Restraint as a Last Resort policy and procedures

The Restraint as a Last Resort policy (and eight associated procedures) provides direction in decision-making processes around the use of restraint. The principles of restraint as a last resort and least restrictive restraint support a balance between the safety of the patient and others, and patient liberty.

Who does the policy apply to? All AHS employees, members of medical and midwifery staffs, students, volunteers and persons acting on behalf of AHS, including contracted service providers.

The policy applies to four types of restraints:

- Physical (e.g. restraining a limb by holding)
- Mechanical (e.g. lap belts, wrist ties, side-rails)
- Pharmacologic (e.g. antipsychotics)
- Environmental (e.g. seclusion rooms)

Some of the expectations of the policy include (in non-emergency situations):

- Discussions with patients/clients, families and/or alternate decision-makers about risks, benefits and alternatives to restraints.
- The least restrictive restraint shall only be used as a last resort, when other strategies have been deemed ineffective or inappropriate.
- When restraints are required, there must be a process for monitoring, re-assessment and discontinuation.

Questions can be directed to policy@ahs.ca.

What settings are included?

All practice settings, including acute, community and continuing care. Eight procedures have been developed:

- Acute Care Inpatient Adult
- Acute Care Inpatient Pediatrics
- Acute Care Critical Care
- Emergency/Urgent Care
- Seniors and Continuing Care
- Acquired Brain Injury and Rehabilitation Adult
- Addiction and Mental Health
- Protective Services

Education Resources

- Restraint as a Last Resort Toolkit
- MyLearningLink: Emergency/ Urgent Care, Addiction & Mental Health Inpatient
- Restraint as a Last Resort in Acute Care: webinar
- Appropriate Use of Antipsychotics (AUA) Toolkit
- Elder Friendly Care (EFC) Toolkit
- Continuing Care: resources on CC Desktop, and Seniors Health Provincial page on Insite