device has or may have caused or contributed to a death. Hospital must report to the manufacturer or, if manufacturer is not known, to the FDA, within 10 working days of becoming aware of information that reasonably suggests that a device has caused or contributed to a serious injury. This report will be made by Risk Management or designee.

11. All use of restraint devices should be reported per the Occurrence Reporting Policy.

PROCEDURE:

1. General Considerations for all restraint devices
   - 1.1. Prior to application of any device, review the relevant policy or manufacturer recommendations for use if needed.
     - 1.1.1. Restraint for Aggressive or Unsafe Behavior (Violent Restraints)
     - 1.1.2. Restraint for Safety Assurances (Nonviolent)
   - 1.2. **Never** affix a restraint to a bed rail or moving part of a wheelchair, serious injury could result.
   - 1.3. Avoid applying restraints to only one side of the bed.
   - 1.4. Consider positioning patients at risk for aspiration on their side or with head slightly elevated.
   - 1.5. Secure tie-type restraints, or any restraint that is secured via tying (e.g. hand mitt with tie attached), should be secured using a quick release knot.
   - 1.6. Secure quick release buckles (Soft Wrist Restraints), ensuring patients safety and without compromising patient or caregiver.
   - 1.7. Consider padding bony prominences to protect skin under restraints.
   - 1.8. Ensure bedclothes and patient's attire are not wrinkled under devices to prevent skin irritation or breakdown.

1.9. Respect the rights, privacy and dignity of patients at all times.

2. Special Considerations for Raised Bedrails
   2.1. Raised Bedrails may be considered a restraint. Review the relevant policies and seek assistance from a manager if you are uncertain if the side rail use would qualify as a “restraint” for a specific patient.
   2.2. Potential benefits of bed rails include:
      2.2.1. Aiding in turning and repositioning within the bed.
      2.2.2. Providing a hand-hold for getting into or out of bed.
      2.2.3. Providing a feeling of comfort and security.
      2.2.4. Reducing the risk of patients falling out of bed when being transported.
      2.2.5. Reducing the risk of patients who are unable to get out of bed from falling out of bed when unable to control their involuntary movements (e.g. severe spasticity).
   2.3. Potential risks of bed rails may include:
      2.3.1. Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
      2.3.2. More serious injuries from falls when patients climb over rails.
      2.3.3. Skin bruising, cuts, and scrapes.
      2.3.4. Inducing agitated behavior when bed rails are used as a restraint.
      2.3.5. Feeling isolated or unnecessarily restricted.
      2.3.6. Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.
   2.4. Meeting Patients' Needs for Safety
      2.4.1. Keep the bed in the lowest position with wheels locked.
      2.4.2. When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
      2.4.3. Use transfer or mobility aids.
      2.4.4. Monitor patients frequently.
      2.4.5. Anticipate the reasons patients get out of bed such as hunger, thirst, toileting, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief. Also place call bell within reach of patient and educate patient about use of the call bell to have their needs met. Staff should answer call bells in a timely manner to reinforce patient use of the call bell.
      2.4.6. When bed rails are used, perform an on-going assessment of the patient’s physical and mental status, position in the bed and any hazards that may exist with their usage (e.g. gaps between mattress and side rail).
      2.4.7. Closely monitor high-risk patients. Consider the following:
         2.4.7.1. Lower one or more sections of the bed rail, such as the foot rail.
         2.4.7.2. Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
         2.4.7.3. Reduce the gaps between the mattress and side rails.
         2.4.7.4. Consult with physical or occupational therapy for suggestions related to wedges or specialty pads that fit the specific bed and mattress.

