

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Minimizing Restraints	SECTION: M POLICY: 2
DATE: August 2010	Administrator: <u>J. M.!</u>	
REVISION DATE:	Director of Care: <u>Cheryl Alcock</u>	

MINIMIZING RESTRAINTS

POLICY:

The Leamington Mennonite Home strives to retain the independence, dignity & respect of each resident. The Home, therefore, minimizes the use of restraints, seeking alternatives, whenever possible, to ensure that the safety and risk(s) of each individual resident is effectively managed.

The Home shall ensure that no resident of the Home is:

- Restrained, in any way, for the convenience of the staff.
- Restrained, in any way, as a disciplinary measure.
- Restrained using a physical device, other than in accordance with the requirements as set out in this policy.
- Restrained by the administration of a drug to control the resident, other than in exceptional circumstances as outlined in this policy.
- Restrained, using barriers, locks or other devices or controls, from leaving from or any part of the Home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in circumstances defined in this policy.
- Restrained in bed at any time.

PROCEDURE:

The Leamington Mennonite Home strives to utilize all alternative interventions, supports, and strategies, through ongoing multidisciplinary assessments, to avoid the use of restraints. When such alternatives are ineffective, an appropriate form of least restraint is initiated.

In circumstances where the use of a restraint has become necessary, the following shall occur:

- The Leamington Mennonite Home: Process of Least Restraint Assessment Form shall be completed by the Occupational Therapy Assistant under the supervision of the Registered Staff.
- The circumstances precipitating the application of the restraint shall be clearly documented in the Resident's Record and the Process of Least Restraint: Assessment Form.

- The alternatives explored and adapted shall be noted, together with the reasons for ineffectiveness, on the Process of Least Restraint: Assessment Form and in the Resident's Record.
- The device ordered, instructions related to the order, and the person directing the order shall be clearly notated on the Process of Least Restraint: Assessment Form.
- Consent shall be obtained from the Family Representative/POA.
- The staff member's signature who applied the device, together with the date and time of application, shall be documented on the Process of Least Restraint: Assessment Form and in the Resident's Record, as well as in the Resident Care Plan.
- All further assessments, reassessments and monitoring outlining the need and effectiveness of the restraint, as well as the resident's response, shall be documented in the Resident's Record. The Resident Care Plan will reflect any changes to the plan of care and restraint management.
- Every release of the restraint and all repositioning shall be documented in the Resident Restraint and Safety Devices Documentation Record.
- The discontinuation of the restraints, including date and time of removal, as well as any post-restraining recommendations, are to be outlined in the Resident's Record, as well as the Resident Care Plan.

The same process of documentation shall occur in cases where immediate action is necessary to prevent serious bodily harm to the resident and/or others.

It is the duty and responsibility of the Registered Staff, in collaboration with the Occupational Therapist Aide (OTA), to apply the restraining device or to discharge a resident from a restraining device following the Process of Least Restraint: Assessment Form and procedure. The Registered Staff, in collaboration with the OTA, shall also communicate the use of the restraint with all staff in their unit. Registered Staff shall also ensure that HCA's complete hourly checks, every 2 hour repositioning and document accordingly.

Use & Monitoring of Restraint(s)

When a restraint has been identified and ordered for resident use, the following procedures shall guide the use of the restraint:

- That the device ordered by the physician applied by the Registered Staff is used in accordance with any instructions provided by the Manufacturer, the Physician, Registered Staff, Director of Care and OTA.
- That the resident is monitored hourly by the HCA's under the supervision of the Registered Nursing Staff.
- That the resident is released from the restraint and repositioned at least once every two hours, in cases where a resident requires assistance with repositioning.
- That the resident is released and repositioned any other time when is necessary, based on the resident's condition and/or circumstances.
- That the resident's condition and effectiveness of the restraint is evaluated by the Registered Staff at least once every 8 hours.

Evaluation of Restraints

- Central to the minimization of restraints is the ongoing evaluation and re-evaluation of their use. It is important that the resident is restrained only for as long as is necessary to

address those risks identified in the Process of Least Restraint: Assessment Form and documented in the Resident's Record and Care Plan.

- Consequently, the use of each resident restraint shall be evaluated by the Registered Staff, monthly, quarterly and as part of the annual care conferencing process. Evaluation and reassessment shall also occur when there is a change in the resident's health status.
- The reassessment shall determine the need for further restraint or:
 - an alternative to restraining
 - a less restrictive method of restraining that is reasonable and responsive to the resident's physical and mental condition and personal history.
- The evaluation, together with recommended outcomes, shall be notated in the Resident Care Plan with changes communicated by the Registered Staff to all staff providing care to that resident.

