OANHSS

LTCHA Implementation
MEMBER SUPPORT PROJECT

Minimizing Restraining of Residents and the Use of Personal Assistance Service Devices (PASDs)

Policy, Procedures and Training Package

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ABOUT THIS DOCUMENT

The development and implementation of a policy and procedures for minimizing restraining of residents and use of personal assistance service devices (PASDs) is a requirement of Regulation 79 of the *Long-Term Care Homes Act, 2007* (LTCHA). This document contains a sample policy, procedures and staff training materials and tools that meet the minimum requirements of the LTCHA and regulation.

This package is intended to be used as a resource for OANHSS member homes to modify and customize, as appropriate. This material can also be used by homes to review their current policies and procedures and compare content. Please note: The project team have compiled these materials during the fall of 2010, and as a result, the information is based on the guidance available at this time. Members will need to regularly review the Ministry of Health and Long-Term Care (MOHLTC) Quality Inspection Program Mandatory and Triggered Protocols to ensure that internal policies and procedures align to these compliance expectations.

This document is based on the following webinar presentation by the MOHLTC and it is recommended that members base their own policy, procedures and staff training on this publication in order to ensure compliance with the LTCHA and Regulation 79: *The Fundamentals of the Long-Term Care Homes Act, 2007: "Minimizing of Restraining" Provisions*, Colleen Sonnenberg, Manager, Long-Term Care Homes Act Regulation Project, Ministry of Health and Long-Term Care and Jane E. Meadus, Barrister & Solicitor, Institutional Advocate, Advocacy Centre for the Elderly, Tuesday, August 31, 2010. This webinar presentation can be found on the MOHLTC Long-Term Care Homes site at www.ltchomes.net.

Acknowledgements

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MINIMIZING RESTRAINING OF RESIDENTS: USE OF RESTRAINTS

Policy

The staff of the home shall ensure that the least restrictive type of physical restraint is used as an intervention after all alternatives to restraining have been considered or tried and found to be ineffective.

No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only legally approved, commercially made physical restraints may be used in accordance with manufacturer's specifications and directions.

Only legally approved chemical restraints are to be used. Environmental barriers or locks can only be used when indicated on the resident's care plan. *Note: as of this release date (December 3, 2010) section 32 of the LTCHA which outlines restrictions using barriers or locks has yet to come into force.*

Exception to this policy: Common law duty (*LTCHA* s. 36; Reg 79/10 s. 110 (1, 3-5, 8)).

- Duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to others (see Procedure in Emergency Situations below).

Preamble

This policy is anchored in the provisions of the *Long-Term Care Homes Act*, 2007 and upholds the following aspects of the Residents' Bill of Rights:

- Every resident has the right to live in a safe and clean environment.
- Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

Physical Restraints Sections (*LTCHA* s. 29-36)

Under the LTCHA and Regulation 79, there are several **Prohibited Devices** (*LTCHA* s. 35; Reg 79/10 s. 112) that limit movement and are not to be used in the home as follows:

- roller bars on wheelchairs, 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.

Also under section 31 of the LTCHA, no physical device can be applied to restrain a resident who is in bed, except to allow for a clinical intervention that requires the resident's body or part of the resident's body to be stationary.

The use of a physical device, from which a resident is able to both physically and cognitively release themselves, is not a restraining device (*LTCHA* s. 30(2)).

A method that imposes less control on the resident than restraining or confining the resident e.g. using a monitoring device on a resident to deal with incidents such as falls, wandering, and aggressiveness is an alternate treatment intervention.

Any use of a prohibited physical restraint, restraining for staff convenience or as a method of discipline, or non compliance with manufacturer's specifications is considered a form of resident abuse.

Environmental Restraints (*LTCHA* s. 32)
Any device or barrier that limits the movement of an individual, and thereby confines an individual to a specific geographic area or location (e.g. secured units, wander-guard systems). The use of barriers, locks and other devices or controls at stairways as a safety measure is not a restraining of a resident. Note: as of this release date (December 3, 2010) section 32 is yet to come into force.

