

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Restraints & Safeguards	SECTION: R
DATE: December 2004	Administrator: _____ <i>J. M.</i>	POLICY: 12
REVISION DATES:	Director of Care: _____ <i>Cheryl Allick</i>	

RESTRAINTS & SAFEGUARDS

POLICY:

The Leamington Mennonite Home values the freedom, movement and independence of each resident. The Home endeavours to follow a policy of least restrictive restraint that ensures resident freedom, quality of life and safety. When the need for restraint occurs, the Home shall always use the least restrictive measures assessed as required. Restraint shall be defined as for the protection of the resident and/or others in situations where there is imminent risk of harm to a resident or other person(s). To restrain shall mean to place a resident under control by mechanical, environmental or chemical means.

A restraint is a device or chemical used to restrain a resident. The following are definitions of the varying restraints which may be utilized only where there is imminent risk of harm to a resident and/or other person(s):

Physical Restraints are physical or mechanical devices that are used to intentionally prevent the movement of the whole or a part of a resident's body in order to control that resident's physical activities. Physical restraints include, but are not limited to:

- Geriatric chairs or wheelchairs with tabletops in place
- Full bed-rails on both sides of the bed
- Lap belts that the resident is unable to unfasten due to physical or cognitive limitations

Chemical Restraints are pharmaceutical agents that are used to restrain or control a resident by reducing the resident's functional capacity. Chemical restraints are not therapeutic agents; their use, to restrain a resident, is only permissible in situations of imminent risk, to prevent the resident from harming himself or herself, or others.

Environmental Restraints create barriers to a resident's freedom to move, for the purpose of confining that resident to a specific geographical area or space in the Home. Environmental restraints include, but are not limited to:

- Areas of the Home intended for residents' use and to which there is no free access (secured units)
- Monitoring devices, such as bracelets, wander-guards or resident-tagging systems
- Coded access to the Home's elevators

Perimeter security and coded entrances intended for the general protection and safety of residents and staff are not considered to be environmental restraints for the purpose of this policy.

Other MOH approved definitions and methods of restraint include:

Alternative Methods mean interventions that are employed to interrupt the escalating behaviour of an individual, and to prevent the progression towards a situation where an imminent risk to harm of self or other exists. These alternative methods may include psychosocial interventions, methods of stress reduction and relaxation, companionship, environmental modifications and diversion. The Leamington Mennonite Home shall endeavour to use alternative methods when possible before initiating more restrictive restraint for residents.

Escalating behaviour may be understood along a continuum progressing from a calm state to mild anxiety to moderate anxiety through to severe agitation. There are clinical interventions that may be used at any point along this continuum to assist the resident. These interventions are intended to alleviate the resident's anxiety and/or to prevent further escalation of the resident's behaviour.

If intervention and alternative methods are well timed and used effectively, staff can limit the number of escalation incidents that progress to a situation where there is an imminent risk of harm to the resident or other persons.

The Leamington Mennonite Home shall intervene with clinical interventions designed to alleviate anxiety and prevent further escalation. The interventions must be individually tailored to meet the unique needs of each resident in each specific circumstance. Some examples include:

- Providing distractions, such as an activity
- Calming agents, such as music or food
- Decreasing stimulation in the resident's environment, such as limiting noise or decreasing social interacting, using a quiet room
- Interactive approaches that limit the sources of stress to the resident
- Specialized therapies (gentle touch, pet therapy, aromatherapy, etc.)
- Limit setting (recognizing that limit setting may sometimes increase anxiety)

In instances where alternative measures are not effective in securing resident safety, quality of life, and individualized needs, Personal Assistance Service Devices (PASD's) shall be initiated, using the least restraining measure.

A **Personal Assistance Service Device (PASD)** is a physical or mechanical device designed to assist the resident with one or more activities of daily living. As a by-product of providing this assistance, a PASD may restrict the resident's freedom of movement in some manner. Not all PASDs have restraining quality.

PROCEDURE:

Use of Restraints

Restraints shall be viewed as "last resorts". Restraints are to be used only in circumstances where there exists an "imminent risk" of harm to the resident or other. No restraint shall be used on a resident for convenience and/or to punish and/or discipline a resident. To implement a restraint when "imminent risk of harm": exists, the following steps shall be taken:

- The Registered Staff shall complete a full assessment of the resident presenting an imminent risk of harm to self and/or others. The Registered Staff shall complete the Resident Safeguard Assessment Tool.
- Upon verification of resident imminent risk to harm, the Registered Staff shall:
 - Remove resident from any imminent and identifiable risk(s)
 - Implement the least restrictive restraint for the individual needs of the resident; utilizing the most appropriate, available physical, mechanical and/or chemical restraint as per the definitions included in the policy. All physical restraints shall be applied and maintained according to the specific manufacturer's specification. A staff member shall be able to easily and quickly remove any physical restraint.
 - Secure the safety, protection and well being of the resident, assigning one staff member to monitor the resident's status, respecting the resident's privacy.
 - Notify the following:
 - Attending Physician – A health status report is to be given with a request for a verbal order to temporarily restrain the “at risk” resident.
 - POA/Family representative – A status report is to be given with encouragement given to visit/reassure their resident.
 - Implement the Restraint/PASD Monitoring Form
 - Complete documentation as required in the Multidisciplinary Notes and in the Resident Care Plan with the following information per specific restraint used:

