Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé	Level: **REGIONAL PROGRAM** Applicable to all sites and facilities where the WRHA Programs / Services are delivered		1A
POLICY	Policy Name: **Restraints in Personal Care Homes (Safe Use of)**	Policy Number: 110.130.050	Page: 1 of 12
	Approval Signature: *Original signed by M. Sussman*	Section: Clinical Services	
	Date: November 2015	Supercedes: December 2009	

1.0 PURPOSE:

1.1 To ensure that the use of Restraints in licensed Personal Care Homes (PCHs) within the Winnipeg Regional Health Authority (WRHA) is appropriate and safe.

1.2 To outline a policy of least Restraint that prescribes for the use of Restraints, the interdisciplinary assessment, the order, the consent, the plan of care and the reassessment of Restraints that is consistent with the Province of Manitoba Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes.

2.0 DEFINITIONS:

2.1 Chemical Restraint: Medication given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the Resident's medical or psychiatric symptoms.

This includes, but is not limited to:

- sedatives;
- hypnotics;
- antipsychotics;
- antidepressants, or;
- anxiolytic medications.

When a psychotropic medication is being used in the absence of a diagnosis of a mental illness, it shall be considered a Chemical Restraint.

Example:

- Where a diagnosis of dementia is present, and a psychotropic medication is being used on an as needed (PRN) basis for managing one specific behaviour, it is considered a Restraint (e.g. PRN to increase cooperation with a bath or decrease episodic agitation).
- If a psychotropic medication is being used on a regular basis to improve quality of life by decreasing a group of behavioural and psychiatric symptoms related to a diagnosis of dementia, then it is not considered a Chemical Restraint (Refer to Appendix for further details).

2.2 Emergency Restraint: The occurrence of behaviour that is of imminent danger to the Resident or others and which necessitates and leads to the use of a Restraint.

2.3 Environmental Restraint: Barriers to personal movement which serve to confine Residents to specific areas. This can include, but is not limited to:

- Removal of a cane or walker;
- Isolation (e.g. restricted to their room with the door closed), and;
- Applying wheelchair brakes to prevent the Resident from wheeling away

For the purpose of this policy, the following will not be considered a Restraint:

- Electronic location bracelets (e.g. Wanderguard®/ Roam Alert®), and;
- The use of brakes on a wheelchair for safety. (e.g. brakes are not a Restraint when Staff are providing assistance or care to a Resident; to keep the person close enough to the table so they can feed themselves; to keep the chair from rolling away during transfers, or; to enhance the Resident's ability to participate in an activity).

Isolation for protection purposes during a time of infectious outbreak is not considered a Restraint.

2.4 Information: As defined in the Informed Consent (for Procedures, Treatments and Investigation) policy #110.000.005.

2.5 Informed Consent: A process involving dialogue, understanding and trust between the patient/Resident/client or Substitute Decision-Maker and the responsible party or authorized designate. Informed consent requires:

a) The patient/Resident/client or Substitute Decision-Maker to have decision-making capacity;
b) Requires disclosure of the Information;
c) Must be specific to the act performed; and
d) Requires the consent to be given freely and voluntarily, without undue promise of favorable outcome, threat of penalty for non-compliance, or overt or covert coercion.

2.6 Interdisciplinary Team: A group of health care providers from diverse fields who work in a coordinated fashion toward a common goal for the Resident.

2.7 Physical or Mechanical Restraint: Devices that the individual cannot remove at will and which restrict freedom of movement. This includes, but is not limited to:

- hand/arm Restraints, including splints that are attached to chair/table top;
- hand mitts;
- chairs or splints that prevent rising; e.g. tilt chairs
- chair trays that cannot be removed by the Resident;
- seat/lap belts, including seatbelt buckle covers that are easily removed by Staff;
- two full or three-quarter bed rails in the up position;

- one full or three-quarter bed rail in the up position on a bed when the other side of the bed is against a wall;
- wheelchair foot boxes with closures that do not permit voluntary movement or freedom, and;
- wheelchair safety bars;.