Chemical Restraints (*LTCHA* s. 36(3-4))
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. However, when a drug is used to treat clear-cut, psychiatric or medical symptoms, it is not usually considered a restraint.

Emergency Situation (*LTCHA* s. 36(1))
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). Emergency use of physical restraints are permitted only if their use is immediately necessary to prevent the resident from injuring him/herself or others or to prevent the resident from interfering with life sustaining treatment and no other less restrictive interventions are feasible.

Procedure

Assessment and Evaluation

(See Appendix A: Decision Tree.)
A physician or Registered Nurse Extended Class (RNEC) in collaboration with the interdisciplinary team may prescribe a physical restraint. The prescribing clinician should ensure that alternatives have been considered, and informed consent is obtained for the treatment from the resident and / or the substitute decision-maker.

1. Assess resident for condition, circumstances or clinical indicators that potentially require treatment interventions in collaboration with the team.
2. Include precipitating factors for considering a restraint including the clinical indicator(s) that necessitates the physical restraint.
3. Include any/all alternatives that were tried/considered and why they were not suitable (see Appendix B: Alternative Treatments to Restraints).
4. Obtain input from interdisciplinary team members (e.g. registered nurse (RN), physiotherapist (PT), occupational therapist (OT)) to identify alternative treatment options to be tried prior to the use of restraints.
5. Include in the written order what device is being ordered and instructions relating to the order.
6. Discuss with the resident/SDM:
    - goals such as elimination of the restraint, reduction of the severity, duration and /or frequency of use
    - measureable objectives
    - period of day when the restraint is required
    - frequency that resident will be checked
    - frequency of position change
    - frequency of skin care
    - frequency of range of motion exercises and ambulation
    - frequency of evaluation of the side effects of restraints on resident behaviour
    - deadline date for re-evaluation of the need for restraint.
7. Obtain and record informed consent including that the risks and benefits of alternative treatment options and risks and benefits related to use of the restraint have been outlined to the resident/SDM (*Health Care Consent Act*, 1996).

Medical directives for restraints that are not specific to a particular resident are not permitted under any circumstances.

Care Plan

Authorized Staff

1. Establish resident focused goals including reduction of severity, frequency, duration or elimination of the restraint.
2. Integrate alternative strategies wherever possible.
3. Ensure the care plan strategies have adopted the least restrictive restraint for the shortest amount of time necessary.
4. Outline specific steps for applying and reapplying the device according to instructions given in the order and to manufacturer's instructions and specifications; specify instructions in the care plan.
5. Outline specific steps for monitoring the resident at a minimum of hourly (registered nursing staff or a person who is authorized by registered nursing staff). Specify who, when, and what to observe in the care plan (Reg 79/10 s. 110) (see Appendix C: Physical Restraint Monitoring Record).

6. Outline steps for releasing and repositioning the resident at least every 2 hours (exception for bed rail use when the resident is able to reposition him/herself) (Reg 79/10 s. 110(4)). Specify how this will be done (e.g. involvement of physiotherapist, recreation, transferring from chair to bed to toilet).
7. Outline steps for releasing and repositioning more frequently as required by the individual resident's condition and or circumstances.
8. Ensure the plan includes an interdisciplinary team approach and develop a comprehensive, integrated restorative focused plan.
9. Reassess (physician, RNEC or registered nursing staff only) the resident's condition, effectiveness of the restraint, need for ongoing restraint, potential to employ a less restrictive restraint at a minimum of every 8 hours and more frequently as determined by the circumstances or resident's condition.

Implement

Interdisciplinary Team

1. Implement the care plan strategies according to the individual resident's care plan.
2. Document every hour on restraint monitoring record and every 2 hours when the restraint is released and the resident is repositioned and care plan interventions have been followed.

Monitor and Evaluate

Individual Resident

Registered Nursing Staff

1. Monitor according to the care plan.
2. Continually monitor emotional, cognitive, physical responses to being restrained.
3. Evaluate to determine if goals are achieved. Are changes to the care plan required?
4. Follow care planning policies for re-evaluating every 6 months.

