



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

TERM	DEFINITION
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.
Guardian	A person who has legal authority to make decisions on behalf of a person under 19 years of age and includes a parent of the person under 19 years of age (British Columbia's Infants Act; Child, Family and Community Service Act).
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,

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	<p>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.</p> <p>Note: A medication prescribed as part of assessment and rational plan 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. <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. (Exception: In Long-term Care these are considered restraints based on the Residential Care Regulations Section 73-77 and Resident Assessment Instrument (RAI) Section P4 Devices and Restraints.) • Temporary immobilization during transportation such as car seats, car seatbelts or belts on a stretcher.
<p>Substitute Decision-Maker (SDM):</p>	<p>The Court appointed Committee of Person; or if none,</p> <ul style="list-style-type: none"> • the person appointed as a Representative (Section 9) in a non-standard Representation Agreement; or if 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. <p>(British Columbia’s Health Care (Consent) Care Facility (Admission) Act; Residential Care Regulation, Community Care and Assisted Living Act)</p>

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3.0 POLICY

3.1 A restraint will not be used unless:

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

In Long-term Care, agreement to the use of the restraint must be given in writing by the client in care, the 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 [Adult Guardianship Act](#), 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

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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;
 - for the purpose of punishment or discipline;
 - for the convenience of employees.
- 3.3 All professional staff are 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 (CDST) and Clinical Documentation Tools (CDT) developed for the care and monitoring of clients during restraint use (see [Least Restraint Toolkit](#)):

5.0 REFERENCES

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

[Infants Act](#)

[Child, Family and Community Service Act](#)

[Mental Health Act](#)

[Adult Guardianship Act](#)

[Patients Property Act](#)

[Public Health Act](#)

[Representation Agreement Act](#)

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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](#)

[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](#)

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