

**SECTION:** Planning, Monitoring And Evaluation of Care

**SUBJECT: Physical Restraints**

**Policy No.:** 6.4

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### **Physical Restraints**

Red Roof Retreat does not support the use of a physical restraint as a common behavioural intervention. The following policy and procedures have been developed in accordance with the Child And Family Service Act and the Developmental Services Act.

#### **Definition**

“Physical Restraint” in relations to a resident of a residence means using a holding technique to restrict the resident’s ability to move freely and “physically restrain” has a corresponding meaning.

Physical restrain does not include:

- restriction of movement, physical re-direction or physical prompting if the restriction of movement, physical restraint or physical prompting is brief, gentle and part of a behaviour teaching program, or
- the use of helmets, protective mitts, or other equipment to prevent a resident from physically injuring or further physically injuring himself or herself.

It is important to understand that a resident may act out behaviourally when trying to communicate a health concern. Therefore, prior to a physical restraint a visual review for the purposes of eliminating a health concern is conducted.

#### **Policy**

Employees may only use a physical restraint if they have been trained in a relevant agency and Ministry approved program. This will include all necessary refresher courses. Red Roof Retreat employees will receive Crisis Prevention and Intervention (C.P.I.) training. Only physical intervention techniques that have been approved by Red Roof Retreat can be utilized.

All direct care employees, upon hire will participate in the designated physical restraint training as scheduled. Non-direct care employees may also be directed to participate in the physical intervention training.

At all times, there will be a minimum of one staff on duty that has completed the physical restraint training and education program.

Untrained employees and replacement agency employees are prohibited from the use of physical restraints.

Prior to the use of a physical restraint employees are expected to have determined that less intrusive interventions are or would be ineffective in preventing the resident from physically injuring or further injuring himself, herself or others.

The use of a physical restraint intervention is limited to circumstances where any delay in the application of physical restraint will likely result in one or more of the following:

- 1) a physical injury to a resident, an/or
- 2) the resident injuring others.

If a resident has already committed an injury to themselves or others and further injury could occur a physical restraint can be utilized.

If it becomes necessary to physically restrain a resident it must be carried out using the least amount of force that is necessary to restrict the resident's ability to move freely.

At times, if two (2) employees need to be involved in any application of a physical restraint, one person will be designated as the team leader.

The team leader will be responsible for ensuring compliance with all aspects of this policy and directing other team members.

The resident's condition must be continually monitored and assessed throughout the physical restraint. Please refer to the policy on Monitoring and Assessing a Resident during a Physical Restraint for specific direction. A physical restraint may never be carried out for the purpose of punishing the resident. The physical restraint of a resident will cease upon the earlier of either:

- 1) where there is no longer a clear and imminent risk that the resident will physically injure himself, herself or others.
- 2) when there is a risk that the physical restraint itself will endanger the health or safety of the resident.

Within 24 hours after a physical restraint of a resident the following people will be advised:

- 1) The Minister; and
- 2) A parent, guardian or emergency contact of the resident.

Within 48 hours after a physical restraint a debriefing process will be conducted with the following people:

- 1) All direct care employees who were involved in the physical restraint, and
- 2) All direct care employees that are involved in the physical restraint and the resident.

### **Procedures**

Upon admission, the supervisor or designate will inform the resident of the circumstances in which a physical restraint may be used and the steps to be taken to prevent the use of physical restraint.

As means of preventing volatile and high risk situations, each employee is responsible to develop an appropriate relationship with each resident and to be responsive to individual's needs and concerns. Employees are expected to contribute to an environment of trust and respect when children have opportunities to express emotions appropriately and resolve conflict openly and honestly. The decisions to use a physical restraint is made on a case by case basis and the following is taken into account:

- a. the individual's health.
- b. whether the resident is taking medication and if so whether the use of the physical restraint would be a suitable response.
- c. the individual's age.
- d. developmental stage and social history.

### **Prevention**

Early detection and intervention in potentially volatile situations are the best prevention practices. At the earliest signs, employees who are concerned about a resident's potential volatility or level of agitation are to:

- 1) model appropriate behaviour in a calm, respectful, non-judgmental manner.
- 2) advise other on-site employees of the potential situation.
- 3) ensure the resident's safety and help them identify options to aggressive/harmful behaviour.
- 4) reinforce the resident's ability to stay in control.
- 5) offer support to assist the resident in maintaining self-control.
- 6) advise supervisor.
- 7) Consider removing other respite children from the area.

All employees will follow the policy and procedures regarding Behaviour Interventions prior to determining that a physical restraint is necessary. If the agency approved behaviour interventions have been attempted and are unsuccessful in de-escalating the individual then a physical restraint may be utilized.

### **Safe Management of Physical Restraints**

As outlined within the Physical Restraint policy and the Monitoring and Assessing a Resident during a Physical Restraint policy the resident's condition must be regularly monitored.

