



OANHSS

LTCHA Implementation
MEMBER SUPPORT PROJECT

Appendix E: Minimizing Restraining Staff Training Presentation

Least Restraint, Last Resort

Audience: Registered Staff

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Adapted from educational materials provided by Belmont House in Toronto

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Presentation Outline

- Relevant Legislation & Regulations
- Philosophy
- Goal
- Definitions
- Policy Highlights
- Prohibited Restraints
- General Principles
- Staff Responsibilities
- Decision Tree
- Personal Assistance Service Devices

Relevant Legislation & Regulations

- *Long Term Care Homes Act, 2007* and Regulation 79
- *Restraint Minimization Act, 2001*
- College of Nurses of Ontario
- *Health Care Consent Act, 1996*

Philosophy

- Belief in providing reasonable care to ensure quality of life, optimal functional level in a safe manner
- Belief that each resident has a right to independence, dignity and individual freedom in his or her surroundings
- Belief in residents' right to risk

Goal

- To provide a “least restraint” environment whereby the application of a physical restraint is a “last resort” decision when the resident is specifically shown to pose a clear and present danger to him/herself or others.
- All alternative treatment interventions have been explored before a restraint is used.
- If treatment alternatives not successful, the **least** restrictive restraint will be used and the restraint will be used for the **least** amount of time.

Definitions:

Restrain

- To place the person under control by the minimal use of such force, mechanical means or chemicals as is reasonable, having regard for the person's physical and mental conditions.

(Restraint Minimization Act, 2001)

- Note: This includes all devices used by the home that restrict freedom of movement or normal access to one's body.

Definition:

Chemical Restraints

- Are pharmaceuticals given with the specific and sole purpose of inhibiting specific behaviour or movement.
- Differentiating between the use of a drug as a therapeutic agent or a restraint is difficult.
- When a drug is used to treat clear-cut, psychiatric or medical symptoms, it is not usually considered a restraint.

Definition:

Environmental Restraints

(LTCHA Section 30)

- The use of barriers, locks or other devices or controls to prevent a resident from leaving a room or any part of a home, including the grounds of the homes, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c.8 s. 30

Definition:

Treatment Interventions / Alternatives

- A method that imposes less control on the resident than restraining or confining the resident or using a monitoring device on him or her yet may effectively deal with condition, circumstances or clinical indicators such as falls, wandering, and responsive behaviours.

Definition:

Emergency Situation

- An instance where a resident is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if the treatment is not administered promptly (*Health Care Consent Act, 1996*).

Policy Highlights

- Restraints can only be used after alternative methods have been tried and have been determined to be ineffective and the resident's condition, circumstance or clinical indicators indicates that he/she is at risk of causing bodily harm to him/herself or others
- In the event that the alternative treatment has not been successful in eliminating/minimizing risk factors, the least restrictive type of restraint will be used for the least amount of time
- Informed consent must be obtained for the use of restraints

Policy Highlights...cont'd

- In collaboration with the interdisciplinary team, only the physician or RNEC can order a restraint

Policy Highlights...cont'd

In **emergency** situations, a physical restraint may be applied on the direction of a registered staff where there is immediate serious risk of harm to the resident or others. In **emergency** situations staff must:

- Document the rationale for the use of the restraint, including alternative treatments that were tried unsuccessfully.
- Obtain a physician's verbal order within 12 hours of the restraint application
- Revise the care plan to reflect the application of restraint

Policy Highlights...cont'd

- PRN or medical directives that are not specific for a particular resident are not permitted under any circumstances
- If a resident is restrained, he/she must be checked hourly
- Restraint must be removed every 2 hours and the resident must be repositioned
- The need for the continued use of the restraint must be evaluated by the registered staff every 8 hours and by the physician at least quarterly and more frequently if indicated

Prohibited Restraints

(*LTCHA* s. 35; Reg 79/10 s. 112)

- Roller bars on wheelchairs and commodes or toilets
- Vest or jacket restraints
- Device with locks that can only be released by a separate device
- Four point extremity restraints
- Device used to restrain to a commode or toilet
- Device that cannot be immediately released by staff
- Sheets, wraps, tensors or other types of strips or bandages used other than for therapeutic purpose