Restraint Policy Utilization Review

Administrator, Director of Nursing or Care, Registered Nursing Staff

1. Perform an analysis of the available data related to the use of physical devices and also pursuant to the common law duty (*LTCHA* s. 36). The type of information to be used in the analysis of the policy on restraint utilization may include:
    - Care plan reviews and the clinical indicators or circumstances causing the need for restraint, analyzing the potential to reduce severity or eliminate use of restraint.
    - the documented reasons for restraints based on resident population and their physical and cognitive health (see RAI-MDS 2.0 section G and B) and personal histories.
    - the types of alternatives tried and unsuccessful.
    - the least restrictive methods of restraint have been used in light of resident population and conditions.
    - the trends in alterations in skin integrity.

- number and severity of falls comparing quarter to quarter through RAI-MDS 2.0 section J and QI reports to see if restraint use has had an impact.
- number of reactive behaviors comparing quarter to quarter to see if restraint has had an impact through RAI-MDS 2.0 section E, ABS Score and quality improvement reports.
- trends in data recorded on internal tools such as Appendix C: Physical Restraint Monitoring Record and Appendix D: Restraint Monitoring Record.

2. Evaluate the policy effectiveness annually or more frequently.
   - Annually evaluate the utilization and effectiveness of the policy for minimizing restraining of residents and what changes and improvements are required in order to ensure that the use of restraints is in compliance with the LTCHA and Reg 79/10 s. 113.

Documentation and Parties Responsible

The following table describes the various forms of documentation required when minimizing restraining of residents and the parties responsible (Reg 79/10 s. 110(7)).

Documentation	Parties Responsible
Informed consent	Physician, RNEC,
Written order	Physician, RNEC
RAI-MDS 2.0	Registered Nursing Staff (for measureable objectives and outcomes)
Alternative treatment sheet	Team
Care plan	Registered Nursing Staff
Restraint Flow Sheet: frequency hourly	RN, RPN, Personal Support Worker
Monthly analysis of restraining of residents by use of a physical device *(LTCHA* s. 31)	Registered Nursing Staff
Review and Revise the care plan every 6 months	RN, RPN
Annual evaluation of the effectiveness of the policy and improvement introduced resulting from the evaluation (*LTCHA* s. 29)	Administrator, Director of Nursing or Care, Registered Nursing Staff

Procedure in Emergency Situations

In emergency situations (see definition of emergency situation above), the RN may decide on the use and type of restraint that is required provided that:

1. Available alternative methods have been tried and failed.

2. The interventions and reactions of the resident are documented as are the justification for restraint use including the precipitating circumstances, who made the order, what device was ordered and any instructions related to the order, the person who applied the restraint and the time of application.
3. All assessments, reassessments and monitoring including the resident's response, every release and repositioning, time of removal or discontinuance and follow-up care must be documented. Document is completed according to the plan of care.
4. Obtain a physician's verbal order for any restraint within 12 hours.
5. The resident must be assessed every 15 minutes by physician, RNEC or registered nursing staff and at any other time based on the resident's condition or circumstances. *Note: If the order is obtained from an on-call physician other than the resident's attending physician (e.g. on a week-end), the regular attending physician must be made aware of and re-evaluate the order at the earliest reasonable opportunity.*
6. If the restraint is to be continued, the attending physician is responsible for reordering the restraint including the type of restraint and application details.
7. Proceed as per policy for use of restraints.

Staff Orientation and Training

Staff Orientation

Prior to assuming their job responsibilities, direct care staff must receive training on restraints policies and procedures and the correct use of equipment as it relates to their jobs (*LTCHA* s. 76(1)).

Training

Direct care staff must receive annual retraining on restraints policies and procedures and the correct use of equipment as it relates to their jobs.

Orientation and training includes the following:
Staff and contractors who provide direct care to residents must receive orientation and annual training on minimizing restraining of residents.

1. Registered staff oriented and trained using Appendix E: Least Restraint-Last Resort Presentation.
2. Hands on instruction and practice on correct use of physical restraints.
3. Other as deemed necessary by the home.

