

# Minimizing Restraints: Practical Solutions

Legislation dictates that the use of restraints is minimized in long term care homes, yet in some situations this goal is difficult to achieve. Front-line staff may consider the use of a restraint in an effort to keep the resident safe. Families may advocate for the use of a restraint to prevent falls, without realizing the dangers associated with restraint use. Clearly there is a need to explore the issue of restraint minimization.

Care providers, administrators, families and compliance officers may all have a different definition of a restraint. The Ministry of Health and Long-Term Care identifies a restraint as a device that inhibits general movement. The differences appear to occur in the interpretation of this definition. For example:

- Is a belt that is used for postural stability, which can be removed by the resident, a restraint?
- If the resident is unable to move normally due to a medical diagnosis (e.g., quadriplegia) and a strap that cannot be removed by the resident is applied to improve positioning, is it still a restraint?
- Is a manual tilt chair that has been prescribed by the therapist to facilitate posture and prevent pressure ulcers a restraint?

An additional concern occurs when a device prescribed by a therapist (e.g., positioning belt, tilt feature) is removed from the chair. Who is liable if the resident sustains an injury as a result of this removal?

## Identifying the underlying cause

Regardless of the definitions of restraints and the issues surrounding them, it is necessary to discover the cause of the underlying behaviours that prompt their use. Typically,

the discussion of whether to use restraints occurs when the resident is at risk of falling or is sliding out of position. Identifying the cause of the issue may lead to some alternative solutions.

### *Sliding in the wheelchair*

Residents typically slide in their chairs when they are uncomfortable or when the wheelchair has not been set up to meet their individual needs. Typical solutions include:

- making sure that the wheelchair is prescribed for the individual resident;
- ensuring that the cushion is correctly located in the wheelchair, with the contours on the top and theommel in the middle at the front;
- reducing/eliminating the use of incontinence pads and other layers on top of the cushion (incontinence pads have been shown to increase the pressure over the buttocks by 20 to 25 per cent);
- referring the resident for a seating assessment; and
- encouraging frequent repositioning, including tilting the resident if the chair is equipped with this feature, transferring the resident out of the chair or helping the resident to shift his or her weight.

### *Attempting to rise from a chair/bed*

Often, residents who attempt to get up do not realize that their ability to stand is limited. Two general approaches can be taken:

- protect residents from injury if they fall; and
- provide cues in an effort to prevent the resident from rising.

Close monitoring is required in either situation to ensure that the chosen intervention is successful.

### **Possible restraint alternatives**

There are a number of alternatives to restraint use that can be considered based on the individual resident's needs and level of ability. These include:

#### *Hip protectors*

This device provides additional padding over residents' hips to protect them from

injury related to falling.

There has been some discussion as to whether hip protectors reduce injuries. It is important to recognize that hip protectors do not prevent hip breaks that occur as a result of twisting or torsion. They do, however, help to reduce injuries that occur from the impact of a fall.

Adherence to the wearing schedule is critical. If the resident is not wearing the hip protectors then they cannot prevent an injury. Fortunately, many different styles are available, including hip protectors that are integrated into clothing.

#### *Low beds and floor mats*

Used in combination, a bed with a mattress that is low to the ground and a floor mat may help to reduce injuries from a fall from the bed. Placing the mattress on the floor may also prevent injuries, but providing care to residents at this low level of elevation is difficult for staff.

Having a low bed, which can be raised to a height more appropriate for caregiving and transfers, can prevent injuries to both staff and residents.

Floor mats should be removed during the day, as they present a tripping hazard for staff and residents.

#### *Increasing the contour of the seat cushion*

Using a cushion that has higher contours provides more support for residents in a sitting position and may help to reduce sliding, since the resident would actually have to move out of the contours to slide. Sliding onto theommel may be uncomfortable and might encourage residents to move back in their chair.

Many cushions with a high degree of contour also provide pressure management and may help to prevent skin breakdown.

#### *One-way glide or low-friction surface on the cushion*

A one-way glide or low-friction surface prevents residents from sliding forward in their chair. Preventing residents from shifting forward in their chair may also provide

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a cue against standing, as rising from this position is more difficult.

The low-friction material used in the cushion makes it difficult to slide in any direction. Placement on the cushion is therefore critical because staff cannot easily slide residents back in their chair.

### ***Padded calf rest***

This device is located behind the resident's calves. It is removable, but it is not easily removed by residents. The padding prevents residents from putting their feet between the footrests and on the floor, which may cue residents to remain sitting because the standing manoeuvre is made more difficult.

Caution is required, however, as the padding may become a tripping hazard for residents who are determined to stand.

### ***Manual tilt***

A tilt wheelchair may be appropriate when residents are uncomfortable in their wheel-

chair, are at risk for skin breakdown or have difficulty maintaining an upright posture. Tilting the chair gives residents a change of position and may be more comfortable.

### **A word about positioning belts**

There may be times when positioning belts or seatbelts are appropriate. Whenever a belt is used, however, make sure of the following points:

- The belt is prescribed and fitted to the individual resident's needs.
- The belt is attached to the chair (belts that wrap around the resident and the chair can be unsafe and should be avoided).
- Manufacturer, vendor and therapist instructions are followed regarding proper application.
- The resident is monitored.

Belts that are prescribed and fitted to individual residents and used as directed can help to improve positioning and prevent falls.

### **The ultimate goal**

Regardless of the strategy employed to promote resident safety, documentation is critical. While legislative and facility guidelines must be followed, it is also important to make note of the issue being addressed, the goal of using a restraining device and how and when a particular device should be used.

Because equipment is constantly changing, a manufacturer or vendor representative should be involved in team discussions around restraint use. This will help to ensure there is current knowledge of devices 'at the table' for consideration.

Ultimately, the goal of the care provider and the family is usually the same: to ensure the resident's safety. Educating the team, family members and, where appropriate, residents themselves regarding restraints and their alternatives will help to ensure that everyone is working together to promote a safe environment. **LTC**