RESTRAINT PROTOCOL

From time to time we receive inquiries regarding the proper use and monitoring of restraints on patients. There is little legal guidance in Alberta on this issue; however, it has been a significant legal issue in other Canadian jurisdictions. In Ontario, the Ontario Hospital Association established a Task Force which provided a report in November 2001 on the monitoring of restrained patients. Subsequently, the Ontario government passed the Patient Restraints Minimization Act which requires that every hospital and facility to which the Act applied, establish policies with respect to restraining and confining patients and monitoring restrained patients.

In the absence of legislation in Alberta it would be prudent for hospitals and patient care facilities to monitor and re-assess restrained patients in a reasonable fashion in accordance with their general duty of care. As an initial comment, we suggest alternatives to restraints be developed and restraints be used only as a last resort.

Restraints can be defined as any mechanical, chemical, environmental, or physical measures used to limit the activity or control the behaviour of a person or a portion of their body. Research indicates that restraints are overused and may be harmful. There is also potential for violation of human rights when use of restraints is considered in a client care setting.

Policies about restraint use should address the following concerns:

1. Accurate client assessment;
2. The range of appropriate alternative interventions;
3. Weighing the risks/benefits of restraint use; and
4. The application and limitations of restraint use including duration of use and frequency of re-assessment.

One example of a protocol in this area is in the March 2003 position statement of the Alberta Association of Registered Nurses Policies on the use of restraints in client care settings. Under that policy “Least Restraint Practice” means that a nurse will exhaust all possible alternative interventions before deciding to use a restraint. If alternative interventions can be introduced early and before a situation deteriorates, a difficult patient may respond positively to less restrictive options. Alternatives to physical restraints can include a variety of approaches such as re-direction, setting limits, using time-outs, the use of medication, psycho-social interventions, and safe physical escort techniques.

The achievement of least restraint policies and procedures will contribute to quality of life for the individual and quality client outcomes through the provision of safe, competent, and ethical nursing care.
RESTRAINT MONITORING

With a view to developing a Restraint Policy some guidance can be found in the report of Ontario’s Restraints Task Force. The Task Force recommended that each hospital implement a policy setting out intervals for monitoring restrained patients. Intervals need not be exactly the same for each patient and should be tailored according to the level of observation the patient in question requires. The physical and mental states of the patient are crucial factors in determining the frequency of observation. For example, agitated patients and patients who are likely to struggle should be monitored at more frequent intervals. Similarly, patients who have only recently been restrained should also be supervised more closely to identify early complications such as slippage of the device.

Regarding constant observation, the report suggests that criteria for this maximum level of supervision should be set out in policy. Unfortunately, the Task Force did not specify the criteria that would warrant constant observation but it did give the example “where a restraint has recently been applied and the patient in question exhibits extreme psychomotor agitation.”

Clearly, both the type and frequency of observation are significant, and a Restraint Policy should address the documentation requirements for restrained patients including the type and frequency of observation and the reaction of the patient. The Task Force report makes recommendations regarding the manner in which patients should be observed and suggests that the following factors be assessed and documented:

1. Ability to cope emotionally with the restraint;
2. Level of alertness and orientation;
3. Emotional wellbeing;
4. Positioning of restraint;
5. Physical effects of restraint, including skin condition at point of contact, skin condition where reduced ability to change positions could be a factor, circulation to extremities, pain and discomfort;
6. Response to restraint; whether restraint is achieving the desired effect; and
7. Need for care, including hygiene, toilet and nutrition.

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