

CVS POLICY & PROCEDURE MANUAL

Policy Area: **Operational Policy – Service Delivery**

Policy # & Name: **5.22 Restraint**

Group: All Staff, Volunteers, Practicum Students

Purpose:

To ensure proper protocol is followed in the use of restraint.

Policy Statement:

Community Care Licensing defines restraint as follows:

“Restraint means any chemical, electronic, mechanical, physical or other means of controlling a resident’s freedom of movement in a facility, including:

- ✍ isolating the resident;
- ✍ administering any medication that incapacitates the resident
- ✍ using, without the resident’s permission, any devices, such as belts, bed rails and chair trays, that primarily control the resident’s behaviour rather than ensuring the resident’s safety

but does not include an electronic device that is only used to monitor the whereabouts of a resident in a facility.”

In addition, The Community Ventures Society policies include physical assistance and guidance, under certain circumstances, constitute restraint. Physical assistance as a teaching tool is a necessary part of your daily work. However, when coupled with resistance from the client, it becomes an infringement on their individual rights and freedom of movement and thereby constitutes a restraint. Examples of restraint are: using a PRN medication to control behaviours; restricting a person to a room to avoid a behaviour escalation when its not their choice to remain in the room.

Practice Standards:

Inclusion Of Use Of Restraint As Part Of An Individual’s Care Plan Or Protocol

A restraint may be included in a care plan or protocol if all of the following apply:

- ? all alternatives to the use of a restraint have been exhausted
 - ? the restraint is as minimal as possible
 - ? the restraint has been approved by the client or, if the client is incapable of giving approval, by the client’s medical practitioner and the client’s substitute decision maker
 - ? the use of a restraint is documented in the client’s care plan
 - ? the staff administering the restraint have received training in the use and monitoring of the restraint
 - ? there are written policies and procedures acceptable to the medical health officer that pertain to all aspects of the use of the restraint
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The intent of the Community Care Licensing regulation above is met when the following indicators listed below are used. These may include but are not limited to:

- ? an assessment process to ensure there is a holistic approach to care and the consideration of a full range of restraint-free alternatives. The assessment process includes:
 - o the resident's physical condition, emotional state and behaviour
 - o a review of medications; nature of the situation and care required
 - o possible alternative methods of promoting health and safety
- ? staff orientation, training and education that covers:
 - o current research on issues related to restraints
 - o restraint free approaches and alternatives to the use of restraints
 - o care and monitoring of clients when restraints are used
 - o detailed instructions on the various types of restraints, their application and ways to maximize safety
- ? a documented approval process, which includes:
 - o medical practitioner's order for the use of restraint
 - o approval by the resident / family / substitute decision maker
 - o explanation in the care plan outlining what steps have been taken to change the behaviour or prevent the need for the use of a restraint.
 - o an outline of the reasons for the type and the estimated duration of the use of a restraint (included in the care plan).

CVS employees may use restraint:

- ? when the above indicators have been adhered to.
- ? when it is deemed necessary to include restraint in an individual's care plan or protocol.

The program coordinator or home supervisor will call a team meeting to develop the plan / protocol. The team meeting shall include all programs providing the individual services, the individual, family members, the program manager, Ministry for Children and Families social worker and any other members of the interdisciplinary team deemed necessary.

Once the protocol is developed, a copy will be forwarded to the family doctor for approval. The care plan or protocol will be reviewed **at least annually or as needed**. The home supervisor or program coordinator will call a meeting to review.

When restraint is used, the required documentation is as follows:

- ? complete the **Internal Incident/Injury/Restraint Monitoring Report Form**.
- ? copies to be sent to CVS program manager for signature and then to other programs providing service to the individual.

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Following Emergency Restraint – Where there is no protocol or Individual Care Plan which authorizes restraint and emergency restraint has been used then:

- ? A meeting must be convened within twenty-four hours where emergency restraint has been used
- ? Home supervisors and program coordinators where the incident occurred are responsible for convening the meeting
- ? The social worker, program manager, representatives of other programs, family, client and other members of the interdisciplinary team should be invited to the meeting.

Policy Audit: March Annually

Date Issued: March 2004

Date Revised:

Position Responsible: Executive Director

References:

☞ Policy 5.11 – Critical Incident/Internal Incident/Injury and Restraint Monitoring

☞ 9.27 - Guideline to the Use of Physical Restraint