The therapeutic application of a splint that does not prevent the Resident from rising is not a Restraint (e.g. leg splint that is not attached to the wheelchair).

A front-closing seat belt or a lap tray that can be removed by the Resident is not a Restraint.

2.8 Resident: A person admitted to and residing in a Personal Care Home.

2.9 Restraint: Any restriction/reduction of voluntary movement or freedom implemented to ensure the safety of self, others or the physical environment.

2.10 Staff: Includes all directors, officers, employees, volunteers, students, researchers, Medical Staff, educators, information managers (as defined by PHIA), trustees (As defined by PHIA), health agencies, contracted persons, or agents of any of the above, that work, provide services, or otherwise operate in connection with a WRHA facility or WRHA funded facility unless excluded as set out within a particular service purchase agreement or funding agreement of the funded entity or program.

2.11 Substitute Decision Maker: a third party identified to participate in decision-making on behalf of a patient/resident/client, who has been determined to lack Decision-Making Capacity, concerning a proposed Procedures(s), Treatment(s), or Investigation(s). The task of a Substitute Decision-Maker is to faithfully represent the known preferences or, if the preferences are not know, the best interests of the incapable patient/Resident/client. The following, in order of priority, may act as a Substitute Decision-Maker(s):

2.11.1 Proxy named in a Health Care Directive;

2.11.2 A committee of both property and persona care appointed by:

a) The court under section 75(2) of The Mental Health Act (Manitoba);
b) An order under section 61(1) of The Mental Health Act (Manitoba); or
c) A Substitute Decision-Maker for Personal Care appointed under The Vulnerable Persona Living with a Mental Disability Act (Manitoba). A committee or a Substitute Decision-Maker for Personal Care may be an individual(s) or the Public Trustee.

2.11.3 Family, friends, and other. This category does not have binding legal authority, the following principles may provide guidance. Within this context, such a Substitute Decision-Maker must have the support of all interested and available parties. Such a person will usually, but not necessarily, be a close relative, whospeaks for all. The listing contained in The Mental Health Act (Manitoba) is guidance and is as follows in order of preference:

a) The adult relatives being of whole blood is referred to relatives of the same description of the half-blood. The elder or eldest of two or more relatives described in any clause is preferred to the other of those relatives, regardless of gender:
    - Spouse or common-law partner;
    - Son or daughter;

- Father or mother;
- Brother or sister;
- Grandfather or grandmother;
- Grandson or granddaughter;
- Uncle or aunt;
- Nephew or niece

b) A supportive friend when family is unavailable or non-existent, or if the patient requested while competent.

c) On occasion, an existing power of attorney may be most appropriate to fulfill this role, since such an individual, although limited to property decision, has obviously been placed in a position of trust.

For the Responsible Party or Authorized Designate to feel confident in identifying a Substitute Decision-Maker from family, friends, and others it will be necessary, within reason, to:

a) Understand relationships, dynamics, hierarchy , and values;

b) Ascertain that there exists acceptance from involved family/friends in the designation of the Substitute Decision-Maker;

c) Clarify as necessary the role of the Substitute Decision-Maker for all interested parties.

If this is not possible, the Responsible Party or Authorized Designate shall act in the best interests of the patient/Resident/client. The Responsible Party or Authorized Designate may refer to conflict resolution resources such as ethics services, mediation with family/friends or referral to the Public Trustee or courts if apparent dissension among family/friends cannot be resolved.

3.0 **POLICY:**

3.1 As per Manitoba Health background information from the **Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes**:

Restraint(s) can be employed when required in the clinical management of a Resident. The use of any Restraint poses an inherent risk to a person's physical safety and psychological well-being. The psychological/emotional effect of loss of liberty is often underestimated. Controlling a Resident's freedom in any way is a Restraint and carries with it a responsibility on the part of the care providers to exercise a high degree of forethought, caution and attention. This applies whether the Restraint is:

a) for safety or reassurance of safety;

b) for fall or injury prevention;

c) for positioning or comfort, or;

d) initiated at the Resident's or family's request.