Policy & Procedure Evaluation

- An evaluation of the effectiveness of this policy shall be undertaken through a Multi-Disciplinary Team on an annual basis, identifying positive outcome measures and any modifications and/or improvements that are required to minimize the use of restraints at the Leamington Mennonite Home. The written evaluation report shall be reviewed at the Quality Assurance Committee Meeting and communicated to HCA's, Registered Staff and Social Recreational Aides at their Departmental Meetings.
- The monthly resident restraint reviews conducted by the Registered Staff, shall be central to the annual Policy & Procedure Evaluation.
- Identified modifications and/or improvements emerging from the annual review are to be implemented in a timely manner and documented in the minutes of the Quality Assurance Committee.

LEAMINGTON MENNONITE HOME

Process of Least Restraint

Assessment Form

Resident Name: _____

Date: _____

ASSESSED REASON FOR RESTRAINT

- Risk Factors Identified Resulting in Serious Harm Without Restraint:

Behaviour – Anger, Agitation, Aggression

Physical Aggression

Confusion Leading to Non-Cooperation

- Alternatives Explored:

Environmental Evaluation

Nutrition Evaluation

Pain Evaluation

Medication Evaluation

Counselling/Verbal Instruction(s)

Other: _____

- Resident Condition:

Physical Factors

Resident Strength

Mobility Independence

Wanders

Cognitive Status

Confusion

Delusional

Unpredictable

Advanced Dementia

Other

Personal History

Increasing Episodes of Aggression and/or Anger

Lack of Cooperation

Family Requests Use of Restraint

- Reasons for Ineffectiveness of Alternatives:
- Precipitating Circumstances:
- Recommended Action Plan:

Staff Signature:

Date:

Physician Order

Name of Physician:

Date of Order:

Order For:

- Tabletop
- Broda with Seat Belt
- Seat Belt

Emergency Restraint Application

Reason for Emergency Restraint: Risk of Serious Bodily Harm to Self or Others

Explanatory Description:

Registered Staff:

Date:

Signature:

Type of Restraint Implementation

- Tabletop
- Broda with Seat Belt
- Seat Belt

Family Consent for Emergency Restraint Use

Family Member/POA:

Date:

Signature:

Physician Order Obtained:

Date:

Reassessment:

Date:

Signature:



Leamington Mennonite Home
PROCESS OF LEAST RESTRAINT: CONSENT FORM

Resident Name	Room	Date
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The Home believes in the rights and dignity of individuals while upholding the moral and legal responsibility to provide a safe environment for each resident. We embrace a philosophy of least restraint that recognizes the resident's strengths, the right of freedom of movement and the right to choose risk-taking behaviour through informed consent.

In support of the resident's independence, we must identify and manage the risk factors that exist. The need for a restraint on continual multidisciplinary assessment, the exploration of alternatives, and appropriate consultation with the resident, family and/or substitute decision-maker.

We believe that restraints are used when all other alternatives have been explored and trialed unsuccessfully. Careful and continual evaluation of restraint use is employed.

An assessment has been completed by the multidisciplinary team determining that a restraint is required because of the following conditions:

_____ There is significant risk that a resident or another person will suffer serious harm if the resident is not restrained.

_____ Alternatives to restraining have been explored, considered and tried without success.

_____ The method of restraining is reasonable and is the least restrictive to address resident risks.

_____ The Home's physician, registered staff, DOC and/or OTA has recommended the restraint.

The following restraint is required:

_____ Table Top

_____ Broda Chair with Seatbelt

_____ Seat Belt

I, _____ have participated in a discussion concerning the issue of least restraint for the resident and understand the reason for the restraint.

I understand that ongoing assessments for its use will be completed quarterly by the Multidisciplinary Team and reviewed annually with the resident/SDM at the Multidisciplinary Care Conference.

in the event of a change in status and/or resident/SDM request, additional assessments may occur.

LTC Homes Act
Coercion Prohibited

83. (1) Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,
- (a) a document has not been signed
 - (b) an agreement has been voided; or
 - (c) a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked. 2007,c.8, s. 83 (1).
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Resident

Consent to Restraint

SDM

Signature of Resident/Resident Representative/SDM

Date

Witness

Date

Resident

Consent to Restraint Refusal

SDM

I understand the risk to the resident's safety, security, and well-being by refusing this restraint.

Signature of Resident/Resident Representative/SDM

Date

Witness

Date
