POLICY & PROCEDURE NUMBER:
DEPARTMENT*: Nursing*
SUBJECT: *Restraints: Minimizing Restraining of Residents: Use of Restraints and Use of* Personal Assistance Devices (PASDs)

APPROVAL DATE: April 2013
REVISION DATE: Oct. 2019; Dec. 2020; Nov. 2022, March 2023
REVIEW DATE: March 2022

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 chemical restraints, as prescribed by the physician, are to be used. Environmental barriers or locks can only be used when indicated on the resident's care plan.

Exception to this policy: Common law duty (FLTCA s. 39; Reg 246/22 s. 19 (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).

PURPOSE:

This policy is anchored in the provisions of the Fixing Long-Term Care Act, 2021 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.

The "Chemical Restraints" brochure and the "Physical Restraints and Personal Assistance Service Devices (PASDs)" brochure outlining alternatives to restraints and the restraint process is available as a resource to the resident/Substitute Decision Maker (SDM).

Definitions:

Physical Restraints

In RAI-MDS 2.0 a physical restraint is 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 or her body.

A resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care. The use of a physical device from which a resident is both physically and cognitively able to release themselves is not a restraining of the resident.

Under the legislation, there are several **Prohibited Devices** 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, as per legislation, 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.

A method that imposed 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 (FLTCA s. 34)
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.

Chemical Restraints (FLTCA s. 39 (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.

Administration of drugs as a treatment
The administration of a drug as a treatment set out in the resident's plan of care is not a restraint of the resident (FLTCA).

Common law duty (FLTCA s. 39 (1))
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.

Emergency Situation (FLTCA s. 39 (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:

Environmental Restraints (Wanderguard and Secure unit)

When admitting a resident to a secure unit, or applying a wandergaurd, the resident must have been assessed through either admission paper work as being at an increased risk for wandering/elopement; or, assessed through the homes internal Behavioural Supports Ontario

(BSO) team in collaboration with the Manager of Resident Care (MRC)/Resident Care Coordinator (RCC) and physician as being at an increased risk for wandering/elopement. A physician's order is required to admit a resident to the secure unit and to apply a wandergaurd. Informed consent must be obtained from the capable resident (where appropriate) or SDM. Consent for environmental restraints is to be reobtained on a minimum of an annual basis.

The ongoing monitoring of the environmental restraint will take place at the resident's annual care conference by the multidisciplinary care team; and, at any time there is a significant change in resident status. The ongoing need for the continued use of a wandergaurd will be reviewed through a monthly audit completed by the MRC/RCC. Please also see administration policy 1.21 Wander Alert System.

Physical Restraints:

Assessment and Evaluation (See Appendix A: Decision Tree For Minimizing Restraining; Quarterly Alternatives to Physical Restraint Assessment Form (PCC); Initial Assessment for Use of Physical Restraint (PCC); Quarterly Review for Use of Physical Restraint (PCC); and Appendix F: Restraint versus Personal Assistance Service Device (PASD) Algorithm).

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. Complete the Initial Assessment for Use of Physical Restraint in PCC
    - Assess resident for condition, circumstances or clinical indicators that potentially require treatment interventions in collaboration with the team.
    - Include precipitating factors for considering a restraint including the clinical indicator(s) that necessitates the physical restraint.
    - Include any/all alternatives that were tried or considered and why they were not suitable.
    - Obtain input from interdisciplinary team members (e.g. registered nurse, physiotherapist, occupational therapist) to identify alternative treatment options to be tried prior to the use of restraints.

2. Include in the written order what device is being ordered and instructions relating to the order.
3. Discuss with the resident/SDM:

- Goals such as elimination of the restraint, reduction of the severity, duration and/or frequency of use
- 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

4. Obtain and record informed consent (see Appendix E: Consent and Information form for use of Restraints/PASD's) 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).
5. Ensure the device is used in accordance with any requirements provided for in the regulations.

Care Plan

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. Prior to implementation of the device refer to manufacturer's specifications and instructions.
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 246/22s. 118).
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 246/22 s. 118). 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 or circumstances.
8. Ensure the plan includes an interdisciplinary team approach.
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.
10. Complete the Quarterly Review for Use of Physical Restraint (PCC) on a quarterly basis until such time that the restraint is no longer needed.
11. Reobtain informed consent on a quarterly basis.

Implement

Interdisciplinary Team
1. Implement the care plan strategies according to the individual resident's care plan.
2. Document in Point of Care (POC) 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

Monitor and evaluate according to the individualized care plan.

