



PERSONAL CARE HOME/TRANSITIONAL CARE UNIT EMERGENCY RESTRAINT TOOL

ADDRESSOGRAPH

Note:

1. An emergency restraint is applied ONLY if the resident's behaviour places him/herself or others in serious, imminent danger.
2. If the need for restraint continues beyond 72 hours, the interdisciplinary team will initiate the assessment process using **Personal Care Home/Transitional Care Unit Restraint Assessment Tool** (CLI.6410.PL.004.FORM.01) to determine whether continued restraint use is appropriate.
3. If a resident has an emergency chemical restraint ordered, the resident must be assessed in person by a physician, physician assistant, or nurse practitioner within 24 hours in order for the restraint to be continued.

1. DOCUMENT THE EVENTS leading to the use of the emergency restraint:

The resident's behaviour is: Dangerous to self Dangerous to others

Describe behaviour including events leading up to the decision to use an emergency restraint:

2. RESTRAINT ORDER: The LPN, RN/RPN or physician, physician assistant or nurse practitioner may give and write the order.

	Type/Method of Restraint	Frequency of Checks Required	Suggested Minimum Frequency of Checks
<input type="checkbox"/>	Chair tray		Q1h
<input type="checkbox"/>	Hand mitts		Q1h
<input type="checkbox"/>	Mobility restricting chairs		Q1h
<input type="checkbox"/>	Removal of mobility aid		Q15-30 mins
<input type="checkbox"/>	Seat and/or lap belt		Q1h
	<input type="checkbox"/> Rear closing		Q1h
	<input type="checkbox"/> Front closing		Q1h
<input type="checkbox"/>	Side rails greater than ½		Q1h
<input type="checkbox"/>	Isolation		Q15 mins
<input type="checkbox"/>	Chemical – see physician's, physician assistant or nurse practitioner order (24hours)		Q15 mins
<input type="checkbox"/>	Other (specify):		
Restraint order written by :	Name :	Date :	
	Signature and Designation:		
Restraint applied:		Date:	Time:
Reassessment due (72 hours):		Date:	Time:



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3. INTERDISCIPLINARY TEAM MEMBERS CONTRIBUTING TO ASSESSMENT AND DECISION MAKING:

Date	Name	Signature	Designation

4. NOTIFICATION/CONSENT FOR RESTRAINT

In an emergency situation, the resident's representative/designate must be notified as soon as possible or at most within 24 hours of restraint application. Consent is pursued as soon as possible. In a situation where a resident's unexpected behavior (e.g. responsive behavior, physical aggression) present an immediate risk of serious harm to him/herself and/or other people, the resident or their representative/designate do not have the right to refuse the use of the emergency restraint.

Date & Time of Notification & Consent discussion:				
<input type="checkbox"/> I do not consent to the continued use of the restraint		OR	<input type="checkbox"/> I consent to the continued use of the restraint.	
Resident Name:			Date: (d/m/y)	
Signature:				
Alternate Decision-maker Name:				
Signature:			Date: (d/m/y)	
Relationship to resident:		<input type="checkbox"/>	Check if consent given by telephone	
Staff member obtaining consent/providing notification:	Name:		Date: (d/m/y)	
	Signature and Designation:			
Second staff member obtaining consent (if by telephone):	Name:		Date: (d/m/y)	
	Signature and Designation (if applicable):			

5. DOCUMENTATION AND REASSESSMENT

- Document on the Personal Care Home/Transitional Care Unit Emergency Restraint Monitoring Record (CLI.6410.PL.004.FORM.07) and the IPNs-** include the frequency of assessments, removal of restraints, behavior of the resident, skin integrity, toileting regime, behavior interventions trialed, and residents response to the restraint.
- Update the Personal Care Home/Transitional Care Unit Restraint Care Plan (CLI.6410.PL.004.FORM.04)** with the restraint order, use & frequency of checks, & reassessment and the discontinuation date, if it is a chemical restraint.

Completed by:	Name:		Date:	
	Signature & Designation:			

NOTE: Reassess the restraint a minimum of every shift until the restraint is removed and document the resident's reaction to the application of the restraint in the IPN. If the need for restraint continues beyond 72 hours, complete CLI.6411.PL.004.FORM.01 Restraint Assessment Tool.