Physical Restraints

- The resident's behaviour and other factors that led to the decision to restrain the resident
- The alternatives considered
- The reasons why the alternatives were found to be inadequate
- The reasons for considering that restraining the resident is essential to preventing serious bodily harm to the resident or others
- Details concerning the provision of consent
- The resident's response to the use of the restraint
- The physician's order stating the type of restraint ordered
- How often and by whom the restraint is to be applied
- Assessments and reassessments
- The monitoring and repositioning of the resident, while restrained

Chemical Restraints

- The resident's behaviour and other factors that led to the decision to restrain the resident
- The alternatives considered
- The reasons why the alternatives were found to be inadequate
- The reasons for considering that restraining the resident is essential to preventing serious bodily harm to the resident or others
- Details concerning the provision of consent
- The resident's response to the use of the restraint
- The name, dosage and administration of the drug
- The physician's order stating the type of restraint ordered
- Assessments and reassessments
- The monitoring of the resident while restrained

Environmental Restraints

- The alternatives considered
- The reasons why the alternatives were found to be inadequate
- The reasons for considering that restraining the resident is essential to preventing serious bodily harm to the resident
- Details concerning the provision of consent
- Assessments and reassessments
- The monitoring of the resident
- Notate on the Restraint/PASD Monitoring Form on an hourly basis over a 12-hour period. The Registered Staff shall, after completion of the 12-hour period, re-evaluate the resident's status with the utilization of one of the following outcome measures:
 - Remove restraint and attempt to implement Alternative Methods, including the least restrictive environmental restraints, to deter resident harm from reoccurring.
 - Continue the use of restraint following one hour monitoring to ensure safety of the resident, comfort and position of the restraint, the release of the restraint and repositioning every 2 hours when the resident is awake.
- At the start of each shift, all nursing and personal care staff shall be advised of the following:
 - Which residents are being restrained
 - What the requirements are for monitoring and caring for those residents.
 - Which residents may be in a situation of imminent risk of harm or pose an imminent risk of harm to others.

Staff Education

All new staff will be oriented and trained to understand the policy of least restraint and alternative methods encouraged by the Home. Additionally, mandatory education for all staff will be scheduled annually and/or an as needed basis.

Use of PASD (Personal Assistance Service Device)

Whenever the use of a PASD is considered, a PASD that does not act as a restraint shall be considered first and, the least restrictive PASD appropriate to the circumstances shall always be used.

The Adjuvant, in consultation with the Occupational Therapist and the Registered Staff, shall complete a full assessment of the resident requiring assistance. The Adjuvant shall complete the PASD Assessment Tool.

Upon verification of the resident's need for a PASD, the Adjuvant shall:

- Ensure that the resident's immediate needs for activities of daily living are met
- Explore individualized interventions and methods responsive the residents needs:
 - Providing distractions, such as an activity
 - Calming agents, such as music or food
 - Decreasing stimulation in the resident's environment, such as limiting noise or decreasing social interaction, using a quiet room
 - Interactive approaches that limit the sources of stress to the resident
 - Specialized therapies (gentle touch, pet therapy, aromatherapy, etc)
 - Limit setting (recognizing that limit setting may sometimes increase anxiety)
- Whenever these interventions and methods are ineffectual, a PASD shall be considered for specific resident activities. In these cases, the least restrictive PASD, which is a time

limited service that will be used for specific activities, meals and programs, shall be implemented first. Such a time limited PASD will have a PRN order from the Attending Physician and an Informed Consent from the resident and/or POA. This form of PASD shall be documented in the Adjuvant Section of the Resident Care Plan, reviewed quarterly with consent renewal. The adjuvant shall communicate any changes to the use of the PASD through the Multidisciplinary Notes and verbally to the Registered Staff who shall report the information on Shift Change.

- Whenever a time limited PASD is not effective, a PASD with restraining effect shall be considered, only after the following conditions have been met:
 - An interdisciplinary assessment of the resident's condition has been completed
 - Determined that alternative methods to PASDs that do not restrict a resident's mobility or freedom of movement are inadequate under the circumstances
 - Upon receipt of a physician or registered nurse (Extended Class) order
- Upon the implementation of a PASD without time limitations, the Registered Staff will initiate the Restraint/PASD Monitoring Form and will ensure that:
 - The resident, or their Substitute Decision Maker (SDM)/POA, consents to the use of a PASD that restricts mobility or freedom of movement before it is applied.
 - The resident, or their SDM/POA, will be fully aware of the procedures and consequences of using or refusing the proposed PASD and will have the authority to consent or refuse the PASD.
 - The interdisciplinary team has assessed the use of the PASD prior to its use and has considered Alternative Methods to the PASD that do not restrict mobility or movement under the circumstances, if they are available.
 - PRN (pro re nata; "as needed") orders for PASDs that restrict a resident's mobility or movement for brief, specific activities of daily living are allowed with informed consent. For example, a tabletop that is only used during meal service and removed from the resident's chair after the meal.
 - Orders from the Attending Physician have been obtained for the use of the PASD.

Note: For the implementation of all restraints, as defined in this policy, and all PASD's without time limitations, a physician's order is required prior to utilization. PASD's with time limitations, i.e. for specific activities of daily living, shall be implemented using a medical directive.

The Registered Staff shall document on the Restraint/PASD Monitoring Form, the Multidisciplinary Notes and the Resident Care Plan. The Registered Staff shall communicate the implementation of any new PASD's and the discontinuation of any PASD's at the Shift Change Report.

Annual Risk Report

The Annual Risk Report for the use of PASD's and/or restraints shall be submitted by the Home to the Ministry of health on an annual basis as per the MOH standards.