

Restraints and a resident's right to independence, dignity, and freedom.

Residents in long-term care facilities are often affected by conditions which impact on their balance, mobility, coordination, and judgment. These may put the resident at risk of injury. For example, some residents are prone to frequent falls.

Well-meaning caregivers sometimes think that the best way to protect their loved one is to use restraints. This is based on outdated beliefs and practices that were common in nursing homes and other care settings in the past.

What are Restraints?

Restraints are devices applied to or near the resident's body to control movement or behavior. Restraints can also include barriers or other means of confining a resident within a limited space. Wheelchair seat belts, lap tables, and locked doors may be examples of restraints.

Any device which restricts movement and cannot easily be removed by the resident can be considered a restraint. Devices are deemed to be restraints by virtue of the effect they have on the resident; a particular device may be a restraint for one resident, and a positioning device for another.

Restraint myths and misconceptions:

Restraining devices, often used to promote resident safety, may in fact have the effect of endangering it. Here are some common myths about restraints:

Restraints protect residents from falls and injuries.

Research has confirmed that serious injuries do not increase when restraints are removed. Other studies have shown that injury rates are higher in settings where restraints are commonly used.

Restraint reduction leads to an increased use of psychoactive medications, such as tranquilizers.

Research indicates that this belief is common but erroneous.

Residents don't mind restraints.

Residents who are restrained, even for short periods of time, experience increased agitation, behaviour changes, and mood swings. Residents have also reported feelings of hopelessness, fear, anger, and humiliation.

The risks associated with restraint use are outweighed by the risk of restraint-free care.

In addition to psychological consequences, restrained residents experience many of the affects we normally associate with decreased mobility. These include musculoskeletal complications, respiratory and cardiovascular changes, skin breakdown, and nerve injuries. Many of these effects are irreversible. Some forms of restraint have also been associated with serious injury, including strangulation and chest compression.

Residents cannot refuse a restraint.

A restraint, like any other form of treatment, can only be utilized with the informed consent of the resident. When the resident is incapable of making decisions for himself, then the substitute decision maker must provide informed consent. While restraints may be applied in an emergency situation, the resident or substitute decision maker must consent to continued use of the device.

Appropriate use of restraint

While restraints may be applied when the health care provider believes that a particular behavior is placing the resident or others at immediate risk of serious harm, overall, restraint use must be justified and considered a temporary measure.

As a resident or family member, it is your right to ask questions about the use of any restraints. Your participation in developing the plan of care should also involve:

- Informing the care team about your previous history, lifestyle, and care preferences,
- Asking for a seating assessment or consultation by an occupational or physiotherapist, if balance and mobility are of concern,
- Meeting with staff to discuss the pros and cons of restraint use in your particular situation, if restraint use is suggested.

EXTENDICARE

It is neither possible nor required for a facility to completely prevent all injury. However, long-term care homes are responsible to provide as safe an environment as possible. Extendicare practices the philosophy of least restraint. If you have any questions about restraints, please see your Director of Care.