<u>Restraint Policy Utilization Review</u>
Administrator, Manager of Resident Care, Registered Nursing Staff, Continuous Quality Improvement Team, Restraints/Falls Team
1. Perform an analysis of the available data related to the use of physical devices and also pursuant to the common law duty.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, analysing 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 responsive behaviours 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 point of care (POC) tasks and Appendix B: Restraint Audit Tool.

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 FLTC Act and ON Reg. 246/22

<u>Discontinuation of a Restraint</u>
In the event that a restraint is no longer required staff is to complete the "Restraint/PASD Discontinuation Assessment/Follow Up" tool (PCC) to outline the reason the restraint has been removed and ensure monitoring and communication has been put in place for resident safety. Upon discontinuation of any restraint, staff initiates a period of resident observation and monitoring as follows:

- Every 30 minutes x five (5) days – DOS mapping format can be used

Any behaviour displayed during these time frames which put the resident or others at risk for injury should be documented, communicated to registered staff and immediately addressed with the interdisciplinary team.

Documentation and Parties Responsible

The following table describes the various forms of documentation required when restraining residents and the parties' responsible (Reg. 246/22 s. 118(7)).

Documentation	Parties Responsible
Informed Consent	Physician, RNEC or RN, RPN
Written order	Physician, RNEC
RAI-MDS 2.0	Registered Nursing Staff (for measurable objectives and outcomes)
Alternative treatment sheet	Team
Care plan	Registered Nursing Staff, OT, PT
Restraint Flow Sheet in POC	RN, RPN, Personal Support Worker
Monthly analysis of restraining of residents by use of a physical device (LTCHA s. 31)	Registered Nursing Staff, Manager of Resident Care, Resident Care Coordinator
Review and Revise the care plan and completion of the 1/4 review for physical restraints every 3 months	RN, RPN
Annual evaluation of the effectiveness of the policy and improvement introduced resulting from the evaluation (LTCHA s. 29)	Administrator, Manager of Resident Care, Registered Nursing Staff, CQI team and Falls, Restraints and Lifts Team

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. Documentation is completed according to the plan of care.
4. Obtain a physician's telephone order for any restraint within 12 hours.
5. The resident must be assessed every 15 minutes by physician, RNEC or registered 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 the 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 (FLTCA s. 82 (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 retraining on minimizing restraining of residents.
1. Registered staff oriented and trained using the homes orientation 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 FLTCA 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)

PURPOSE:

The home shall ensure that the resident's care plan indicates a measurable 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.

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.

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.

PROCEDURE:

Assessment and Evaluation (See Appendix A: Decision Tree For Minimizing Restraining; Initial Assessment for Use of PASD (PCC); Quarterly Review for Use of PASD (PCC); and Appendix F: Restraint versus Personal Assistance Service Device (PASD) Algorithm).

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

Note: If a device that limits or inhibits freedom of movement is being used to restrain a resident rather than to assist the resident with a routine activity of living, then the requirements relating to restraining by physical device set out in section 33 of FLTCA Act must be followed.

The Initial Assessment for Use of a PASD within PCC 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 are tried/considered and why they were not suitable.
5. Discuss with the resident/SDM:
    - Goals for use of the PASD
    - Measurable 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
    - 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.
10. Review quarterly by completing the "Quarterly Assessment for Use of Personal Assistance Service Device" (PCC).
11. Reobtain consent on a quarterly basis if PASD is indicated to be continued.

Care Plan

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).
4. The PASD is applied and adjusted as needed according to manufacturer's specification and instructions.
5. 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. Trends in data recorded on internal tools such as the PASD Audit Tool.

Documentation

Documentation of PASD 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.

Discontinuation of a PASD

In the event that a PASD is no longer required staff is to complete the "Restraint/PASD Discontinuation Assessment/Follow Up" tool (PCC) to outline the reason the PASD has been removed and ensure monitoring and communication has been put in place for resident safety. Upon discontinuation of any PASD, staff initiates a period of resident observation and monitoring:

- Every 30 minutes x 5 days – DOS mapping format can be used

Any behaviour displayed during these time frames which put the resident or others at risk for injury should be documented, communicated to registered staff and immediately addressed with the interdisciplinary team.

Consent and Information Form for Use of Restraints and PASD's – Appendix E

Adapted from: OANHSS LTCHA Implementation Member Support Project: Minimizing Restraining of Residents and the Use of Personal Assistance Service Devices (PASDs)

Reference:
Fixing Long-Term Care Act, 2021
ON Reg. 246/22