

Standard on the Use of Restrictive Procedures

Standard 1: Restrictive procedures may be used to assist residents to manage behaviour that poses a risk to the safety of that resident or to others if authorized by the Licensee and in compliance with the home's written policy.

Legislative Authority

Homes for Special Care Regulations section 52(2)

52(2) Except in accordance with standards and policies established for the home by the Minister and with authorization of the administrator of the home, a staff member of a home for special care shall not do any of the following:

- a) lock a resident in the resident's bedroom or any other room of the home
- b) use restrictive procedures.

Definitions

Restrictive Procedures – include, but are not limited to, the use of physical restraint, seclusion, mechanical restraint, and chemical restraint.

1. **Physical Restraint** – the use of physical interventions by one or more persons, for the purpose of restricting free movement of a resident's body.
2. **Seclusion** – the placing or leaving a resident in a room at any time, where the resident is prevented from leaving (e.g.) secure/locked door.
3. **Mechanical Restraint** – devices or clothing made or adapted for the purpose of restraining a resident's movement or access to their body.
4. **Chemical Restraint** – any form of psychoactive medication (affecting the mind, mood or other mental processes) used not to treat illness, but to intentionally inhibit a particular behaviour or movement.

Leading Practice – Programs, activities and strategies that have a demonstrated degree of proven effectiveness:

- demonstrated positive outcomes for individuals, communities or populations;
- evidence of these outcomes is supported in academic literature and research;
- outcomes have been published in peer-reviewed journals, other professional publications or documented in a comprehensive report/study;
- implementation material, training and support requirements and evaluative methodologies are identified.

Outcomes

- 1.1 There are written policies and procedures for responding to behaviour that poses a risk to the safety of the resident or to others that reflects leading practices and documentation required.
- 1.2 The licensee will review the policy and maintain a record of the review and any revisions made to the policy at least once every two years.

- 1.3** Restrictive procedures may be used to manage resident's behaviour that poses a risk to the safety of a resident or others when the following requirements have been met:
- a. the home has a policy regarding restrictive procedures that takes account of legislation and regulations;
 - b. the restrictive procedures are expressly permitted by the home's policy;
 - c. the restrictive procedures are carried out in accordance with that policy;
 - d. the restrictive procedures are authorized by the administrator of the home;
 - e. a written plan for the use of the restrictive procedures is developed and incorporated into the residents' Individual Program Plan (IPP);
 - f. a risk assessment is completed and adhered to in the application of any restrictive procedures;
 - g. less restrictive alternatives to restrictive procedures have been tried, have been found ineffective, and are documented in the resident's file;
 - h. the resident provides consent to the restrictive procedures, except in an emergency situation (see paragraph 1.7).
- 1.4** The restrictive procedures policy will be reviewed with staff upon hire and otherwise as required, but at least once every year with staff. Documented proof of these reviews shall be placed in the staff members personnel file.
- 1.5** The restrictive procedures policy will require any plan for the use of a restrictive procedure to include:
- a timeline for the reduction or discontinuation of the use of the restrictive procedures;
 - a description of the monitoring mechanism to be used;
 - a formal review of the restrictive procedures that are used;
 - a post-procedures summary of the effectiveness of the procedures.
- 1.6** Staff members who utilize restrictive procedures will be trained in their use, and documented proof of the training shall be placed in the staff members personnel file.
- 1.7** For an emergency situation to exist, the following criteria are necessary:
- the resident is unable to consent, and a substitute decision maker is unavailable;
 - there is an immediate threat of serious harm to the resident or to others;
 - the restrictive procedures cannot be delayed;
 - there is no information available that makes it clear that the resident would not want the required restrictive procedure.

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