Summary

The following table summarizes the LTCHA restraints requirements at a glance as originally published within the following source document: *The Fundamentals of the Long-Term Care Homes Act, 2007: "Minimizing of Restraining" Provisions*, Colleen Sonnenberg, Manager- Long-Term Care Homes Act Regulation Project, Ministry of Health and Long-Term Care and Jane E. Meadus, Barrister & Solicitor, Institutional Advocate- Advocacy Centre for the Elderly, Tuesday, August 31, 2010.

Requirements at a glance

	Restraint by physical device	PASD	Common law duty
Who can order or approve?	MD, RN (EC)	MD, RN, RPN, OT, PT	
Consent	Prior to application	Prior to application	Following use, explain the reason to resident/ SDM
Application	Staff under instruction of MD, RN (EC)	Staff as outlined in plan of care	Immediate action to prevent serious bodily harm to the person or others
Reassessment	At a minimum q8hr by MD, RN (EC) or RN/RPN	At a minimum q6mos by interdisciplinary team	At a minimum q15min by MD, RN (EC) or RN/RPN
Monitoring	At a minimum q1hr by RN/RPN or authorized staff	As outlined in plan of care	ongoing
Release / repositioning	Minimum q2hr for repositioning	Minimum q2hrs if dependent on staff for repositioning	As necessary based on resident's condition or circumstances
Removal	As soon as no longer necessary	As soon as no longer required for activity of living	As soon as no longer necessary

Not intended as legal advice 36

USE OF PERSONAL ASSISTANCE SERVICE DEVICES (PASDs)

Policy

The home shall ensure that the resident's care plan indicates a measureable objective that explains the purpose of the use of the PASD and is limited to enabling a resident's specific activity of daily living. The care plan must also outline how the specific personal assistance service device is to be used and the timeframe for its use. The care plan must be communicated to all staff and followed consistently.

Definition: 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)).

The resident's care plan *must* indicate how, when and why the device is to be used as a support to promote independence and quality of life. The care plan must indicate the removal of the device as soon as no longer needed to promote independence. When a PASD (i.e. a device) is being used to restrain a resident rather than to assist the resident with a routine activity of living, it is considered a restraining device (*LTCHA* s. 36(6) & s. 31).

See also additional definitions located above in the policy for Minimizing Restraining of Residents: Use of Restraints.

Procedure

Assessment

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.

This assessment is carried out collaboratively by an interdisciplinary team. The prescribing clinician is required to obtain informed consent for the treatment from the resident and or the substitute decision-maker (SDM).

Note: If the PASD is being used to restrain a resident, then the policy for Minimizing Restraining of Residents: Use of Restraints must be followed.

The assessment will:

1. Identify precipitating factors for considering a PASD including the clinical indicator(s) or functional deficits.
2. Obtain input from team members (e.g. registered nurse (RN), physiotherapist (PT), occupational therapist (OT)) to identify alternative treatment options to be tried prior to the use of a PASD.
3. Consider and try alternatives to the use of a PASD.
4. Include any/all alternatives that were tried/considered and why they were not suitable.
5. Discuss with the resident/SDM:
   - Goals for use of the PASD
   - measureable objectives related to support for daily living activity
   - period of day when the PASD is required
   - frequency that resident will use it
   - deadline date for re-evaluation of the need for the PASD
   - when the PASD would be considered a restraint; when a "PASD" (i.e. a device) is being used to restrain a resident rather than to assist the resident with a routine activity of living, it is considered as a restraining device (*LTCHA* s. 36(6) & s. 31).
   - alternatives to the PASD.
6. Obtain and record informed consent (including that the risks and benefits of alternative treatment options and risks and benefits related to use of the PASD have been outlined to the resident/SDM (*Health Care Consent Act*, 1996)).
7. Develop goals and strategies on the care plan in collaboration with the team.
8. Provide the PASD when alternatives have been deemed ineffective to assist the resident with the routine activity of living.
9. Ensure the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living.