Any form of Restraint shall be used judiciously in the context of the overall clinical management of the Resident. Restraint shall be implemented only after careful assessment has determined that it is an appropriate form of treatment and then only to the extent necessary to manage the care of the Resident appropriately. With any use of Restraint, there shall be ongoing review of the clinical status of the Resident, including current risk/benefit analysis, in order to ensure:

a) that this particular form of Restraint continues to be clinically necessary in light of all other options to manage the Resident's behaviour; and,
b) that it is used only to the extent necessary to accomplish an appropriate therapeutic goal in the context of the overall clinical management of the Resident.

3.2 All elements of this policy apply to each category of Restraint (e.g. Physical or Mechanical Restraint, Chemical Restraint and Environmental Restraint).

3.3 The use of the Restraint shall be the least Restraint possible, in the best interest of the Resident, and consistent with the overall therapeutic goal.

3.4 When medications are used specifically to restrain a Resident, the minimal dose shall be used and the Resident closely monitored to ensure his/her safety.

3.5 A statement describing the PCH's Policy on Restraints shall be included in the Resident handbook given to the Resident and/or their Substitute Decision-Maker before admission to the facility. This information and a family education program relating to the use and risk of Restraints shall be made available and accessible.

3.6 Restraints shall never be used:

a) as a convenience for the Staff of the PCH;
b) as a standing order;
c) while the Resident is on a commode or toilet, or;
d) as a form of punishment or discipline.

3.7 Restraints shall not, under any circumstances, be ordered or used in the form of:

a) Jackets, vest, or strapping mechanisms;
b) Seat-belt buckle covers that require a separate implement for release, or;
c) Non-manufactured varieties, including sheets

3.8 No Staff member shall apply any Restraint, at any time, if they are not familiar with it and if they are not aware of the assessment, documentation, and the monitoring requirements for that Restraint. Any mechanical device used as a Restraint shall be able to be quickly and easily removed.

3.9 Staff who apply Restraints and who care for a Resident in Restraint shall be oriented to and will receive ongoing education in all of the following:

a) Prevention – alternatives to Restraint use and the principles of least Restraint.
b) The safe and proper application of Restraints.
c) Monitoring and documentation requirements for all Restraints.
d) The regional/facility Restraint policy.

3.10 An Emergency Restraint shall **only be used as a last resort** for the safety of the Resident or others and *shall not be used beyond the immediate episode*.

3.11 The opportunity to debrief following a stressful event such as the emergency implementation of a Restraint shall be provided.

3.12 Prior to reordering an emergency Chemical Restraint the physician, physician assistant (PA), or nurse practitioner (NP) shall assess the Resident, in person, within 24 hours.

3.13 **ASSESSMENT**

3.13.1 A comprehensive assessment of the Resident by the interdisciplinary team shall be performed prior to the application of any Restraint in non-emergency situations.

3.13.2 For Residents admitted to PCH with Restraints already in use, an interdisciplinary team assessment shall be completed within 8 weeks of admission to determine whether continued Restraint use is appropriate.

3.14 **CONSENT**

3.14.1 Informed Consent must be received prior to the application of any Restraint except for an Emergency Restraint.

3.14.2 The Resident, Substitute Decision-Maker and/or family shall be involved in the assessment and decision-making process and provide written consent. They shall be adequately informed of the risk of Restraint, up to and including the potential for death, where applicable.

3.14.3 When a Restraint is applied in an emergency, the PCH shall notify the Resident's Substitute Decision-Maker or next of kin if no Substitute Decision-Maker has been designated, as soon as possible or at least within 24 hours. The PCH shall pursue proper consent as quickly as possible.

3.15 **ORDER**

There shall be a written order for each individual Restraint.

3.16 **PLAN OF CARE**

Once applied, Restraints shall be removed for a minimum of 10 minutes every two hours to allow opportunity for ambulating, toileting, exercise, and other care.

3.17 **REASSESSMENT**

All Restraints shall be reassessed by the interdisciplinary team at least once every 3 months to determine if they continue to be required and are the least Restraint needed for the Resident at that time.