General Principles

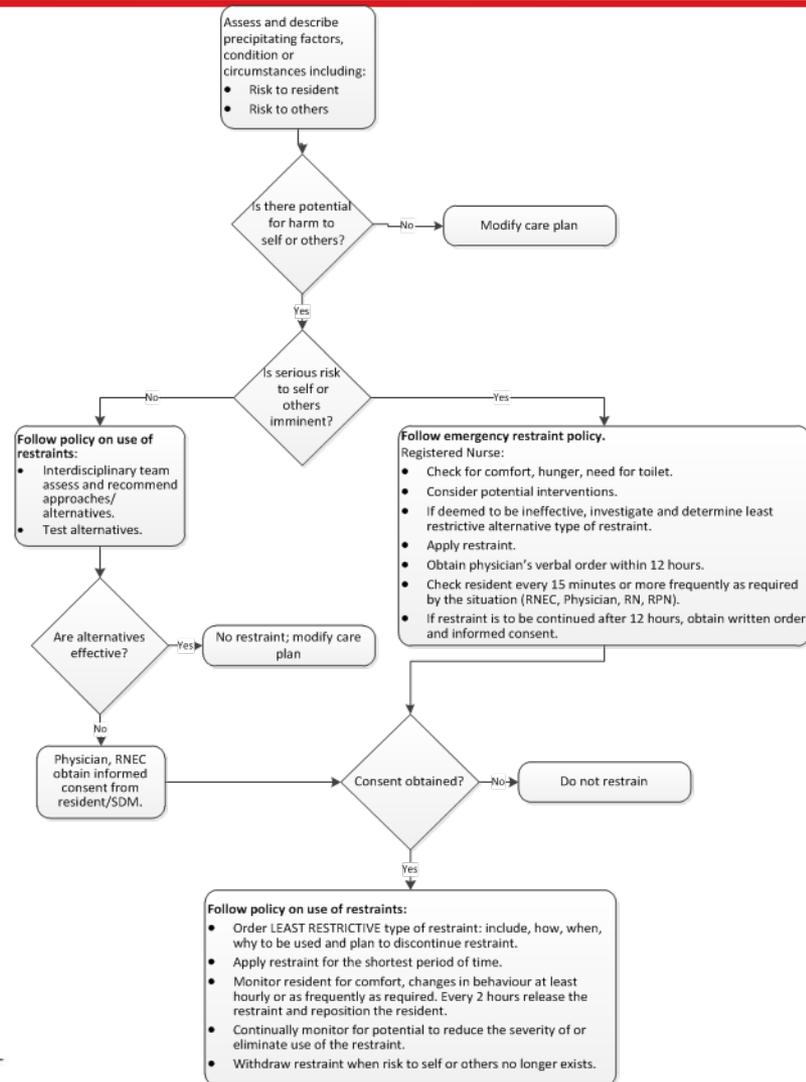
- Alternatives are to be considered prior to the decision to restrain
- The least restrictive restraint will always be used
- Alternatives, reducing the duration of use, severity or elimination of the restraint will be considered while monitoring the resident
- When residents are agitated or struggle against the restraint, monitoring intervals must be more frequent
- Follow the manufacturer's instructions for correct application
- Do not adjust or change the original design by using sheets, ties etc.
- Non compliance with the minimizing restraining policy is resident abuse

Staff Responsibilities

- What does this mean for me?
- How do I apply this to my practice?

Staff Responsibilities...cont'd

Follow Least Restraint,
Last Resort Decision
Tree (see Appendix A)



Registered Staff Responsibilities

- Assess resident for condition, circumstances or clinical indicators that potentially require treatment interventions in collaboration with the team (MDS-RAI 2.0)
- Identify possible treatment interventions as alternatives to restraints to manage the identified problem (complete Appendix B: Alternative Treatments to Restraints) in collaboration with the team.
- Discuss, implement and evaluate alternative treatment interventions
- Integrate the alternative treatment interventions into the care plan

Registered Staff Responsibilities

...cont'd

Evaluating interventions and charting outcomes on the progress notes

- If alternative treatment options have not been effective, obtain “informed consent”.
- Obtain a physician’s , RNEC’s order for the type of restraint, the reason for the restraint and the duration of the restraint.
- Supervise the application of a restraint.
- Ensure that the resident is properly positioned for comfort and safety while restrained.

