Position Statement

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

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Position Statement on the Use of Restraints in Client Care Settings

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College and Association of Registered Nurses of Alberta
11620 – 168 Street
Edmonton, AB T5M 4A6

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)
Fax: 780.452.3276
Email: practice@nurses.ab.ca
Website: www.nurses.ab.ca

The College and Association of Registered Nurses of Alberta (CARNA) takes seriously its role as a client[1] advocate. It is the position of CARNA that policies of least restraint will be implemented in all client care settings. 'Least restraint practice' means that a registered nurse will exhaust all possible alternative interventions before deciding to use a restraint. Least restraint practice requires careful consideration of assessment findings to determine what is causing a difficult behavior that may result in a decision to use a restraint.

Restraints refer to any mechanical, chemical, environmental or physical measures used to limit the activity or control the behaviour of a person or a portion of their body. Results of documented research indicate that restraints are overused and may be harmful. Harmful effects include loss of bone and muscle mass, skin breakdown, immobilization, urinary incontinence, urinary tract infection, pneumonia, cardiovascular stress, psychological and psychiatric sequelae such as increased agitation, anxiety, delirium, depression, and even death (Evans & Cotter, 2008).

Alternatives to restraints can include a variety of physical, physiologic, psychological and environmental approaches such as changing or eliminating bothersome treatments, choosing the least intrusive treatment possible (e.g. using oral feedings instead of intravenous or nasogastric feedings), offering a PRN medication to control pain prior to potentially painful procedures, using reality-orienting and other psychosocial interventions. Additional examples of psychosocial interventions include involving family to participate in care and providing physical activities to diffuse and divert the client (Markwell, 2004; Park & Tang, 2007). When alternatives to restraints are used early to control difficult behaviour and before the situation escalates, a client may be better able to choose to respond to less restrictive options. Responsibility for achievement of least restraint practice is shared with members of the health-care team, clients/families/legal guardians, communities, agencies and governing bodies.

The ethical issues of individual rights to respect, dignity and autonomy must be considered in decisions about restraints (CARNA, 2005a & b; CNA, 2008). The legal issues that may arise from the use of restraints include concerns related to the question of obtaining informed consent of clients, families and/or legal guardians, the safety of clients and others, the use of least restrictive options and the authorization for restraints. While client rights and safety for the client are of utmost concern, this must be balanced

[1] The term 'client' can refer to patients, residents, families, groups, communities and populations.

with the rights of others. There are situations where application of restraints may be appropriate. Examples would include self-injurious behaviour of the client or a threat to the personal safety of the staff, clients or others in the practice setting.

When the use of restraints is considered in any client care setting, CARNA believes that:

- There is potential for violation of human rights. Ethical, legal and safety issues must be addressed to balance the rights and responsibilities of all involved.
- Client care settings should provide evidence-based policies and procedures of least restraint. Policies about restraint use should address:
  - **a.** accurate client assessment
  - **b.** the range of appropriate alternative interventions
  - **c.** weighing the risks/benefits of restraint use
  - **d.** the application and limitations of restraint use including duration of use and frequency of reassessment
- All registered nurses are responsible for continuing education on restraint use (CNA & CASN, 2004).

Conclusion

Least restraint practices can be achieved by strategies which recognize relevant ethical, legal and safety issues, evidence-based practice, education of staff to focus on creative solutions for alternatives to restraints, registered nurses advocating for the development of policies and procedures for least restraint, agencies implementing educational and research strategies to promote an environment of minimal restraint, and adequate human and material resources for the implementation of such practices. The achievement of least restraint policies and procedures will contribute to quality of life for the individual and quality client outcomes through the provision of safe, competent and ethical nursing care.

Glossary

Restraints – Any mechanical, chemical, environmental or physical measures used to limit the activity or control the behaviour of a person or a portion of their body.

Environmental Restraint – The use of environment, including seclusion or a time out room, to involuntarily confine a person and to restrict freedom of.

Physical/Mechanical Restraint – The use of a device or an appliance that restricts or limits freedom of movement; for example, vest restraints, lap belts, pelvic restraints, mittens, geriatric chairs with locked trays and sheets.

The following situations are not included in this definition:

- immobilization of a part of the body as required for medical treatment, such as splints and casts
- temporary immobilization of a part of the body while a nursing procedure is being performed
- temporary immobilization during transportation, such as car seats, car seat belts and belts on stretchers
- devices that are used to maintain desired body position for clients with paralysis, such as belts for wheelchairs, and straps or shoulder harnesses that may be part of customized

Chemical Restraint – Any psychotropic drug not required for treatment, but whose use is intended to inhibit a particular behavior or movement.

Recommended Reading

For further discussion about the use of restraints in client care settings, readers are encouraged to refer to:

Canadian Nurses Protective Society. (2004). Patient restraints. *InfoLaw13*(2). Ottawa, ON: Author.

Registered Nurses' Association of Ontario. (2005). *Prevention of falls and fall injuries in the older adult.* (Revised). Toronto, ON: Author.

Registered Nurses' Association of Ontario. (2004). *Caregiving strategies for older adults with delirium, dementia and depression*. Toronto, ON: Author.

Registered Nurses' Association of Ontario. (2003). *Screening for delirium, dementia and depression in older adults*. Toronto, ON: Author.

References

Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.

Canadian Nurses Association & Canadian Association of Schools of Nursing. (2004). *Joint position statement: Promoting continuing competence for registered nurses*. Ottawa, ON: Author.

College and Association of Registered Nurses of Alberta. (2005a). *Ethical decision-making for registered nurses in Alberta: Guidelines and recommendations.* Edmonton, AB. Author.

College and Association of Registered Nurses of Alberta. (2005b). *Nursing practice standards*. Edmonton, AB: Author.

Evans, L. K. & Cotter, V. T. (2008). Avoiding restraints in patients with dementia: Understanding, prevention, and management are the keys. *American Journal of Nursing, 108*(3), 40 - 49.

Markwell, S. K. (2004). Long-term restraint reduction: One hospital's experience with restraint alternatives. *Journal of Nursing Care Quality, 20*(3), 253-260.

Park, M., Tang, J. H., Adams, S., & Titler, M. G. (2007). Evidence-based guideline: Changing the practice of physical restraint use in acute care*. Journal of Gerontological Nursing*, *33*(2), 9 - 16.