Additional Restraint Devices, Procedures, and Special Considerations

		PROCEDURE:	**SPECIAL CONSIDERATIONS:**
1.		**Bed Alarm** Occupancy monitors designed to indicate with an audible alarm when someone attempts to leave a bed.	
	1.1	Obtain bed alarm and sensor pad (mattress pad).	Not recommended for patients weighing less than 70 lbs.
	1.2	Check the date the pad was placed in service. DO NOT use pad if it was placed in service over 30 days ago. 1.2.1 If this is a new pad, place the date of first use on "Date put into service." 1.2.2 Check for any broken wires.	Return sensor pad to Biomedical if in use longer than timeframe written on the pad (e.g. 30 days) or if appears to not be intact.
	1.3	Follow the manufacturer's recommendations: Directions printed on the mattress pad for placement of pad. Do not fold pad-may damage the pad. Do not immerse pad in any liquid.	Placement under the patient's buttocks area or behind the patient's back if early detection is required.
		Micro-Tech Informer Plus Silver System 1. Mount the control unit to the head of the bed with the Dual Lock provided. 2. Plug in the bed alarm unit. 3. Insert the pad sensor cable into the pad sensor receptacle on the control unit. 4. Place the switch to the "ON" position, red light will flash. 5. Insert the nurse call cable from the control unit to the nurse call receptacle on the wall behind bed to connect the bed alarm to the nurse call system. In order for this bed alarm to function as part of the nurse call system, the nurse call button should be inserted into nurse station receptacle on back of control unit. 6. Test pad by placing hands on the center of the sensor pad and pressing firmly down on the pad until the green "IN" light turns on. The green "IN" light should turn on immediately. Hold pressure on the pad for an additional 10 seconds until the red "STAND BY" light turns on. Release pressure and ensure alarms and nurse call function. Press the "PUSH FOR STANDBY" button to stop the alarm when testing is complete. 7. Place the patient in bed and ensure green "IN" light is on and the red "Standby" light is off.	Sensitivity, Time Delay and Volume alarm parameters are set as directed by RN. Sensitivity always set at "H" and time delay to "0", volume control should be turned all the way to the right to the highest setting. Based on patient assessment, the RN may modify settings. i.e. an active patient who is setting off alarm by movements in bed and is negatively affected by the "false alarm" signal. Time Delay may be set to 4 or 8 seconds. When a zero-delay time is selected response time is set by the sensitivity. If the time delay is set to 0 (zero), sensitivity can be adjusted to alarm either immediately (H), after ½ second (M), or after one second (L). The volume should not be modified if unit is **NOT** connected to a nurse call system

		Universal Medical Products (UMP) Sentry Fall Monitoring System 1. Plug the bed alarm ensuring the power adaptor jack. 2. Set the volume switch to "HI" and the delay switch to "0" 3. Place the sensor pad on the bed so that the bulk of the patient's weight (buttocks area) will be resting on it. 4. Plug the end of the pad cable into the "PAD" jack on the bottom of the monitor. 5. The control unit allows 10 seconds for a patient to enter the bed before monitor begins. Staff should stay with patient until standby light turns off. 6. Attach the Sentry monitor to the bed using the attached metal clip. Test before each use. 7. Check the system daily. Inspect the sensor pad and control unit for damage. Replace damaged equipment immediately. When the patient's weight is placed on the pad, you will hear a brief confirmation tone, which indicates that the pad is in operating mode.	Test before each use. Test the system by pressing firmly on the pad. You will hear an initial beep, continue to press and hold for 3 seconds. When you remove pressure, the alarm should sound. Reset the alarm by pressing the 2-button reset. Do NOT fold pad. Folding pad will damage it. Do not use pad if it has been folded. Do NOT immerse mattress pad in any liquid. Delay setting and volume may only be changed as directed by RN after an assessment for individual patient needs i.e. an active patient who is setting off alarm by movements in bed and is negatively affected by the "false alarm" signal. Delay may be set to 2 seconds. Volume switch can be set to "lo" or "NC". The "NC" mode will only alarm through nurse call and not locally at the bedside. If the sensor pad is disconnected from the "PAD" jack while in operating mode, the alarm will activate.
		Curbell Medical-Behavioral Unit Wireless Fall Monitor System 1. Turn on Transmitter connected to pad, write the transmitter expiration date in designated area on pad. 2. Before any sensor can be paired with the monitor it must be paired first by pressing the "pairing button" on the monitor for approximately two seconds until you hear a beep. 3. Fill in the "Put to Use Date" and the "Pad Replacement Date" in the indicated space on the bed alarm, before patient use. The pad and transmitter is good for 18 months. 4. Visually inspect the sensor pad and monitor for physical damage. If damage is noted, remove it from service. 5. Position the sensor pad at hip level under the mattress	Always test the monitor before each use. Never use the monitor if it fails to sound alarm in test. Reset the monitor if the unit is dropped. Battery operated; utilizes 3-AA batteries.

