

Seniors Health – North Zone Restraint Documentation Quick Reference Guide Home Living & Supportive Living February 2019

Re: CCHSS 16, Restraint as a Last Resort Policy & Restraint (Interim) Procedure

The CCHSS 16.0 requires certain steps related to restraints are visible on the care plan including service authorizations. This visibility ensures that the appropriate measures were taken when implementing the use of restraints.

CCHSS Information Guide: <https://open.alberta.ca/dataset/c3e8d212-d348-42e0-b29c-5a264c8cb568/resource/8c9af77e-ca21-4f73-b3ee-a63c6b980073/download/continuing-care-health-service-standards-2018.pdf>

Restraint Policy: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-restraint-hcs-176.pdf>

Restraint interim Procedure: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-restraint-cont-care-hcs-176-01.pdf>

Documentation needs to occur in the following areas/interventions.

1. Admission Assessment

Complete the RAI HC or appropriate comprehensive assessment on admission, annually (or at appropriate intervals) and upon significant change.

Complete the CAPs/RAI-HC Outcome Analysis documentation and check off that the OMAHA Systems Problem of either Cognition or Mental Health needs to be added to your Care Plan.

CARE PLANNING AND SERVICE PLANNING			
Other Issues not Identified by CAPs or Outcome Scales	Example: Wound care, Long term injections.		
OMAHA System Problems on Current Care Plan	<input type="checkbox"/> Abuse <input type="checkbox"/> Cognition <input type="checkbox"/> Digestion/Hydration <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Role Change <input type="checkbox"/> Sleep and Rest Patterns <input type="checkbox"/> Substance Use	<input type="checkbox"/> Bowel Function <input type="checkbox"/> Communicable/Infectious <input type="checkbox"/> Grief <input type="checkbox"/> Income <input type="checkbox"/> Neglect <input type="checkbox"/> Oral Health <input type="checkbox"/> Reproductive Function <input type="checkbox"/> Sanitation <input type="checkbox"/> Social Contact <input type="checkbox"/> Urinary Function	<input type="checkbox"/> Caretaking/Parenting <input type="checkbox"/> Community Resources <input type="checkbox"/> Growth and Development <input type="checkbox"/> Interpersonal Relations <input type="checkbox"/> Neighborhood/Workplace <input type="checkbox"/> Pain <input type="checkbox"/> Residence <input type="checkbox"/> Sexuality <input type="checkbox"/> Speech and Language <input type="checkbox"/> Vision
CAPs to OMAHA System Problems to Add to Care Plan	<input type="checkbox"/> Abuse <input checked="" type="checkbox"/> Cognition <input type="checkbox"/> Digestion/Hydration <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Role Change <input type="checkbox"/> Sleep and Rest Patterns <input type="checkbox"/> Substance Use	<input type="checkbox"/> Bowel Function <input type="checkbox"/> Communicable/Infectious <input type="checkbox"/> Grief <input type="checkbox"/> Income <input type="checkbox"/> Neglect <input type="checkbox"/> Oral Health <input type="checkbox"/> Reproductive Function <input type="checkbox"/> Sanitation <input type="checkbox"/> Social Contact <input type="checkbox"/> Urinary Function	<input type="checkbox"/> Caretaking/Parenting <input type="checkbox"/> Community Resources <input type="checkbox"/> Growth and Development <input type="checkbox"/> Interpersonal Relations <input type="checkbox"/> Neighborhood/Workplace <input type="checkbox"/> Pain <input type="checkbox"/> Residence <input type="checkbox"/> Sexuality <input type="checkbox"/> Speech and Language <input type="checkbox"/> Vision
Triggered CAPs Link to OMAHA Problems			

If admission assessment is not required as the restraint is being initiated on an established client start at #2.

Note: Track the behavior using the Behavior Tracking Tool for a minimum of 3 days prior to implementing a restraint.