Care Plan

The care plan must include a description of the device that is being authorized and instructions relating to the order: purpose, when it will be used, how it will be used, how long it will be used, duration and frequency of use.

1. The plan of care must reflect the goals for use of the PASD and how, when and why the device is to be used.
2. Establish resident focused goal related to support for specific activity of living for which the device is required.
3. Intervention descriptions will include how the PASD will be used, when, how long, who will apply and remove, frequency of monitoring, and the specific risks associated (e.g. skin breakdown).
5. The PASD must be applied and adjusted as needed according to manufacturer's specification and instructions.
6. The PASD must be removed as soon as it is no longer required to provide the resident with the specific routine of daily living for which it is intended.

Implementation

1. Implement strategies according to the care plan.

Monitoring and Evaluation

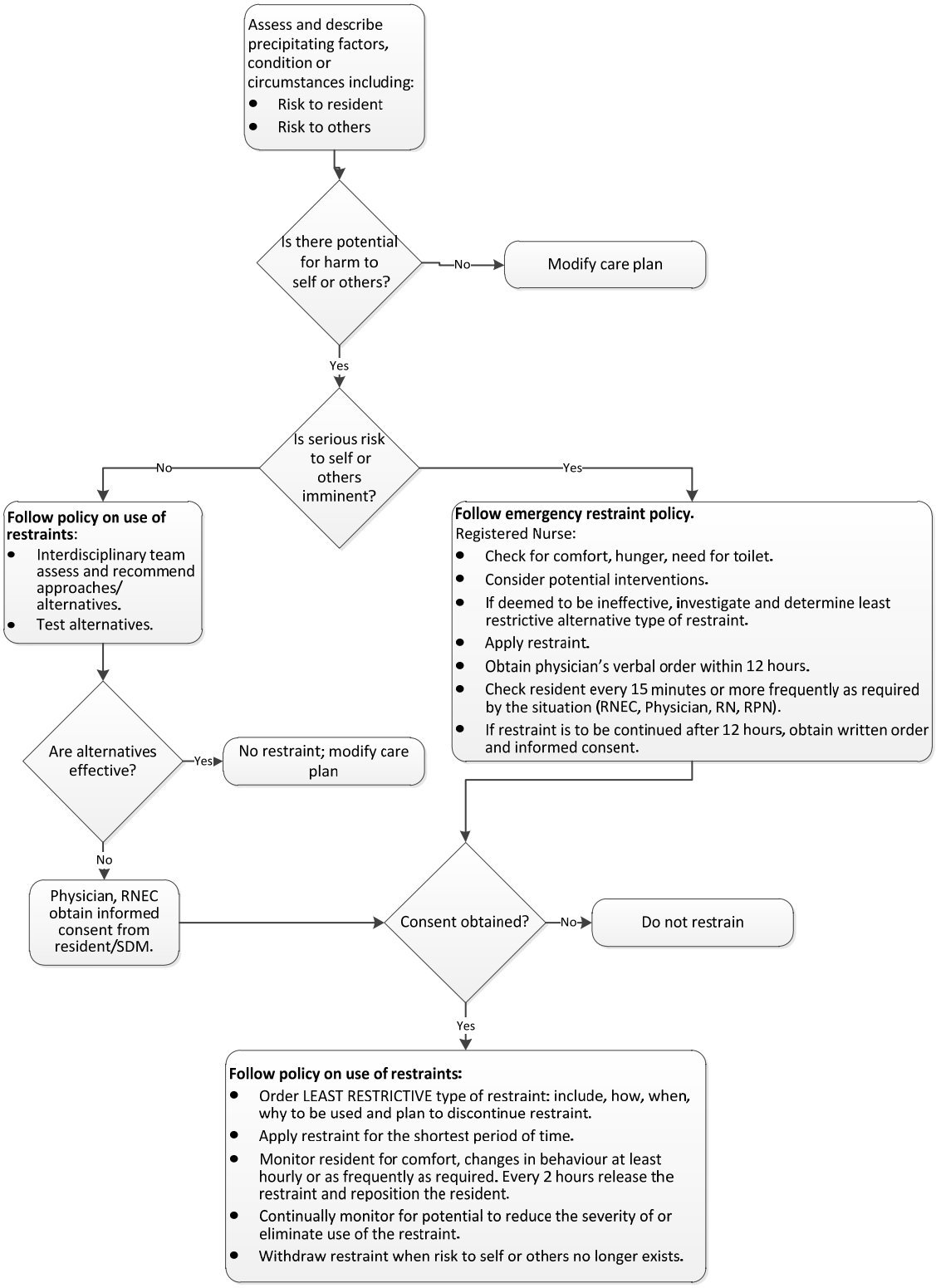
1. Monitor according to the care plan.
2. Ensure the care plan is being followed.
3. Is resident functional ability improved or maintained by using the PASD?
4. Is the resident satisfied with use of PASD?
5. Continually monitor emotional, cognitive, physical responses to use of PASD.
6. Evaluate to determine if goals are achieved.
7. Are changes to the care plan required?