3.18 **HEALTH RECORD**

The Resident's permanent health record shall include the following appropriate documentation of the Restraint and care plan:

3.18.1 All elements of the assessment, the Restraint order, the consent and the plan of care;

3.18.2 Documentation of discussion with the Resident, their Substitute Decision-Maker and/or their family about the details of the benefits and burdens and the plan of care;

3.18.3 Records of the monitoring of the comfort and safety of the Resident including the Resident's response to the use of the Restraint;

3.18.4 Documentation of care provided and observations made;

3.18.5 Where applicable, efforts made to resolve the issue for which the Restraint was initiated;

3.18.6 Where applicable, how the return of independence is being addressed for the Resident.

3.19 **AUDITS**

The use of Restraints and the documentation on health records for Restraints in use is audited at least annually and is part of the PCH's continuous quality improvement/ risk management program. The audits shall be reviewed and analyzed. Recommendations (as required) shall be made from the audit analysis, and subsequently implemented and followed-up.

4.0 PROCEDURE:

4.1 ASSESSMENT

4.1.1 Each Restraint requires an assessment prior to use of the Restraint**.** A thorough interdisciplinary team assessment of possible underlying etiologies/causes is completed and documented when a concern is identified, (e.g. frequent falls, sliding down in chair/wheelchair, falling/climbing out of bed, positioning concerns, or behaviour endangering the Resident/others).

4.1.2 Interdisciplinary Team to utilize the "Interim Restraint Documentation Tool" for Residents admitted to the PCH with Restraints already in use. An Interdisciplinary Team assessment using the "Basic Restraint Assessment and Documentation Tool" shall be completed within 8 weeks of admission to determine whether continued Restraint use is appropriate.

4.1.3 Interdisciplinary Team to utilize the "Basic Restraint Assessment and Documentation Tool" to guide the assessment when considering any Physical, Chemical, and Environmental Restraint.

The Restraint assessment shall include:

a) A description of the behaviour;
b) Environment in which the behaviour occurs;
c) Time of day the behaviour occurs;
d) All alternatives to a Restraint which have been tried and exhausted;
e) Resident's physical state;
f) The Resident's emotional state;
g) Psychosocial issues which may impact on the Resident's behaviour;
h) The Resident's nutritional state;
i) Review of current medications (considers and monitors drug effects and interactions);

j) Identification of the burden(s) to the Resident with the use of the Restraint;
k) Identification of the benefit(s) to the Resident for using the Restraint, and;
l) Identification and consideration of any ethical aspects or considerations of restraining the Resident.

4.1.4 If the assessment identifies problems with any of the areas above, interventions shall be developed, implemented and evaluated to address those issues. Only after exhausting other possible alternatives shall a decision be made to restrain.

4.2 CONSENT

4.2.1 The Resident, if capable, gives written or verbal Informed Consent to the use of a Restraint. The Substitute Decision-Maker and/or family member shall only be included in the case of a competent Resident if the Resident is in agreement.
4.2.2 If the Resident is not competent, the PCH obtains the written (or verbal) Informed Consent of the Substitute Decision-Maker. If the person has not specified a Substitute Decision-Maker, a family member may provide consent.
4.2.3 Document Informed Consent on the "Consent for Restraint Use".form. Verbal/ telephone Informed Consent shall be received, documented, dated, and signed by a nurse and a second Staff member.
4.2.4 The person giving the verbal Informed Consent will be asked to sign the "Consent for Restraint Use" form at the first possible opportunity, but preferably within 14 days of verbal Informed Consent.

4.3 ORDER

4.3.1 An order for use of a Restraint may be given on the recommendation of the interdisciplinary team, including the Substitute Decision-Maker/family.
4.3.2 An order is not required to discontinue or withhold a Restraint.
4.3.3 There will be a written order which shall:
4.3.3.1 Be on the Resident's permanent health record and have the appropriate signature and designation of the person ordering the Restraint.
4.3.3.2 Include the kind of Restraint to be used and the frequency of monitoring checks to be done.
4.3.3.3 Be given by the Resident's physician, PA, NP, or the nurse (RN/RPN/LPN) for Physical, Mechanical and Environment Restraint. In the case of medication, the Chemical Restraint may only be ordered by a physician, NP or PA.
4.3.3.4 An order for a Chemical Restraint must be time-limited with a discontinuation date.
4.3.3.5 For Physical/ Mechanical or Environment Restraints, the order may be directly written on the Basic Restraint Assessment and Documentation Tool, the Restraint Reassessment Tool (only for modified Restraint orders), the Interim Restraint Documentation Tool, or the Emergency Restraint Documentation Tool.

