PROMOTING SAFETY:
ALTERNATIVE APPROACHES TO THE USE OF RESTRAINTS

What does the law say about the use of Restraints?
In Ontario, Canada the Patient Restraints Minimization Act asks healthcare settings to consider alternative approaches and only use restraints as a last resort when a person is at risk of harm to themselves and/or others.

What is a restraint?
A restraint is something that restricts a person in some way by:
• placement of an object near or on the person's body to limit their ability to move. This object cannot be removed by the person without effort. Some examples would be mitts, wrist ties, lap belts or seat belts that prevents the person from moving by themselves;
• limiting a person’s movement to keep them in a certain area. An example would be a locked room which stops the person from moving to another location,
• using a medication to manage a person’s behaviour.

What can be done to avoid the use of a restraint?
• Encourage the person to do the things they enjoy such as cards, television or music.
• Walk with the person.
• Help the person to get to the bathroom at regular times,
• Make the person’s room safe by lowering the bed to avoid an injury if they roll or fall out of bed.
• Make sure there is enough light for the person to see clearly.
• Develop a routine by placing objects and furniture in the same place.
• Have a friend or family member visit to sit with the person when they are restless, confused, upset or afraid.
• Use an alarm that tells others when the person moves from a chair or bed so they can check to see if they need help.

What may put a person at risk of being restrained?
A person who may hurt themselves or others because they just forget to ask for help or have:
• An illness or injury to the brain,
• Confusion,
• A habit of falling or wandering to where it is not safe.
• Fears about getting a treatment like a needle that is necessary (need a statement about treatment interference).
What should a person or their family know before a restraint is used?
• A person who is at risk for the use of a restraint should talk with their health care team and discuss alternative options to try before a restraint is used.
• Restraints are used as little as possible because of possible side-effects. Your health care team will always be watching you and trying different things to help avoid the use of a restraint. This is because restraints can sometimes make a person:
  ▪ feel even more restless, agitated or frustrated rather than safe,
  ▪ have a higher risk of falls that may cause an injury,
  ▪ have skin breakdown from being in one position all the time because they cannot get up and move freely, and
  ▪ have a serious injury that causes death.

What can a person expect if a restraint becomes necessary?
• A written order from your doctor is needed.
• A person, and with consent their family or substitute decision maker, must be involved in a discussion and told about the use of any restraint.
• If a person is unable to provide consent, the person’s family or substitute decision maker must provide consent unless it is an emergency and is needed to prevent harm.
• The restraint should be used for the shortest possible time and as soon as it is safe, be removed.
• The least restrictive form of a restraint should be used.
• The healthcare team caring for the person in a restraint must:
  ▪ Watch the person closely to ensure their safety,
  ▪ Look for the earliest and safest time to take off the restraint, and
  ▪ Frequently offer the person who is restrained help with activities such as eating and going to the bathroom.

Who can answer questions about preventing or avoiding the use of restraints?
Any member of your healthcare team (e.g. nurse or doctor).

   Be part of making decisions that are right for you!
   Ask your nurse and healthcare team for help and support to make informed decisions that are consistent with your values and preferences!

Reference: