



# Restraints: Did you know?

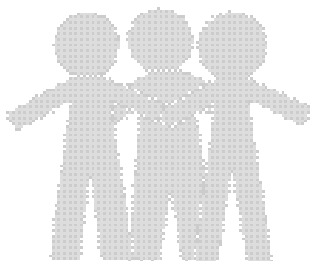
[www.toronto.ca/homesfortheaged](http://www.toronto.ca/homesfortheaged)

## **Focusing on autonomy, freedom of movement and quality of life**

Toronto Homes for the Aged Division promotes the values of respect, support and enable for residents and their families to achieve the highest quality of life. Residents have the right to be treated with dignity, respect and freedom of movement. Our philosophy of least restraint in resident care demonstrates this commitment to residents and families.

Studies show that the use of physical restraints, such as full bed rails, lap belts and wheelchair tables, can pose risk. Evidence shows that ongoing use of restraints is not beneficial to residents and is often harmful. The psychological consequences of restraint use often include depression, fear, demoralization and regression.

Our society has become accustomed to the use of restraints. We have laws about the use of seatbelts when driving. Cribs and car seats are used with children to keep them safe. These seatbelts and car seats can be released at will — physical restraints can not.



The Ministry of Health and Long-Term Care has developed standards for the use of certain restraints in long-term care homes: physical restraints, medications used to prevent the imminent risk of harming self or others, monitoring devices, secure units and personal assistance service devices (PASD).

Some PASDs restrict resident movement, yet help the resident to participate in activities of daily living. Examples are a wheelchair table to play card games, or for use at mealtimes. Since the resident is unable to release the device, it is a PASD with restraining effects.

It is challenging to balance the resident's right to freedom of movement and quality of life with safety and the use of restraints. When considering restraint use, the care team considers principles such as the right of choice, above all do no harm, justified benefit to the resident, and the team's commitment to the resident's overall well-being.

The team uses data from the assessment, reassessment and evaluation, and balances this data with the above principles when making care decisions about the initial application and ongoing use of restraints.



## **It starts with assessment**

The first step in least restraint is an assessment. The resident and family (or substitute decision-maker) work with the care team to offer advice on the resident's wants and needs regarding safety, security and freedom of choice. The care team includes doctors, nurses, dietitians, physiotherapists, occupational therapists, recreation and rehabilitation services, and counselors. The resident and substitute decision-maker must fully understand the benefits and risks of restraint options to make informed decisions about care and treatment.

There are times when a resident may wish to use a PASD. The care team will consider this and make the required adjustments to the plan of care. There are times, however, when the resident or a family member may wish a restraint to be used and the care team will be unable to agree to this request, as the request is not consistent with the Ministry's standards about restraint use in long-term care homes. In this case, the care team will discuss alternatives with the resident and family.

The team identifies probable causes and contributing factors that pose safety risks. The team tests all possible alternative strategies to effectively manage the risks. For example, if the resident falls, a comprehensive medical assessment is completed. A seating assessment may be completed to identify correct seating

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positions that are comfortable and safe. The team completes assessments and evaluations and adjusts care plan strategies until the best intervention is identified. In situations when a physical restraint, medications to manage behaviour or a PASD have been assessed to be appropriate, and the resident/substitute decision-maker acknowledges the risks and benefits of this option, a doctor's order is needed.

## **You can help**

In the home, we believe in the least use of restraint and provide care in that manner. As a result, we always use assessment and alternatives to avoid the use of restraints. Family members can help by sharing information with the team such as the resident's usual response to stress. Other coping strategies and interventions can also be built into the care plan. These strategies often succeed in improving quality of life and avoiding the restrictions on freedom of movement associated with restraints. We encourage residents and families to use the following tips in day-to-day life.

*Restless behaviour* – This may be caused by factors that can be treated without the need for a restraint. Is your relative acting differently? Let the care team know if you see a change. It might be due to an infection, pain, or over-stimulation (too much activity). It is important to rule out these things before a

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restraint is considered. You can help by offering food or fluids, providing diversion such as reading favourites, playing music, providing light hand massage. Family visiting is very important and can often allay resident fears.

*Frequent falling* – Falls can be caused by a number of factors such as undetected infection or uncomfortable seating. Has your relative had a history of falls? Let the team know this important information, so they can plan individualized care for your relative. You can help by making sure that “walking areas” are clear from obstacles, wheelchair brakes are on when your relative is transferring out of the wheelchair and encouraging your relative to participate in activities that can strengthen muscles and improve balance.

*Wandering* – Wandering can be caused by many reasons, such as loss of short-term memory, difficulty organizing thoughts, and changes in levels of concentration. Has your relative developed a pattern of wandering? When does this happen? Is there a particular time of the day, evening or night when this wandering occurs? Let the care team know. This wandering can be managed through an individualized care plan. You can help by making your relative’s room “home-like.” Decorate with things that your relative recognizes and cherishes, so they recognize the room easily and avoid walking into someone else’s

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room. Visit during times when you can accompany them outside in the secured walking areas. You can involve your relative in tasks such as helping to place clothing in drawers and closets. Your visits provide a richness and quality to your family member's life.

## **Families can also help by...**

- ◆ Being informed about the harmful effects of restraints.
- ◆ Asking questions and seeking clarification — the care team welcomes opportunities to educate and teach residents and families about restraints. All questions are meaningful and important. Talk to the RN or Nurse Manager on your unit. Discussions with the doctor and pharmacist can be helpful to understand the effects of medications to manage risk behaviours.
- ◆ Represent your relative's wishes — the substitute decision-maker has the responsibility to make choices the resident would have otherwise made. This responsibility includes an accountability to know about the treatment choices available. The care team is available in person or by telephone to answer questions and provide information.

## **We're here to help**

Each resident is an individual with unique desires, needs and goals. Our goal is to ensure that each resident receives the best care and quality of life with freedom of movement. Our team is here to help — feel free to ask any questions or seek clarification on any component of the care plan. We are all here to give the resident the best quality of life available.

## **About *Just for Families*...**

*Just for Families* is a series of information brochures created to provide important information for family members of residents living in Toronto's Homes for the Aged. We believe that family members are an important part of our care team, and that by understanding aging, medical concerns and other issues affecting the residents, family members can work with us to ensure their family member receives the highest quality of care at all times. Future *Just for Families* brochures will be published on a regular basis.



## We take quality seriously



As part of our ongoing commitment to quality, all 10 Toronto Homes for the Aged are fully accredited by the

Canadian Council on Health Services Accreditation (CCHSA).

CCHSA is a non-profit, non-government organization that helps health service organizations across Canada examine and improve the quality of the care and services they provide for their clients. Health service organizations are assessed against national standards every three years.

Accreditation is consumers' assurance of quality care.

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