

Restraint Implementation Protocols	Policy Number: VII-E-10.00
Department: Nursing	Current Version Review Date: December 2024
Manual Owner: Director of Care	Original Policy Date: April 25, 2023
Attachment(s): E-10.00(a) Restraints – Guiding Us to Decide E-10.00(b) Consent for Restraint/PASD E-10.00(c) Restraint Monitoring Record E-10.00(d) Definitions, Types & Conditions for Use of Restraint E-10.00(e) Suggested Alternatives to the Use of Restraint E-10.00(f) Decision Tree – Making Decisions about Restraint	Current Version Reviewed By: RHA Manager & QI Lead Director of Care

POLICY:

In support of the organization's philosophy of resident safety, assessment for the use or discontinued use of a restraint will be conducted by the interprofessional care team.

When a resident requires a restraining device or a restrictive positioning aid, the least restrictive device will be used for the least amount of time to ensure the safety and dignity of the resident.

PROCEDURE:

The Director of Care or designate will:

1. Establish an interprofessional team to review and monitor the use of restraints.
2. Establish, maintain, and monitor a process to review, evaluate, and trend the use of restraints in the home on a quarterly basis.
3. Facilitate annual evaluation of the least restraint practices within the home, ensuring:
 - a. Effectiveness of protocols are evaluated;

- b. Results of the evaluation and analysis of use are documented;
 - c. Changes/improvements are promptly implemented; and
 - d. A written record of the evaluation and analysis is retained.
4. Ensure all team members have received training on the potential risks of restraints, and in the use and monitoring of restraints.

The Nurse will:

1. Educate residents and families about the use of and risks associated with a restraint or PASD.
2. Maintain a list of residents requiring restraints on each shift on the resident home area.
3. When a restraint is identified as a need for the resident:
 - a. Implement immediate safety precautions for all concerned.
 - b. Assess for possible causes of the behaviour and record the following information related to the assessment:
 - description of the incident of concern
 - when the incident occurred and who was present
 - what was happening before, during, and immediately after the incident
4. Consider alternatives to restraint use with the interprofessional care team and select the restraint which is the least restrictive and document on the electronic Restraint/PASD Assessment.
5. Obtain a written physician/nurse practitioner's order for restraint usage to include purpose, type, and when the restraint will be used.
6. Obtain a written consent, with risks and benefits discussed with the resident or SDM, with the discussion and outcome documented in the resident's health record. Written consent is given for the initial restraint use, annually thereafter, and upon any change in the restraint order.
7. Review and document every eight hours on the restraint monitoring record/POC to evaluate the need for continued restraint use, effectiveness of restraint, and that it continues to be required.

8. Document decision to use the restraint in the resident's health record and include the rationale for use in the electronic Restraint/PASD Assessment.
9. Update the resident's plan of care with the interventions and monitoring of the restraint.
10. Evaluate quarterly and at any other time when a restraint is no longer required based on resident's condition or circumstance using the electronic Restraint/PASD Assessment.

The Personal Support Worker or designate will:

1. Review resident's plan of care and follow the recommended interventions.
2. Apply a restraint to a resident according to manufacturer's specifications.
3. Visually check resident every hour for safety and comfort and document on resident POC/restraint record when restraint in use.
4. Undo restraint and reposition resident every two hours before reapplying the restraint.
5. Monitor skin condition and provide regular skin care.
6. Toilet the resident routinely and as frequently as required.
7. Ensure when a restraint is used, the resident will have a readily available means of summoning the assistance of care team member.

All Team Members will:

1. Use the Decision Tree – Making Decisions About Restraints.

Emergency Restraint Use Procedure:

A resident's freedom of movement may be restricted, even though the restraint is not approved by a substitute decision maker and medical practitioner, if:

- a. The restraint is necessary to preserve the resident's life or to prevent serious physical harm to the resident or others.
- b. The resident is restrained for no longer than necessary, and at the most, for no longer than 24 hours (at such time the restraint must be reassessed, or in the case of medication, after it is given).

The Nurse will:

1. Notify the SDM of the restraint use.
2. Complete the electronic Restraint/PASD Assessment documenting the discussion regarding the emergency restraint, rationale, and outcome in the resident's health record.
3. Ensure the resident is monitored for safety and comfort q15 minutes, and any other time when reassessment is necessary based on the resident condition or circumstances as long as the restraint is being used.
4. Obtain and document a physician's or nurse practitioner's order with 12 hours of the restraint application, or sooner based on the urgency of the situation.
5. Contact the physician/NP if emergency restraint use is required longer than 24 hours.

References:

Restraints – Practice standards, 2009, College of Nurses of Ontario, Pub # 41043, Toronto

A Patient/Family guide to least restraint, 2006, Royal Victoria Hospital, Barrie
Reducing the use of daily physical restraints: Implementation Guide: Goal 3: Advancing Excellence Campaign.

Resource Guide to Support Eradicating the Use of Unnecessary Physical Restraints, Quality Improvement Organizations, November 2011

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Attachments:

E-10.00(a) Restraints – Guiding Us to Decide

E-10.00(b) Consent for Restraint/PASD

E-10.00(c) Restraint Monitoring Record

E-10.00(d) Definitions, Types & Conditions for Use of Restraint

E-10.00(e) Suggested Alternatives to the Use of Restraint

E-10.00(f) Decision Tree – Making Decisions about Restraint