

CHAPTER: 4 – Restraints Policy

ANNEXURE: 6	Restraints Policy		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Guiding Principles

Restraints is a sensitive act of managing a resident's behaviour however at times it is an unavoidable security requirement for the benefit of the resident. Since many Care Homes will have residents who may show symptoms of self-harm or may become a threat to other residents or the staff, hence as a temporary solution by restraints may be used.

Measurable Outcomes

- 1) Restraints shall only be applied on a Physician's directive which will give the reason for the need of restraint and the purpose of the restrain.
- 2) Restraints shall be used only as a last resort and before applying restraints all necessary alternative and non-physical methods should be explored.
- 3) No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only approved, commercially made physical restraints should be used.
- 4) The policy on restraints and the application should be in line with the Mental Healthcare Act.
- 5) When Chemical restraints are used to restrain a Resident, the minimal dose shall be used and the Resident closely monitored to ensure his/her safety.
- 6) In-case there is a need for restraints and the Physicians orders are not available then a registered and qualified nurse should make the decision which should be in line with the Best Interest Policy of the Care Homes.
- 7) No resident should be put under restraints for more than 1 day without a revised assessment and order from the Physician.
- 8) All residents under restraints will need to be monitored regularly and needs to be assessed for any physical discomfort every 2 hours or less.

CHAPTER: 4 – Restraints Policy

- 9) The family or legal representatives of the resident needs to be informed, involved and approvals taken for applying restrains. In-case the family is not available to give consent then the Physician should decide on the best interest of the resident.
- 10) Once applied, Restraints shall be removed for a minimum of 10 minutes every two hours to allow opportunity for ambulating, toileting, exercise, and other care.
- 11) All records related to assessment, need and actual restrains should be document and needs to be audited regularly.
- 12) The resident should be regularly monitored for the need for:
 - A) Change in position
 - B) Skin Integrity
 - C) Toilet Use
 - D) Food intake
- 13) The staff of the home shall ensure that the least restrictive type of physical restraint is used as an intervention after all alternatives to restraining have been considered or tried and found to be ineffective.
- 14) No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only legally approved, commercially made physical restraints may be used in accordance with manufacturer's specifications and directions.
- 15) Only chemical restraints, as prescribed by the physician, are to be used.
- 16) Environmental barriers or locks can only be used when indicated on the resident's care plan.
- 17) A restraint may be:
 - A) Physical – Any item or action that physically constricts or controls movement or behaviour. They may be attached to a person's body or create a barrier, for example chairs, bed railings, bars, wheelchair seatbelts, blankets, sheets and trays.
 - B) Chemical – Any medication used to control behaviour beyond the point of Therapeutic benefit.
 - C) Environmental – May include modification of an individual's surroundings to restrict or control movement, for example locked doors and seclusion rooms.