



Administrative Policy Manual
Code: AH Patient/Client Relations/Care

AH2500 LEAST RESTRAINT

1.0 PURPOSE

- 1.1 To protect the safety and autonomy of Interior Health clients, staff and others by providing direction for the provision of client centered care that minimizes the need for restraints.
- 1.2 To ensure the least restrictive form of restraint is used for the shortest possible duration when restraint is necessary for the safety of clients and/or others.
- 1.3 To ensure the use of restraints complies with legislation, professional standards and, evidence informed practices.
- 1.4 To ensure that the principles of consent are applied appropriately and consistently in practice.

2.0 DEFINITIONS

Client Centered Care:	A philosophy that focuses on providing care according to the individual's understanding of well-being and quality of life.
Client:	Includes patients, residents and persons in care in Interior Health facilities and/or programs.
Emergency Situation:	Imminent risk of harm to individual and/or others.
Least Restraint:	A standard of care that focuses on mitigating restraint use by implementing individualized measures to address behaviours that interfere with safety of the client, staff and others. A practice of least restraint requires that other interventions are considered and / or implemented prior to using a restraint. When restraint use is necessary to ensure the safety of the client and others, the restraint that applies the least amount of restriction will be implemented for the shortest duration possible.
Plan of care:	Sometimes referred to as a care plan, a plan of care, provides written documentation that describes the individualized care based on assessed client needs and an interdisciplinary approach to client-centered care.
Restraint:	Any means used to control or restrict a person's freedom of movement, which the person cannot remove and/or would not be removed / discontinued if the client requested removal.
Types of Restraints:	Chemical Restraint Medications used with the specific intent to reduce a person's mobility, or promote sedation beyond that required to establish a normal sleep cycle. This should not be confused with medications used to treat drug responsive behavioural/neuropsychiatric symptoms associated with specific medical and psychiatric diagnoses. Note: A medication prescribed as part of assessment and rational plan

Policy Sponsor: VP & COO Hospitals & Communities	1 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)

	<p>of care, whether on a scheduled or as needed basis, is a treatment, not a chemical restraint</p> <p>Environmental Restraint Any barrier or device that limits movement and/or confines a person to a specific geographic area or location e.g. locked door; seclusion room; secure unit</p> <p>Note: Perimeter security to a building and/or IH property is not included in the definition of an environmental restraint.</p> <p>Physical Restraint: Any manual method, or any physical or mechanical device, material or equipment, that:</p> <ul style="list-style-type: none"> • is attached or adjacent to the person's body; and • the person cannot remove easily; and • restricts the person's freedom of movement or normal access to his or her body, e.g. full bedrails in upright position that can not be opened by the client; lap belt; locked geri chair; limb restraint. <p>Note: The following situations are not included in the physical restraint definition:</p> <ul style="list-style-type: none"> • Medically necessary positioning or securing devices used to maintain the position, limit mobility or temporarily immobilize the patient during medical, dental, diagnostic or surgical procedures. • Front fastening seating devices used to maintain functional body positions such as lap belts for wheelchairs, and straps or shoulder harnesses. • Temporary immobilization during transportation such as car seats, car seatbelts or belts on a stretcher.
Substitute Decision-Maker (SDM):	<p>For the purposes of this policy and consistent with British Columbia's Health Care (Consent) and Care Facility (Admission) Act and the Residential Care Regulation, Community Care and Assisted Living Act, is defined as:</p> <ul style="list-style-type: none"> • the Court appointed Committee of Person; or if none, • the person appointed as a Representative (Section 9) in a non-standard Representation Agreement; or if none, • the Substitute Decision Maker. <ul style="list-style-type: none"> ▪ A family member or close friend who is legally qualified and available to make health care decisions on behalf of an incapable adult. See definition 16 in Health Care (Consent) and Care Facility (Admission) Act.

3.0 POLICY

3.1 A restraint will not be used unless:

Policy Sponsor: VP & COO Hospitals & Communities	2 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)



Administrative Policy Manual
Code: AH Patient/Client Relations/Care

- a) Placing the client under restraint (physical, chemical, environmental), is authorized by a plan of care to which the client or substitute decision-maker (SDM) has consented and the consent is documented in the health record. (IH [AL0100 Consent - Adults](#); [AL0200 Consent - Persons under 19 Years](#)).