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2. Lifetime Account: Safety Risk Assessment

In the Client Safety Risk Management Plan section:

- Check off Restraints and/or Secure Space

CLIENT SAFETY RISK MANAGEMENT PLAN	
Client Safety Plan Required	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Client Agrees Above Risks Identified Are of Concern	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Managed Risk Agreement in Place	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Assign Risk Management to Alternate Family Member	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Client Safety Plan	<input type="checkbox"/> Address Risks w/ Client <input type="checkbox"/> Appropriate PPE <input type="checkbox"/> Education Material Given <input type="checkbox"/> Medical Alert Device <input type="checkbox"/> Precautions - Airborne <input type="checkbox"/> Precautions - Contact <input type="checkbox"/> Precautions - Droplet <input type="checkbox"/> Restraints <input type="checkbox"/> Secure Space
Client Safety Risk Management Plan Comment	If restraints has been checked off, complete restraint assessment for appropriate restraint type. <input type="text"/>

3. Program Account: PRG Care Plan: Process Plans of Care

In addition to the regular care planning process, complete the following steps:

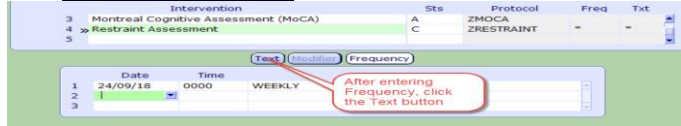
Add OMAHA Problem

If not already present, add the applicable Omaha problem (Cognition and/or Mental Health) that reflects the need for addressing Restraints and/or Secure Space.

- Under Behaviour Outcome add:
 - *CC: Restraint Monitoring* and/or *CC: Secure Space Monitoring*
 - For Environmental Restraint, Mechanical Restraint and Secure Spaces (i.e. Half Door) the **Frequency** will be 'Q2H' at minimum or more frequently as required based on client need.
- Under Status Outcome add:
 - Restraint Assessment.
 - Enter Frequency – the frequency entered will depend on the type of restraint being used (refer to Restraint (Interim) Procedure – link page 1). For example:
 - Pharmacological restraint is assessed weekly for a minimum of one month, and then monthly thereafter.
 - Other restraints frequencies (e.g. lap tray, bedrail) are based on professional judgement).
 - In the event of multiple restraints, use the frequency with the shortest time interval.

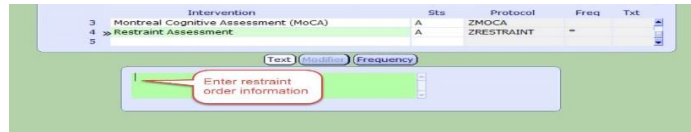
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- Click 'Text' button:

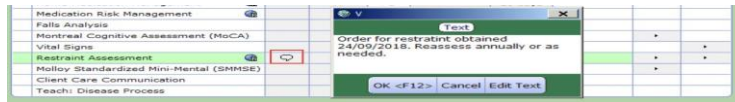


- List the Restraint(s) in the text box and indicate the date the order was obtained and the reassessment date, as per the following:
“Order for Restraint obtained DD/MM/YYYY. Reassess annually or as needed”.

Note: An order is not needed for Secure Space, but is still required for Restraints.



This text will display in the worklist next to the intervention. View by clicking the text bubble.



4. Restraint Assessment

Note: The Restraint Assessment will also be used for Secure Space documentation.

Document on the Restraint assessment comprehensively on admission, annually (or at appropriate intervals) and upon significant change. Ensure the following is documented:

- Rationale for Restraint Use/Secure Space
- Root Cause for Restraint Use/Secure Space
- Actions taken to address root cause
- Frequency of Risk Associated with Identified Behavior/Need
- Likelihood of Risk identified/Comment
- Alternatives to restraints trialed/Comment
- Consultations (if applicable)
- Date Restraint discussed with Family/Guardian/Comment and document teaching provided to client/alternate decision maker around Restraints/Secure Space.
- Restraint (Secure Space) Need review Comment
 - If the Interdisciplinary Team (IDT) conversation regarding Restraint/Secure Space need or continuation was previously captured

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in the Case Management intervention, reference this Case Management intervention date. For example, “see Case Management intervention October 3/2018 for details of IDT conversation/decision”.