The resident must be released from the restraint at the earliest possible opportunity. This may mean that the resident has maintained a state of calm and is now able to rejoin the general program or that it has been determined that maintaining the resident in a physical restraint presents as a risk to their health and safety.

### **Documentation of Physical Restraint**

Upon the use of a physical intervention an employee will complete an Unusual Occurrence Report as well as the Record of Physical Restraint Form prior to leaving their shift and forward it to the attention of the Supervisor or designate.

Within 24 hours of a physical restraint an Initial Notification Report or Serious Occurrence Report will be completed and forwarded to the Minister's representative. Within 7 business days a Serious Occurrence Inquiry Report will be submitted. In addition, the parent, guardian or emergency contact person will also be informed of the physical restraint. The documentation will be retained as outlined in the reporting of Serious Occurrence Procedures.

### **De-briefing/Review**

Within 48 hours a debriefing/review will be conducted with the direct care employees that were involved in the physical restraint. This debriefing/review will be conducted by the Executive Director or designate. The purpose of the debriefing/review will be:

- 1) to review what happened from the employee's perspective;
- 2) to provide any necessary support;
- 3) explore options for preventing similar future situations;
- 4) develop plans for reactions from others who were involved, including the resident.

A debriefing/review session will also be conducted with the resident, and any other resident or direct care employee who witnessed the restraint within 48 hours. This session will be structured to accommodate the resident's emotional needs and cognitive capacity and will be conducted by the Executive Director or designate for the purpose of:

- 1) reviewing what happened from the resident's perspective;
- 2) assessing the resident's current state of emotion and reaction to the restraint;
- 3) to help the resident explore options for preventing future situations that may require a physical restraint;
- 4) develop plans with the resident for responding to reactions from other residents and employees.

If for some reason, the debriefing/review session cannot be conducted within the 48 hours, the reason will be documented and the meeting will be rescheduled for a time as soon as possible.

### **Monitoring**

Upon completion of the debriefing/review meetings the Executive Director or designate will document the outcomes.

The Executive Director or designate will periodically review the documentation (at least annually) to determine:

- 1) the frequency and appropriateness of the use of physical restraints;
- 2) adherence to relevant policies and procedures, approved techniques and safe management procedures;
- 3) the need for additional training in preventing and using physical restraints;
- 4) the need to adjust or develop programs in order to prevent or avoid situations requiring physical restraints.

Within 30 days of employees hire they will be educated:

- 1) In the provisions of the C.F.S.A. concerning physical restraints of residents.
- 2) The policies established by the Ministry concerning physical restraints of residents.
- 3) The agency's policies regarding physical restraints of residents.

### **Annual Review**

Each direct care employee will be assessed and the findings recorded within their annual performance evaluation as to their understanding and application knowledge of the provisions of the C.F.S.A., Ministry and agency policies regarding physical restraints.

### **Monitoring and Assessing Resident during a Physical Restraint**

If it becomes necessary to physically restrain a respite child residing with Red Roof Retreat it is mandatory that the physical well being of the child is monitored and assessed.

It is important to understand that, on occasion, a resident may act out behaviourally when trying to communicate a health concern. Therefore, prior to a physical restraint a visual review for the purposes of eliminating a health concern should be conducted.

All direct care employees will have attended all orientation sessions that will provide an outline of programs and health care procedures.

All direct care employees will be expected to have a working knowledge of all residents individualized behaviour program plans and follow specified guidelines.

In addition, all direct care employees are expected to have an understanding and working knowledge of all individual medical conditions/diagnosis as well as administered medications and their possible side effects.

## **Policy**

When two or more employees are involved in a physical restraint they will designate one person as the team leader.

During the duration of all physical restraints the designated team leader will be responsible for ensuring that the child's physical well being is being monitored and assessed. A resident who is in a physical restraint will have the following three areas monitored every five (5) minutes for signs of distress:

- 1) Cardio-pulmonary.
- 2) Neurological.
- 3) Musculo-skeletal.

If there are any signs of individual resident distress the physical restraint will be immediately terminated. If the physical restraint occurs and there are signs of distress, the restraint will be terminated immediately and a health care practitioner will be contacted.

When there are signs of significant distress that appear to be life threatening, the employees should immediately contact emergency personnel (911) and advise the Executive Director.

If signs of distress occur it will be documented on an Unusual Occurrence Report. If the situation complies with the definition of a Serious Occurrence the appropriate forms will be completed within the expected time frames.

## **Procedures**

Every five (5) minutes the team leader will observe and where possible communicate with the resident for the purpose of determining if any signs of distress are present.

After ensuring the safety of the resident the employees involved will complete all necessary documentation prior to leaving the site.

All policies and procedures associated with a physical restraint will be followed.