		6. Test the sensor pad before use with patient by pressing down on the pad and release, if the alarm sounds, the unit is operational. Press the RESET button and reset the nurse call transmitter. 7. When pressure is applied and held to the cordless sensor pad the following will occur confirming that the cordless sensor pad is paired and batteries have been installed properly. The monitor will beep, the LED under the "Sensor" section will flash green 2 times, and the "Bed" LED will blink green every 2 seconds. 8. To clean bed alarm pad, use a damp cloth, or clean with a non-aggressive disinfectant cleaner. 9. When aiding a patient out of bed, there is a pause feature that prevents the monitor from alarming for 60 seconds, when pressing the "Pause" button before the patient exits the bed. Place patient back into bed and the monitor with reactive. If the patient has not been placed back on the pad, the monitor will go into sleep mode. (All monitors will be stored behind the Front Desk on Neurobehavioral Unit).	
2.		**Chair Alarm** Occupancy monitors designed to indicate with an audible alarm when someone attempts to leave a chair.	
	2.1	Obtain chair alarm and sensor pad.	Not suitable for patients weighing less than 70 lbs.
	2.2	Check the date the pad was placed in service. DO NOT use pad if it was placed in service over 45 or 90 days ago. 2.2.1 If this is a new pad, place date of first use on "Date put into service." Follow the manufacturer's recommendations/directions printed on the chair pad for placement of pad.	Return sensor pad to Clinical Engineering if in use 45 or 90 days (check pad for expiration date). Placement so that the bulk of the patient's weight (buttocks area) will be resting on it. An additional cushion may be used for patient comfort.
		Lift open the battery cover and insure battery is installed properly prior to use.	Replace battery immediately with fresh 9V alkaline battery when low battery light is on.
		Clip the chair alarm control unit onto the back of the wheelchair back support, out of the patient's reach and sight, but where the staff may have easy access.	
		Insert the sensor cable into the sensor receptacle on the control unit and turn switch to "On". Set the volume switch to the highest setting.	

		Test the system by pressing firmly on the pad. You will hear an initial beep, continue to press and hold for 3 seconds. When you remove pressure, the alarm should sound. Reset the alarm by pressing the 2-button reset. If additional cushion used, test the system by pressing firmly on the top of both cushions.	Test before each use. Check the system daily. Inspect the sensor pad and control unit for damage. Replace damaged equipment immediately. Do NOT fold pad. Folding pad will damage it. Do not use pad if it has been folded. Do NOT immerse mattress pad in any liquid.
		Place the patient in chair with weight directly over	
3.		**Helmet/Head Support**	
	3.1	Correct size is measured by physical (PT) or occupational therapist (OT).	
	3.2	Head gear/head support applied to head.	
	3.3	Secure with strap or Velcro device.	Check skin for any irritation or pressure areas with each use. Report findings to PT or OT, as well as nurse responsible.
4.		**Lap Tray**	
	4.1	Assist patient to chair.	
	4.2	Apply lap tray/table top securely to the wheelchair so that there is a hand's width between tray and patient's waist.	Check for skin issues, proper fit, and notify nurse or therapist for any issues.
5.		**Limb Holders (Velcro)**	
	5.1	Loop the connecting strap around the non-moveable part of the bed frame or stretcher frame. For increased limitation of motion, the strap may be wrapped once or more around the frame before securing, or secured to opposite side of the bed. Left ankle to right side, etc.	For platform beds connecting strap is looped on the inner frame of the bed **Never attach straps to side rails.** Patients in restraints must be on continuous observation. See policy: “Restraint for Aggressive or Unsafe Behavior” for important safety procedures.
	5.2	Pull the strap through the buckle and adjust it to the desired length. Ensure strap is snug/secure across the mattress. Close the buckle making sure the buckle snaps shut and will not open without the key.	
	5.3	Position the cuff underneath the limb with the connecting straps extending away from the patient.	

	5.4	Wrap the neoprene piece around the wrist/ankle so the buckle and connector strap are on the ulnar side of the wrist or the lateral malleolus of the ankle.	
	5.5	Attach the black hook and loop pieces together.	
	5.6	Pull back the black piece (fuzzy side) and attach between neoprene and buckle.	
	5.7	Close the quick release buckle on cuff. You should be able to easily insert one finger between the device and the patient's limb ensuring circulation is not restricted.	
	5.9	Re-adjust the connecting strap to the desired length, if necessary. Cuff liner is made of neoprene. Straps are polypropylene and nylon. For best results, close all buckles before laundering.	- Cat. No. 2790 Wrist, pair (color coded -blue) - Cat. No. 2791 Ankle, pair (color coded - red)
	5.10	Keys are always to be carried by the staff assigned to the patient requiring the device.	
6.		**Soft Wrist Restraint (Buckle)**	
	6.1	Attach the female end of the quick release buckle (short strap) to the non-moveable part of bed frame. Out of the patients reach.	
	6.2	Insert the male end of the connecting strap into the female end of the short strap and listen for a “snapping” sound. Pull firmly on the straps to ensure a good connection.	
	6.3	Wrap the limb hold cuff around the patient’s wrist so the buckle and connecting straps is on the ulnar side of the wrist.	
	6.4	Secure the hook and loop fastener, slide 1 finger between the cuff and the inside of patient wrist to ensure proper fit. The strap must be snug but not compromising circulation.	
	6.5	Close the quick release buckle on the cuff and insert One finger (Flat) under the buckle and pull the strap snug, but not so tight to restrict circulation.	
	6.6	Release the quick release buckle and twist buckle 180 degrees and reconnect, listen for a “snapping” sound.	
	6.7	Attach the hook end of the cuff strap to the fuzzy backing on the cuff to keep the quick release buckle from sliding.	
	6.8	Adjust the strap to allow for desired freedom of movement without compromising patient or caregiver safety.	
7.		**Locked Wheelchair Bar**	

