POLICY: Non Restraint Considerations

Reviewed Date: 11/10/11  Approved Date: 11/10/11  Released Date: 11/10/11
Reviewed by: PG  Approved by: PG  Released by: NS

Statement

AdvoCare recognizes that there are variations of non restraint policies and related equipment such as bed and chair alarms and defers to the policies of the operator we are in contracts with. Employees must agree to AdvoCare's policies which mirror those of the health authorities, regarding abuse and restraint free care as a condition of hire.

AdvoCare recognizes that its’ employees may be working under the direction of external consultants such as a physiotherapist or occupational therapist and, ensures employees receive appropriate support for any new learning or direction required.

Definitions related to this policy:

- **Restraint** – the use of chemical, electronic, mechanical, psychological, physical or other means of controlling a person in care’s freedom of movement, without the person’s in care’s consent. This does not include an electronic device that is only used to monitor the whereabouts of a person in care.
- **Chemical Restraint** – the administration of any medication that incapacitates the person in care.
- **Environmental Restraint** – any action or location utilized to restrict physical or social freedom.
- **Mechanical Restraint** – Includes vests, mittens, back closing lap belts or seat belts, front closure seat belts which residents can’t open, geri-chairs, table tops, lap trays, positioning devices, side rails and brakes on wheelchairs.
- **Psychological Restraint** – use of force by one or more persons. This is justified only in an emergency situation when dealing with an aggressive, violent resident.
- **Physical Restraint** – defined as any manual method, or any physical or mechanical device, material, or equipment, that is attached or adjacent to the person’s body that the person cannot remove easily, and that does, or has the potential to restrict the resident's freedom of movement or normal access to his/her body.

Application

Care of residents will be according to a non restraint approach. Restraints will be considered a very unusual occurrence and will be permitted only when all alternatives have been considered, tried and failed and, are approved by the physician, Director of Care of the facility and in conjunction with the case manager from the health authority. In such cases a
risk management plan **must** be in place which includes frequency of resident checks (typically every 15 minutes).

Staff will recognize that the use of restraints **INCREASES** caregiver responsibility. Ongoing assessment, monitoring and evaluation will occur as per the Emergency Restraint Policy – Restraint Free Environment (Central Okanagan Residential Services Residential Care Manual) highlights of which include:

- Restraints will only be used (as a temporary measure) in an emergency situation where it is required to prevent serious physical harm to the resident or others, and
- If the person in care consents to the use of the restraint and an Interdisciplinary Assessment has been completed.

Safety and security devices may include coded or alarmed doors and bedside monitors or bed alarms. Safety devices or restraints must NEVER be used for convenience of staff or, as a substitute for effective care. Caregivers must know when and how to use such devices. Review for the need of such equipment will occur as per the policy/direction of the nursing/rehab team. Caregivers must ensure direction for use is from a nurse and, is clearly indicated on the residents’ day/plan of care.

Caregivers MUST maintain awareness of the risks associated with the use of any form of restraint and monitor usage/residents’ status accordingly. Caregivers MUST intercede and report apparent risk **immediately** to a nurse. Staff must understand why monitoring is vital and subsequently ensure the resident being restrained is monitored (according to the operator's policy which is typically every 15 minutes) and such monitoring is monitored on the facility’s Safety Monitoring for Temporary Physical Restraints form.

All mechanical safety devices must be manufactured by a recognized health service provider and NOT have been modified in any way.

**Positional devices may include:**
- Tilt recliner wheelchair
- Wheelchair trays
- Go chairs pedal chair
- Commode with front closure seat belt
- Safety belts with front closures

Side rails alone are not a deterrent to a confused resident. To ensure safety and comfort:
- Side rails – if and where they are approved - must be in good working condition,
- Rails will be securely fastened to the bed frame (exception is use of ½ rails in home care environment),
- ½ rails are preferred over full rails,
- One full rail is preferred over 2 full rails and where full rails have been approved by the physio/nursing team, a risk management plan must be in place,
- There must be minimal space between the side rails and the mattress,
Call bell and other personal items the resident may want are within reach,
For those deemed at risk, a skil (bed or chair) alarm in utilized and,
The bed is in the lowest position possible while the resident is resting.

Rather than restraints, the following options are to be considered:
- Provide companionship and supervision through family, friend, volunteers, co-residents, caregivers, added care and others,
- Provide physical and diversionary recreation including music, exercise, outdoor walks etc.,
- Maintain as home like environment for the residents as possible including having familiar things in their room etc.,
- Help residents feel safe and secure in the care environment,
- Implement psychosocial interventions based on the activities, interest and habits which have been part of the resident’s life and culture.
- Use environmental measures such as adequate lighting, glare reduction, individualized seating, coded doors, non-slip strips on the floor, well placed furniture, decreased stimulation or increased diversion.
- Individualized care planning,
- Seating and related OT assessments and plans,
- Visual barriers (camouflage) and secure doors,
- Beds without side rails though ½ rails may be indicated to provide comfort,
- Crash mat (mattress) on floor beside bed when resting,
- Appropriate assistive devices for mobility including proper footwear,
- Anti-tip devices on wheelchairs,
- Decreased or increased lighting as needed,
- Lowered beds – some can be 7 inches from ground, typical is 19 inches and maximum is 31 inches and
- Alarm systems – bed/chair pressure devices.

Residents should be assessed to determine why he/she might be confused or agitated. Further investigation is warranted if there is a positive answer to any of the following:
- Did the symptoms appear suddenly?
- Does the resident have a history of UTI?
- Are Coryzal (cold) symptoms present?
- Is the B12 below normal limits?
- Is the hemoglobin within normal limits?
- Is there an electrolyte imbalance?
- Does she/he have a catheter?
- Is he/she constipated?
- Is he/she having pain? Observe for non –verbal S&S.
- Has thyroid function been tested?
- Is he/she taking a psychotropic or hypnotic drug?
• Has a medication been added or discontinued?
• Have medications requiring serum levels been checked i.e.: Digoxin?
• Is a restraining device being used?
• Has there been recent surgery requiring general anesthetic?
• Is his/her nutritional status poor?
• Has there been a recent fall with behavior change?
• Has he/she been isolated from sensory stimulation?
• Is there a sensory loss?
• Has he/she been relocated recently?
• Are there symptoms of clinical depression?
• Has he/she suffered a recent loss?
• Is there a history of alcohol and/or drug misuse or abuse?

*Refer also to Adult Care Regulations*