

What you need to know

Before a restraint is applied, the health care team will:

- Complete an assessment of your loved one and their environment to determine the behaviour and reason for restraint.
- Exhaust all available alternatives to restraints and discuss options to restrain. This may include asking you to stay with your family member for a time.
- Obtain a physician order for the restraint.
- Obtain an informed consent from a family decision maker if your family member is unable to consent for themselves.

When the restraint is applied, ongoing care, observation and documentation of your loved one's health and safety needs will occur by the health care team.

How you can help

Clients, families and loved ones have an important role to play. Please share all you know about your family member with the health care team to help them better understand your loved one's behaviour.

If you have any questions or concerns about restraint use or suggestions about how we can further enhance the quality of life of your loved one, please speak with a member of their health care team.

Restraint use will be reviewed by the health care team on a continuous basis, either daily or weekly.



Our Vision

*Healthiest people
Healthiest communities
Exceptional service*

*Please contact any member of your
care team if you have further
questions.*

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Least Restraint Policy



**Information for
Clients and Families**



Saskatoon Health Region follows the practice of least restraint which means offering alternatives to maintain the safety of the client and/or others before considering the use of a restraint. We are committed to providing quality of care in a manner that maintains respect and dignity for our clients. The intent of the device defines whether it is a restraint or not. Only approved least restraints will be used.

What is a restraint?

A restraint refers to the physical, mechanical, pharmacological, or environmental means intended to prevent injury, manage responsive behaviours or physical movements which could cause significant bodily harm to the client or others. Examples of this include limb restraint, door alarms, chairs that prevent a client from standing up independently, etc.

What isn't a restraint?

Devices that the client is willing to use to provide stability when walking or sitting, or devices that can be removed are not considered restraints. Side rails, wheelchair belts with front opening and stretcher belts used while transferring clients are not considered restraints.

What are the potential risks of restraint use?

- Behaviour changes such as increased frustration, anxiety and anger
- Changes in blood pressure and heart rate
- Loss of independence
- Loss of appetite
- Risk of infection, such as bladder or lung infections
- Injuries such as bruising
- Muscle stiffness or soreness
- Weakness
- Pain
- Psychological changes (e.g. anxiety, guilt, anger, etc.)
- Skin changes (e.g. bruising)

Alternatives to restraints

The following list provides some examples of options to try before considering a restraint:

- Try to anticipate your loved one's needs (need to use toilet or have a drink) in order to understand their behaviour.
- One on one companionship from family, volunteer or staff.
- Ask staff to discuss a possible change in medication with the physician.
- More frequent assistance to the toilet.
- Give pain medications routinely.
- Diversionary and meaningful activities (e.g. reading, playing quiet music, etc.)
- Alarm devices for bed or door.
- Getting family member out of bed as often as possible (e.g. walking).