In Residential Care, agreement to the use of the restraint must be given in writing by the client in care, the parent or SDM and the medical practitioner or nurse practitioner and is recorded on the [Written Agreement for Use of Restraint form](#)

Except:

- an emergency situation; maintain the safety of the individual and/or staff first; or
- if authorized under legislation or by court order, for example, under the [Mental Health Act](#) (see [Appendix A](#): Examples of Legislative and Court Ordered Reasons for Restraint).

Note: In an emergency situation, where there is no authorization by legislation or a court order for restraint, consent is required, as outlined above, within 24 hours after the first use of the restraint.

- b) The restraint is necessary to protect the person in care or others from serious physical harm;
- c) All alternatives to the use of a restraint have been considered and either implemented or rejected;
- d) The restraint is as minimal as possible taking into consideration both the nature of the restraint and the duration for which it is used;
- e) The staff administering the restraint have received training in the use and monitoring of the restraint;
- f) The safety, physical wellbeing and emotional dignity of the client is monitored and maintained throughout the use of the restraint
- g) In all situations the clinical team reassesses the need for continued restraint within 24 hours after the first use of the restraint;
- h) The use of the restraint, the reason for use, its type and the duration for which it is used are documented in the individualized plan of care according to the standards and procedures indicated in the appropriate Clinical Decision Support Tools and documentation tools.

3.2 Restraints **must not** be used:

- to apply power or control over a person;
- to obtain submission or compliance;

Policy Sponsor: VP & COO Hospitals & Communities	3 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)

- for the purpose of punishment or discipline;
- for the convenience of employees.

3.3 All professional staff is expected to work within their scope of practice as set out by their Regulatory Colleges.

4.0 PROCEDURES

4.1 In keeping with a Least Restraint approach and the [Workplace Violence Prevention Program](#) select the restraint which is the least restrictive and a temporary measure applied only after other alternatives have been tried and documented.

4.2 Follow the sector specific Clinical Decision Support Tools (CDSTs) and documentation tools developed for the care and monitoring of clients during restraint use in:

- Acute;
- [Residential](#);
- Community.

Note: The Clinical Practice Standards will be linked to the policy as they are completed. The principles of the Policy will be adhered to in the absence of a Clinical Practice Standard.

5.0 REFERENCES

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Policy Sponsor: VP & COO Hospitals & Communities	4 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)



Administrative Policy Manual
Code: AH Patient/Client Relations/Care

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Policy Sponsor: VP & COO Hospitals & Communities	5 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)

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Administrative Policy Manual
Code: AH Patient/Client Relations/Care

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Policy Sponsor: VP & COO Hospitals & Communities	6 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)

APPENDIX A

EXAMPLES OF LEGISLATIVE AND COURT ORDERED REASONS FOR RESTRAINT

Legislation	Aspects related to use of Restraints
Adult Guardianship Act	Emergency Assistance (Section 59) – short term (imminent risk of harm). Support and assistance order – to reside in a care facility. (Section 56)
Mental Health Act Guide to the Mental Health Act	Substitute consent of the Director for involuntary treatment Extended leave provisions authorized by the Director Form 20 Leave Authorization
Patients Property Act	Related to appointed Committee of Person, includes healthcare and adaptive and behavioural restraints
Public Health Act	The provincial court may order the enforcement of instructions given by a Medical Health Officer to a non-compliant “infected person”.
Criminal Code	Any restraints necessary to provide health and personal care to a person who is in custody of the police &/or Corrections Staff must be applied by the police &/or Corrections Staff themselves.

Additional relevant provincial legislation:

[Health Care \(Consent\) and Care Facility \(Admission\) Act](#)

[Public Guardian and Trustee Act](#)

[Representation Agreement Act](#)

- [‘It’s Your Choice’](#) Public Guardian and Trustee resource explaining Representation Agreement Options and scope of authority. This can also be found in the [Public Guardian and Trustee](#) webpage with other resources explaining Substitute Decision Making.
- Ministry of Justice – [Incapacity Planning](#) tools – Rep 7/Rep 9

[Infants Act](#)

Policy Sponsor: VP & COO Hospitals & Communities	7 of 7
Policy Steward: Chief Nursing Officer and Professional Practice Leader	
Date Approved: October 2013	Date(s) Reviewed-r/Revised-R: May 2014 (R) December 2017 (R)