	7.1	Obtain safety bar (special order). Safety bar is available by special order: Model B - Trick Release	Check for proper fit and safety, ensure device does not interfere with any patient care items such as gastrostomy tubes
	7.2	Notify physical therapist and Engineering to install brackets on wheelchair.	
	7.3	Place bar on wheelchair frame leaving a hand's width between patient's waist and the bar.	
8.		**Padded Mitt**	
	8.1	Loosen Velcro strap on mitt.	**CONTRAINDICATIONS:** Contraindications include, but are not limited to the following conditions: **Do not use** Padded Mitts on patients with dislocations, fractures, or open wounds on the affected limb. **Do not use** Padded Mitts if the IV site could be compromised. **Use with caution** on patients who are highly aggressive and combative, who may strike and endanger himself and/or healthcare provider.
	8.2	Place hand into mitt.	
	8.3	Secure Velcro straps around patient's wrist leaving a finger width of room. Check at least every 2 hours for circulation, sensation, motion of the hand. Consider using a Peek-A-Boo hand mitt for patients who become agitated with device manipulation and to facilitate assessment of circulation, sensation and motion easily. Peek-A-Boo mitts allow the top half of the mitt to be peeled back to allow visualization of the fingers and hand without complete removal of the mitt.	
9.		**Padded Mitt with Canvas Straps**	
	9.1	Loosen Velcro strap on mitt.	**CONTRAINDICATIONS:** Contraindications are the same as padded mitt.
	9.2	Place hand into mitt.	
	9.3	Secure Velcro strap around patient's wrist leaving a finger's width of room.	
	9.4	Canvas straps are attached to mitt, and may be tied to non-moveable part of bed frame using Quick Release Knot.	**Never** attach canvas straps to side rails or moveable parts.
10.		**Papoose Board**	
		Place patient on board using safe rolling technique	The device can be used to selectively expose treatment areas. The upper body, legs, chest, arms and abdomen areas can be exposed by not securing the corresponding flap.
		Use arm straps to immobilize the patient's arms just above the wrist joints	
		Place the left leg flap over the patient's legs, with Velcro strips facing up.	
		Place right leg flap over the left leg flap, adhering Velcro strips.	
		Place the left abdominal flap over the patient's chest with the Velcro strips facing up	
		Place the right abdominal flap over the left body flap adhering the Velcro strips	
		Place the left chest flap over shoulder and down chest with Velcro hook strips facing up	Papoose straps are machine washable but should be hung to air dry.
		Place the right chest flap over the shoulder and onto	Patient must be under continuous observation.

		the left chest flap, adhering the Velcro strips	See policy: "Restraint for Aggressive or Unsafe Behavior" for important safety procedures
11.		**Pedi- Wrap ("No No") without shoulder strap**	
	11.1	While holding arm straight out, wrap the device around the arm	Pedi-Wrap should be fitted snugly but comfortably as possible over the arm. Pedi wraps are machine washable
	11.2	Overlap Velcro to secure.	Pedi-Wrap intended to cover the full length of the patient's arm. It should not be fitted in the mid-bicep area. Monitor patient frequently while using Pedi-Wrap to ensure comfort and safety.
12.		**Pedi- Wrap ("No No") with shoulder strap**	
	12.1	While holding arm straight out, wrap the device around the arm.	Pedi-Wrap should be fitted snugly but comfortably as possible over the arm.
	12.2	Overlap Velcro to secure.	It is intended to cover the full length of the patient's arm. It should not be fitted in the mid-bicep area. Should be released for care.
	12.3	Attach Shoulder strap to one ring, then across shoulders to the other ring.	Maintain comfort. Monitor patient frequently to ensure comfort and safety.
13.		**Safety Chair**	
	13.1	Place safety chair behind patient and set breaks.	In most cases, 6 trained staff members are needed to restrain patient in safety chair.
	13.2	Transition patient to sitting in the safety chair using safety care technique.	
	13.3	Patient must meet a height requirement in order to be restrained in the safety care.	The patient must be tall enough to sit in the chair and have feet touch the footplate with patients back against the back of the chair.
	13.4	Once patient is seated in the safety chair, each staff member will simultaneously begin to secure the patient head, right arm, left arm, right leg and left leg.	
	13.5	The footplate at base of safety chair must remain flat on floor when restraining patient, at NO time should chair be tilted during restraining process as injury may occur.	
	13.6	Secure the lap belt free lopped end in the lap belt levis and pull the strap until snug.	
	13.7	Secure the ankle strap by passing the free end around the front of the ankle and securing it to the ankle strap clevis. Pull the ankle trap handle until snug.	You should be able to easily insert one finger between the device and the patient's limb ensuring circulation is not restricted.
	13.8	Take one wrist and place the free arm on the arm rest of the safety chair. Secure the arm with the strap making sure the wrist is down and flat on the arm rest.	You should be able to easily insert one finger between the device and the patient's limb ensuring circulation is not restricted.