Registered Staff Responsibilities

...cont'd

- Re-evaluate the need for the continued use of the restraint.
- Assess the resident at the end of each shift and document the need for the continued use of the restraint on the Physical Restraint Monitoring Record (Appendix C).
- Obtain a physician's order if the restraint is discontinued and document it on the Physical Restraint Monitoring Record.

Health Care Aid / Personal Support Worker Responsibilities

- Collaborate with the multidisciplinary team to identify behaviours that potentially require prevention or treatment interventions and/or restraints (e.g. falls, wandering, responsive behaviours).
- Assist in the implementation of possible treatment interventions as alternatives to restraints to respond to resident needs, and participate in the completion of the Alternative Treatments to Restraints form (Appendix B).
- Reporting to the charge nurse regarding how effective the alternative treatment intervention was in responding to the needs/risks/behaviours of the resident.

Health Care Aid / Personal Support Worker Responsibilities ...cont'd

- *Never apply a restraint without the assessment and approval of the Registered Staff*
- Ensure that only approved restraints are used according to manufacturer's specification and no adaptations to the restraint are made
- Check the resident in restraint at least hourly
- Document on Physical Restraint Monitoring Record (Appendix C) using appropriate codes
- If more than one type of restraint is used a separate record must be completed for each restraint for the period it is in use. The documentation must also include the time of application and removal as well as the resident's response.

Health Care Aid / Personal Support Worker Responsibilities ...cont'd

Remove the restraint every two hours to:

- assess skin condition at the point of contact of the restraint
- assess skin condition of areas prone to breakdown due to reduced ability for position changes
- stimulate circulation by massage, exercise and ambulation
- assess resident's response to restraint and whether the restraint is having the desired effect
- ensure that nutrition, hydration and elimination needs are met
- provide human and social contact
- reposition the resident and ask if s/he is comfortable

Health Care Aid / Personal Support Worker Responsibilities ...cont'd

- Continuously try alternative treatment interventions as an alternative to restraints

Physician / Registered Nurse Extended Class Responsibilities

- Assess the resident for clinical indicators, in collaboration with the multidisciplinary team, that potentially require treatment interventions and/or restraints.
- Identify possible treatment interventions as alternatives to restraints to manage the identified condition or circumstance .
- Discuss, implement and evaluate alternative treatment interventions with the resident/SDM.
- Participate in obtaining informed consent from the resident/SDM if the alternative interventions have not been effective.

Physician Responsibilities

- Facilitate dialogue among the team if consent for a restraint that is recommended by the multidisciplinary team is refused or if a SDM is requesting a restraint that is not recommended by the team.
- Write a physician's order for the type of restraint, the reason for the restraint and the duration of the restraint.
- Review the continued use of a physical restraint at least every 6 months.
- Continuously encouraging alternative treatment interventions as alternatives to restraints.

Definition: *Personal Assistance Service Device (PASD)*

- A personal assistance service device (PASD) is a device used to assist a person with a routine activity of living. A PASD may limit or inhibit movement and may restrain a resident but is not considered a restraint if the intent is to provide assistance with activities of daily living (*LTCHA* s. 33(1-5); Reg 79/10 s. 111(1-2)).

PASD and the Care Plan

- The resident's care plan must indicate a measurable objective and purpose for the use of PASD in terms of the resident's activities of daily living and quality of life.
- The care plan also identifies the how, when and timeframe for review of the use of the PASD .
- The care plan must indicate the removal of the device as soon as no longer needed to promote independence.

PASD: Approval of Use

The use of the PASD must be approved by one of the following:

- a physician
- a registered nurse
- a registered practical nurse
- a member of the College of Occupational Therapists of Ontario
- a member of the College of Physiotherapists of Ontario

PASD: Documentation

Include in the care plan what device is being authorized and instructions relating to the order:

- Purpose of the device
- When it will be used
- How it will be used
- How long it will be used
- Duration and frequency of use.

PASD: Final Considerations

When a PASD (i.e. a device) is being used to restrain a resident other than the purpose of assisting the resident with a routine activity of living, it is considered a form of resident restraint (*LTCHA* s. 36(6) & s. 31).

Questions/Discussion

Questions and Discussions

- Key Roles and Responsibilities
- Documentation Tools
- Policy Review and Evaluation