Physical Restraint

Physically holding or preventing movement of limbs or body to give medicine, treatments, or personal care, or to prevent injury

Why avoid physical restraint?

- Can cause emotional trauma
- Contributes to mistrust of caregivers
- May result in bruising and injury
- Can increase agitation and aggression

What to try first:

- Stay calm, help the person feel safe
- Explain what you're doing; involve the person in care
- Find out why the person is upset
- Involve the person and their care partners, ask for ideas
- Review and reduce medicines
- Occupy with music or conversation during care
- Don't force care if resistant – come back later with a different person or approach

What does least restraint look like?

Gently but firmly hold the person's hand during care

Alberta Health Services

To learn more, consider courses such as Supportive Pathways and Non-Violent Crisis Intervention

Physical Restraint

Before using non-emergency restraint, document:

- Discussions with the person or their decision-maker about past experiences and alternate strategies to avoid use of restraint, possible risks of restraint (informed consent)
- Team discussions about other strategies
- What else you tried – how the person responded
- What led you to think about using restraint

During restraint, monitor:

- Agitation and distress, comfort and position
- Safety (e.g. skin/soft tissue)
- Lines and tubes (e.g. intravenous)

After restraint, document:

- Reason for restraint/description of incident
- Responses (e.g. agitation, anxiety, anger or hopelessness)
- Injuries (e.g. pain, skin tears; bruising the next day(s))
- Use of Protective Services, Law Enforcement and/or number of staff involved
- The plan to reduce or avoid restraint; review date
- Debrief: include the client, family, staff or others

Alberta Health Services

For more information, see "Restraint as a Last Resort Toolkit"
https://www.albertahealthservices.ca/info/Page15702.aspx

Environmental Restraint

Any barrier that limits locomotion of a person, and thereby confines a person to a specific geographic area or location.

Why avoid environmental restraint?

- Can cause fear, trauma and mistrust of caregivers
- Can cause anxiety, despair, loss of control
- Can cause injury (e.g. climbing over a barrier)

What to try first

- Stay calm and empathetic, help them feel safe
- Find out why the person is upset
- Offer positive choices
- Involve the person and care partners, ask for ideas, talk about risks for agitation, elopement or violence
- Review and reduce medicines
- Determine the person's ability and/or willingness to control their actions and behaviours

What does the least restraint look like?

Work with the person to help them settle, explain why restraint is being used and conditions needed to discontinue. Use for the least amount of time.

Alberta Health Services

To learn more, consider courses such as Non-Violent Crisis Intervention, Supportive Pathways, Trauma-Informed Care

Common Examples of

Environmental Restraint

Seclusion Room	**Secured unit**
Half door, Locked door	**Secured outdoor space**
Magnetic locks and alarms	**WanderGuard**

Before (non-emergency) restraint, document:

- Discussions with the person or their decision-maker about possible risks for use of restraint, and alternate strategies to avoid restraint
- Team discussions about alternate strategies
- What else you tried – and how the person responded

During restraint use, monitor and document:

- Reason for restraint/description of incident
- Frequency of observation
- Comfort and safety, increased or decreased levels of agitation and anxiety
- Team members involved e.g. Protective Services, law enforcement, staff members

Documentation after restraint:

- Debrief; include the person, family, staff or others
- Changes to the care plan in collaboration with the person, care partners and care team.

Alberta Health Services

For more information, see "Restraint as a Last Resort Toolkit"
https://www.albertahealthservices.ca/info/Page15702.aspx

Pharmacologic Restraint

The use of medicine to control behaviours and actions, or restrict freedom of movement

Why avoid pharmacologic restraint?

- Side effects such as confusion, insomnia and agitation
- Adverse events (e.g. falls, pneumonia, strokes, delirium, death)
- Interactions with other medicines

What to try first:

- Calm approach and environment
- Meet needs (e.g. for pain, assistance to bathroom, sleep)
- Review and reduce medicines
- Talk to the person, family and staff about alternatives
- Map behaviours to find patterns and unmet needs
- Arrange for family or volunteers to visit
- Provide meaningful activities

What does least restraint look like?

The lowest dose, for the shortest time

Alberta Health Services

To learn more, consider courses such as Supportive Pathways and Non-Violent Crisis Intervention

Common medicines used as

Pharmacologic Restraint

Haldol (haloperidol)	**Desyrel (trazodone)**
Risperdal (risperidone)	**Ativan (lorazepam)**
Seroquel (quetiapine)	**Imovane (zopiclone)**
Zyprexa (olanzapine)	

CAUTION: In older adults these medicines may worsen the problem treated. Benzodiazepines should only be used for delirium caused by alcohol withdrawal; avoid use with older adults.

Before (non-emergency) restraint use, document:

- Discussions with the person or their decision-maker about past experiences and behaviours, alternate strategies, possible risks and benefits of restraints (informed consent)
- Team discussions about underlying reasons for behaviours and alternate strategies
- What else you tried – and how the person responded
- What led you to think about using restraint

During restraint use, monitor and document:

- Sedation, confusion, falls, plans to prevent injury
- Improvement or worsening of behaviours
- Drug side effects
- Plan for reducing or stopping restraint use; date of review
- After an incident: use of Protective Services, Law Enforcement and/or number of staff involved
- Debrief; include clients, families, staff & others

Alberta Health Services

For more information, see "Restraint as a Last Resort Toolkit"
https://www.albertahealthservices.ca/info/Page15702.aspx

Mechanical Restraint

Any device which can't be controlled or easily removed by the person, and prevents free body movement or normal access to their body

Why avoid mechanical restraint?

- Can cause trauma, embarrassment, distress, pain, anxiety
- Damages the therapeutic relationship
- Can cause loss of muscle strength and increased risk of falls
- Limits independence and ability to get to the bathroom
- Risk of delirium, skin breakdown, strangulation

What to try first

- Review and reduce medicines
- Walk with the person often and assist to the bathroom
- Use de-escalation strategies to help the person feel safe e.g. positive choices, find something to agree on, give more space
- Remove lines and tubes as soon as possible; reassure and support (involve staff, care partners & volunteers)

What does least restraint look like?

Remove restraint frequently, walk until stronger; have them sit where they can be closely watched. Anticipate and address needs

Alberta Health Services

For more information, see "Restraint as a Last Resort Toolkit"
https://www.albertahealthservices.ca/info/Page15702.aspx

Common examples of

Mechanical Restraint

Rear fastening seat belts	**Reclining chairs e.g. Broda**
Limb restraints	**Full length side rails up**
Waist and trunk restraints	**Table top or chair tray**
Segufix	**Tilt chairs**

Before restraint use (non-emergency), document:

- Discussions with the person or their decision-maker about past experiences and risks, alternate strategies, possible risks and benefits of restraint
- Team discussions about alternate strategies
- What else you tried – and how the person responded
- What led you to think about using restraint

During restraint use, monitor for and document

- Reason for restraint
- Comfort, requests for release, expressions of distress
- When restraint is released to walk, change position, use toilet
- Injury such as falls, skin breakdown, bruising, difficulty breathing, strangling, choking if patient vomits
- Check ability of quick release in emergency
- A plan for reducing or stopping restraint use; review date
- Use of Protective Services, Law Enforcement and/or number of staff involved
- Debrief: involve patient, families, staff or others

Alberta Health Services

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