Documentation

Documentation of PASD use must include the following:

- Authorization of the use of the device.
- Care plan to indicate intent as a PASD otherwise follow restraint documentation procedures.
- Progress toward stated goal.
- Monitoring and evaluation of PASD.

APPENDIX A: DECISION TREE FOR MINIMIZING RESTRAINING



APPENDIX B: ALTERNATIVE TREATMENTS TO RESTRAINTS

Resident Name: (last/first)_____Room # _____ Date (y/m/d)_____

Tick (✔) the alternative treatment to be tried for the following high risk behaviours

Falls			
☐	Assess and track underlying cause (e.g. poor balance); refer to physiotherapist	☐	Provide glasses, hearing aids, walking aids and make easily available
☐	Call bell demonstration	☐	Assess for protective devices (e.g. helmet, hip protectors)
☐	Decrease environmental risk factors by ensuring good lighting, uncluttered walkways, dry floors	☐	Ensure resident is wearing proper footwear
☐	Schedule daily nap	☐	Put mattress on floor
☐	Use high low bed	☐	Contract with resident to ask for assistance when performing an activity that often leads to a fall (if cognitively aware)
☐	Routine Positioning (q2h)	☐	Medication review
☐	Alternate rest and activity		
☐	Other (describe)		
Wandering			
☐	Attend to basic needs (nutrition, elimination)	☐	Provide verbal orientation
☐	Display signs	☐	Redirect with simple commands
☐	Night light	☐	Place yellow Velcro barrier across rooms that are “off” limits (e.g. other resident rooms)
☐	Protective unit (secured unit)	☐	Wander guard bracelet
☐	Diversional activities: pets, music, puzzles, crafts, cards, snacks	☐	Masking tape on floor to create a grid effect.
☐	Alternate rest and meaningful/purposeful activity	☐	Refer to Occupational Therapist for additional suggestions
☐	Other (describe)		
Restlessness, Agitation, Responsive Behaviours			
☐	Attend to basis needs (nutrition, elimination)	☐	Redirect with simple instructions
☐	Gentle touch & other forms of sensory stimulation	☐	Relaxation techniques (tapes, soothing music, darkened environment)
☐	Medication review	☐	Reminiscence
☐	Pain relief/comfort measures	☐	Increased observation
☐	Other (describe)	☐	Walking/exercise program

_____ _____

Signature of interdisciplinary team member completing form *Title*

Tool adapted from Belmont House

APPENDIX C: PHYSICAL RESTRAINT MONITORING RECORD

For Appendix C: Physical Restraint Monitoring Record, see attached spreadsheet (Microsoft Excel file) included in this package (tool adapted from Belmont House).

APPENDIX D: RESTRAINT AUDIT TOOL

For Appendix D: Restraint Audit Tool, see attached spreadsheet (Microsoft Excel file) included in this package (tool adapted from Regional Municipality of Durham).

APPENDIX E: LEAST RESTRAINT, LAST RESORT TRAINING PRESENTATION

For Appendix E: Least Restraint, Last Resort Training Presentation, see attached presentation (Microsoft Powerpoint file) included in this package.