4.3.3.6 All Chemical Restraint orders shall be written on the prescriber's order sheet.

4.4 PLAN OF CARE

4.4.1 The plan of care for the application, monitoring, and regular removal of each Restraint shall be communicated to all care providers (e.g. health care aide, nurse, etc.) in writing and be easily accessed by all care providers.

4.4.2 The plan of care shall include:

a) The type of Restraint and method of application
b) The length of time the Restraint is to be used, for each application.
c) The frequency of checks on the Resident while the Restraint is in use
d) When regular removal of the Restraint is to occur

4.4.3 A Restraint shall be used no longer than 2 hours at a time in most cases, with a rare exception, considering whatever is appropriate for the specific Restraint (e.g. when bed rails are required, they would not be removed every 2 hours if the Resident remains in bed).

4.4.3.1 Once applied, Restraints shall be removed for a minimum of 10 minutes every two hours.

4.4.3.2 A Chemical Restraint can only be considered 'removed' when the effects of the medication are no longer present.

4.4.4 All Restraints require monitoring. It is dependent upon the type of Restraint and possible risks and the individual Resident's response that will determine the type of monitoring and the frequency of checks.

4.4.5 Ensure monitoring is documented on a recognized facility tool.

4.5 REASSESSMENT

4.5.1 Reassessment to determine whether a Restraint is still required shall be done at least every 3 months and more often where indicated in the care plan.

4.5.2 The continued use of all types of Restraints shall be discussed at the annual interdisciplinary Resident care conference.

4.5.3 If possible, reassessment shall involve disciplines who were on the initial team ordering the use of Restraint.

4.5.4 Reassessment of a Restraint shall include documentation of efforts to resolve the issue for which the Restraint was initiated or address ongoing concerns related to the Restraint itself. Reassessment goes beyond whether the equipment or medication is still required; it also includes reassessing the Resident's response, adjustments to the care plan, etc.

4.5.5 Utilize the "Reassessment Document Tool" to guide and document the reassessment of each individual Restraint.

4.6 EMERGENCY USE OF RESTRAINTS

4.6.1 A Restraint may be used in an emergency situation:

4.6.1.1 When the Resident has been assessed by a nurse, and, as a last resort, an order is given for a Physical or Mechanical Restraint or Environmental Restraint by the physician, PA, NP, or RN/RPN/LPN for the purpose of preventing imminent serious harm to the Resident or others, or;

4.6.1.2 When the Resident has been assessed by a nurse, physician, PA or NP, and, as a last resort, an order for a Chemical Restraint is given by a physician, PA or NP for the purpose of preventing imminent serious harm to the Resident or others.

4.6.2 In a situation where a Resident's unexpected behaviour (e.g. physical responsive behaviour) presents an immediate risk of serious harm to her/himself and/or other people, the Resident, their designate or next of kin do not have the right to refuse the use of the Emergency Restraint.

4.6.3 The need for continued use of a Restraint after emergency use shall be decided based on a full interdisciplinary assessment (see 4.1).

4.6.4 Prior to reordering an emergency Chemical Restraint the physician, NP, or PA shall review the Resident, in person, within 24hours.

4.6.5 Utilize the "Emergency Restraint Documentation Tool".

Documentation for an Emergency Restraint shall include:

a) The events leading up to the need for the Restraint
b) The name and designation of the person ordering the Restraint
c) The time the Restraint was applied
d) Notification of the Resident's substitute decision-maker/next of kin within 24 hours
e) The frequency of checks while the Restraint was in place
f) Care provided to the Resident in Restraint
g) The Resident's response to the use of the Restraint
h) When the reassessment is to occur

5.0 REFERENCES

Province of Manitoba Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes (November, 2014). Personal Care Home Program Continuing Care Branch, Regional Policy and Programs.

