



# THE USE OF RESTRAINTS IN RESIDENTIAL CARE FACILITIES RESIDENTIAL CARE

## COMMUNITY CARE FACILITIES LICENSING PROGRAM

There may be a time where staff members in a community care facility are in a position where restraining a person in care is the only option available, after exploring all other reasonable alternatives. The legislation that guides use of restraints in a community care facility is found in Sections 73 to 75 of the Residential Care Regulation (RCR).

### What is a restraint?

Restraint means any chemical, electronic, mechanical, physical or other means of controlling or restricting a person in care's freedom of movement in a community care facility, including accommodating the person in care in a secure unit.

A restraint may be:

- Physical – any item or action that physically constricts or controls movement or behaviour. They may be attached to a person's body or create a barrier, for example geri-chairs, bed railings, bars, wheelchair seatbelts, blankets, sheets and trays.
- Chemical – any medication used to control behaviour beyond the point of therapeutic benefit.
- Environmental – may include modification of an individual's surroundings to restrict or control movement, for example locked doors and seclusion rooms.

Restraints are intended to protect the person in care's health and safety and preserve his/her dignity, rights and well being. Restraints are never to be used as a means of coercion, discipline, punishment, convenience, or retaliation by staff.

### When are restraints used?

Restraints may be used when there is an imminent risk of a person in care physically harming him/herself, staff, or others; and when non-physical interventions have been ineffective. A restraint may be used in an emergency, if facility staff need to respond immediately, to preserve the person in care's life, or to prevent serious physical harm to the person in care or others. An emergency restraint is reportable to Licensing as per Schedule D of the Residential Care Regulation.

RCR Section 73(1) states that "A licensee must ensure that a restraint is not used unless:

- (a) The restraint is necessary to protect the person in care or others from serious physical harm,
- (b) The restraint is as minimal as possible, taking into consideration both the nature of the restraint and the duration for which it is used, and
- (c) The safety and physical and emotional dignity of the person in care is monitored throughout the use of the restraint, and assessed after the use of the restraint."

RCR Section 74(1) states that "subject to subsection (2) a licensee may restrain a person in care:

- (a) if the restraint is necessary to protect the person in care or others from imminent serious physical harm, or
- (b) if there is agreement to the use of a restraint given in writing by both
  - (i) the person in care, the parent or representative of the person in care or the relative who is closest to and actively involved in the life of the person in care, and
  - (ii) the medical practitioner or nurse practitioner responsible for the health of the person in care."

Director of Licensing Standard of Practice (DOLSOP) Agreement in Writing to the Use of Restraints states that:

- If a person in care is mentally capable, but physically unable to write, or not literate, s/he may demonstrate agreement to the use of restraints in a manner other than a signature. For example, if not literate, his/her "X" is sufficient if this is the person's standard means of executing legal documents. If physically unable to write, then similarly, his/her standard means of executing a legal document is sufficient.

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- In both situations, a caregiver must document the facts concerning the person's inability to write in facility records and in the file of the person in care. A notation describing how agreement to the use of restraints was discussed with, and obtained from, the person in care should also be made on the consent form used by the facility.

Agreement in writing for the use of a restraint must be obtained from:

- a) the person in care's medical practitioner or nurse practitioner and
- b) the person in care, or,
- c) if the person in care is not mentally capable, the person in care's parent or representative, or relative who is closest to and actively involved in the life of the person in care.

**Steps to consider before using a restraint:**

- Use alternative measures rather than restraints when possible, i.e. environmental changes, behavioural guidance strategies such as distraction, verbal cues, redirection.
- Identify circumstances, which may trigger the situation that would require a restraint and take steps to avoid those situations.
- Look for "trends" in behaviour, and ensure that staff know when/how to intervene in a preventative and positive manner.
- When possible, use de-escalation strategies or non-physical techniques such as removing stimuli or triggers from the person in care's surroundings.
- Create an environment which lowers stress and anxiety.
- Be aware that reactions by staff may affect the escalation of the individual's behaviour.
- Is the restraint in the person in care's best interest and is it necessary to protect other persons?

If other steps have failed and a restraint is the only alternative, it is also important to reassess the use of that restraint and the future need for it. The restraint must be reassessed at least once within 24 hours after the first use. If the need for the restraint goes beyond the 24-hour period, the use of the restraint must be reassessed on the earlier of the following:

- (a) The time specified in the care plan, and
- (b) The time specified by the persons who agreed to the use of a restraint.

The following information related to the use of restraints must be recorded in the care plan of the person in care:

- The type or nature of the restraint used;
- The reason for the use of the restraint;
- The alternatives that were considered to the use of the restraint, and which, if any, were implemented or rejected;
- The duration of the restraint and the monitoring of the person in care during the restraint; and
- The results of any reassessment.

Also, a detailed record of employee compliance with the requirements set out in Sections 73 to 75 of the Residential Care Regulation is required. Staff must ensure that the comfort, safety and emotional dignity of the person in care is monitored throughout the use of the restraint, and assessed after the use of the restraint. Employees administering a restraint must have received training in alternatives to the use of restraints, determining when alternatives are most appropriate, and the use and monitoring of restraints. Employees must follow any instructions in the care plan respecting the use of restraints.

In summary, the use of restraints in community care facilities must be documented, monitored and assessed. Restraints may be used if all other possibilities are exhausted and they are used in the least restrictive way. Facilities that use restraints should be aware that:

- The use of a restraint involves weighing the benefits of using the restraint against the risks of not using the restraint.
- Must be comprehensively assessed on an individual basis.
- Care providers must receive training in both alternative strategies, and the use of appropriate restraints.
- The physical and mental well being of a person in a restrained condition should not be compromised.

The preferred choice is to use no restraints. Any restraint, physical, chemical or environmental should not be used as a substitute for providing a safe and well-designed environment or the proper care and management of any person in care.