- If this conversation/decision is not in the Case Management intervention, enter details (including date) in this section.
- Restraint Assessment Occurrence for applicable restraint type.
 - Enter or update ‘Date of Restraint Order’ (need to obtain order within 72 hours) and ‘Review Date for Restraint’ sections.
 - Under Frequency/Conditions of Restraint Use, for Environmental and Mechanical Restraints document “Initial monitoring was every 15 minutes within the first hour as per AHS procedure”.

5. Daily Living Support Plan

a. Documentation for Restraints

Treatment and Special Care Section:

- *Treatment and Special Care Type* - select which restraints apply to the client.

TREATMENT OR SPECIAL CARE REQUIRED	
Health Care Aide Treatment or Special Care Assist Required	<input type="radio"/> Yes <input type="radio"/> No
Treatment or Special Care Type	<input type="checkbox"/> Blood Sugar <input type="checkbox"/> Exercise Program - other <input type="checkbox"/> Monitor Weight <input type="checkbox"/> Oxygen <input checked="" type="checkbox"/> Restraint-Environmental <input checked="" type="checkbox"/> Restraint-Physical <input type="checkbox"/> Vital Signs
	<input type="checkbox"/> Bowel Care <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Orthosis/Splint/Brace <input type="checkbox"/> Prosthesis <input checked="" type="checkbox"/> Restraint-Mechanical <input type="checkbox"/> Stocking-Compression <input type="checkbox"/> Wound Care
	<input type="checkbox"/> Catheter Care <input type="checkbox"/> Home Support Exercise PGM <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Respiratory Care - other <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other see Details
Refer to Restraint Assessment in the EMR for specific details.	

- *Health Care Aide Treatment or Special Care Assist Details* - add a comment with specific instructions to the HCA regarding monitoring. For example, comfort rounds, toileting, nutrition, need to move.

Health Care Aide Treatment or Special Care Assist Details	<input type="text"/> <input type="text"/> <input type="text"/>
Include Additional Details Required to Help Health Care Aide Support Client Care and Promote/Improve Client Independence.	

b. Documentation for Secure Space

Behavior Support Section:

- a. *Requires Secure Space* - ‘yes’

BEHAVIOR SUPPORT	
Requires Secure Space	<input type="radio"/> Yes <input type="radio"/> No
Document relevant information with the Restraint Intervention	

- b. *Identified Behaviors* – select the behaviors supported by Secure Space and select See Behavior Support Plan.

Identified Behaviors	<input type="checkbox"/> Agitation <input type="checkbox"/> Depression <input type="checkbox"/> Rummaging <input type="checkbox"/> Wanders - Indoors	<input type="checkbox"/> Anxiety <input type="checkbox"/> Hoarding <input type="checkbox"/> Sexually Inappropriate <input type="checkbox"/> Wanders - Outdoors	<input type="checkbox"/> Confusion <input type="checkbox"/> Physically Abusive <input type="checkbox"/> Verbally Abusive
	If Any Significant Behavior Concerns are Identified Complete Behavior Support Plan Community Assessment.		

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- c. *HCA Identified Behaviors Assist Detail* - add Comment with Staff Considerations and Monitoring Requirements. For example: *In a Secure Space, Client wanders constantly while awake, please observe visually client's location on the unit at least every 2 hours. Provide diversion activities between meals (specifying which activities they are).*

Health Care Aide Identified Behaviors Assist Details	Include Additional Details Required to Help Health Care Aide Support Client Care and Promote/Improve Client Independence.
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6. Behavior Support Plan Comm

Document Behavior(s)/Moods(s) comprehensively and ensure to include staff considerations for prevention and management.

7. Service Authorizations

- For Restraints:
 - Add CC: Restraint Monitoring to your SA for the purpose of the Care Plan provided to Site
 - Duration: minimum 5 min (0.08) (based on professional judgement)
 - Frequency from Care Plan will be 'Q2H' at minimum interval or more frequently as required based on client need.
- For Secure Space:
 - Add CC: Secure Space Monitoring to your SA for the purpose of the Care Plan provided to the Site
 - Duration: minimum 5 min (0.08) (based on professional judgement)
 - Frequency from Care Plan will be 'Q2H' at minimum interval or more frequently as required based on client need.

Note: This would not be applicable in Home Living Community. Please ensure you document in Case Management regarding teaching provide around monitoring of Restraints.