		Pull the strap snug.	
	13.9	Install the shoulder strap by passing the free ends over the shoulders and under the armpits then secure to the shoulder strap clevises. Tighten by pulling down on the shoulder strap at the top back of the chair.	Use caution to not pull the shoulders back too far when tightening the shoulder strap.
	13.10	When the patient is fully restrained, retighten the lap belt as needed.	
	13.11	Release breaks and move patient to a secure area. **A patient who is actively combative and thrashing should not be transported it the safety chair until calm enough to safely move chair without risk of chair tipping.**	To transport patient, ensure 1 staff member is behind the chair to control patients up and down movements as needed.
	13.12	Once patient is secure, staff will provide constant observation of the patient, checking strap tightness to ensure patient safety free from injury.	
	13.13	Restraint documentation must be completed.	
	13.14	Sanitize safety chair and straps after each use.	

14.		**Soma Safe Enclosure Bed**	
	14.1	Inspect all seams of canopy for integrity of stitching, make sure there are no open seams or that stitching is frayed or broken. Inspect all zippers to insure they are working properly and are not broken. Inspect canopy fabric for tears, holes or punctures. Inspect the bottom of the canopy for tears or broken mesh. Ensure that all collars that hold the canopy to the frame are fully zipped closed. Inspect all frame parts for breaks, bending or other damage. Ensure that all locking bolts are applied when in use.	Uses and benefits for enclosure bed: Fall Risk, Alzheimer's Disease, Limited Cognitive ability, Substance Abuse Withdrawal, Closed Head Injury, Cerebral Vascular Accident, Parkinson's Patient, Delirium, Rhett's Syndrome, Huntington's Chorea. Note that this device is considered a restraint. Refer to Non-Violent Restraint Policy
	14.2	Once patient is in enclosure bed, be sure to zip zippers to the absolute end of zipper tract with zipper tabs down and sippers tight together. Zippers on sides should be zipped to head end of bed.	Warnings against the use of Soma Safe Enclosure Bed: Burrowing behaviors, PICA eating disorder, patient who weigh less than 46 pounds or more than 300 pounds. Patients who are less than 45 inches in height or more than 6 feet 4 inches in height
	14.3	Bed should be in lowest position with bed frame supporting the mattress. Head and Knees flat unless alternate position is medically necessary. Netting of enclosure bed should be pulled tight.	Patient should be at least 5 years old without any restrictions for higher age limit, patient must weigh more than 46 pounds or less than 300 pounds and be taller than 45 inches or shorter than 6 feet 4 inches.

	14.4	s should be raised	Each patient must be assessed by a team of medical professionals to ensure if the Soma Safe Enclosure bed can use safety with the patient
	14.5	Ensure all unused I.V. and catheter ports are zipped closed. Any that are in use should be zipped as closed as possible without interfering with the tubing.	
	14.6	Be sure that there are no objects left in enclosure with patient that could be used to hurt patient or enclosure.	
	14.7	Be sure to make sure the net or vinyl has no tears or holes.	

	14.8	A physician order needs to be obtained and proper documentation according to hospital policy has been completed.	
	14.9	Be sure to monitor patient frequently according to hospital policy.	Every 2-hour checks
	14.10	To emergently evaluate patient from enclosure bed: Go to the Left or Right of the Soma Safe Enclosure locate the zipper pull tabs on the side access panel and unzip by pulling each zipper pull tab to the left or right uppermost corner of the side access panel, place the side access panel on the top of the soma safe enclosure, Remove the patient through the side opened.	