Policy Contact: *Gina Trinidad, Chief Operating Officer, WRHA Long-Term Care Program & Deer Lodge Centre*

APPENDIX

Clarification Regarding Chemical Restraints, per the Manitoba PCH Restraint Guideline.

Chemical Restraints are medications given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the Resident's diagnosed medical or psychiatric symptoms. This includes, but is not limited to:

- sedatives,
- hypnotics,
- antipsychotics,
- antidepressants or
- anxiolytic medications.

When a psychotropic medication is being used in the absence of a diagnosis of a mental health issue, it is to be considered a Chemical Restraint.

Examples:

- Where a diagnosis of dementia is present, and a psychotropic medication is being used on a PRN basis for managing one specific behaviour, it is considered a Restraint (i.e. a PRN to increase cooperation with a bath or decrease episodic agitation).

- If a psychotropic medication is being used on a regular basis to improve the resident's quality of life by decreasing a group of diagnosed behavioural and/or psychiatric symptoms related to a resident's dementia, then it is not considered a chemical restraint.

Diagnoses should be very specific. For example, 'dementia' is not considered an adequate diagnosis for use of a chemical restraint. Because someone has a diagnosis of dementia does not mean they will ever exhibit any symptom that needs to be treated with a chemical of any kind. Specific diagnoses that clearly demonstrate the issues the resident is experiencing, such as depression with agitation, confusion with responsive behaviours, hallucinations, chronic anxiety, insomnia, etc. are acceptable.

When medications are used specifically to restrain a resident, the minimal dose should be used and the resident reviewed and closely monitored to ensure his/her safety.

It is expected that all other non-pharmaceutical, non-restraint alternatives have been tried for an adequate time prior to considering a chemical restraint. This includes for such diagnosed issues as insomnia and anxiety.

It is also expected that the resident would have trial periods without the medication (with appropriate medical supervision) to ensure that it is still required, given that dementia progresses and requirements change, sometimes over a very short time period.

Giving a resident a diagnosis for the purpose of ordering a chemical restraint without the appropriate assessment and trial of alternatives is considered unethical.

Case Examples:

1. Resident has a diagnosis of chronic pain and is prescribed an antidepressant or anticonvulsant medication for its off-label effects in addressing that pain. This is not a restraint.
2. Resident is diagnosed with dementia and is prescribed an antipsychotic for calling out. This is a restraint.
3. Resident is diagnosed with dementia and prescribed an anxiolytic pre-bath and/or a pre-dental appointment. This is a restraint.
4. Resident is diagnosed with dementia with restlessness and chronic anxiety. An anxiolytic is ordered.
   This is not a restraint.
5. Resident is diagnosed with dementia, depression and insomnia. An antidepressant that is sedating is ordered to be given at bedtime. This is not a restraint.
6. A resident has a diagnosis of vascular dementia and depression. An antipsychotic and an anxiolytic are ordered for repetitive behaviours and striking out. These are restraints. The medications are being used for their side effects to control specific behaviours.

Regardless of the diagnosis, there must be clear evidence in the restraint assessment and/or chart that the medication being prescribed is being used as a last resort, after all other alternatives have been tried and exhausted. There must be clear evidence that the benefits of the restraint, <u>to the resident,</u> outweigh the burdens of the restraint, <u>to the resident.</u>

It should be noted that numerous studies over the past decade have proven that there is no medication that will actually 'treat' wandering, calling out, exit seeking, or other repetitive behaviours tapping/rubbing, etc. These need to be treated environmentally as medications simply sedate the person and destroy any quality of life they may have. Resident-centred approaches are much more desirable and ethical than chemical restraints when these and any other responsive behaviours are presented and should always be the first form of intervention.

There is also abundant evidence that residents can be kept very clean, without compromising their skin integrity, without ever being submerged in water (i.e. a whirlpool tub), thus avoiding the need for pre-bath sedation.