

**Implementing the legislative amendment allowing nurses to
order physical restraints in nursing homes**

Nurses Association of New Brunswick

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Introduction

In 2002, the General Regulation governing the use of physical restraints in nursing homes was amended as follows:

- 20(1) An operator shall ensure that a device for restraining a resident shall only be applied;
- (a) when necessary to protect the resident from injury to himself or others; and
 - (b) on the written order of a physician, nurse or nurse practitioner who has attended the resident and approved the device as appropriate for its intended use. (General Regulation – *Nursing Homes Act*, 2002)

The goal of nursing practice in nursing homes is to achieve the best possible health outcomes for the resident, with no unnecessary exposure to risk or harm. Nurses act as advocates to protect and promote a resident's right to autonomy, respect and dignity (NANB *Standards for Nursing Practice*, 1999). The CNA *Code of Ethics* (2002) promotes the values of choice and dignity.

Nurses apply these values and standards when making decisions regarding the use of restraints. Prior to the legislative amendment, it was the physician who had the sole authority to order a physical restraint.

The use of physical restraints in health care settings other than nursing homes is governed by policies and standards relevant to the practice setting and agency.

I. Purpose

This document was developed by NANB to assist nurses and administrators in implementing the new regulation under the *Nursing Homes Act* regarding the use of physical restraints in the nursing home setting. Specifically, these guidelines outline the following: 1) the professional responsibility of the nurse with regards to ordering a physical restraint; and a) the responsibility of the nursing home administration in updating policies to reflect the amendment.

II. Definition

A device for restraining a resident is any physical measure used to control or limit the activity of that resident. What is considered a physical restraint may vary by practice setting. NANB acknowledges that nurses have a valuable role to play in determining the appropriate definition of restraints for their specific practice setting.

III. Responsibility of the Nurse

Nurses are empowered by the 2002 amendment to write the order for a restraining device.

Nurses will continue to assess and implement alternative measures prior to ordering any form of restraint. When restraint is required, the nurse may write the order for the physical restraint (as defined by nursing home policy) and proceed with the application.

Nurses use their knowledge and clinical judgment in making the best choice for the resident. When determining the need to restrict movement or control the behaviour of the resident, the nurse will:

- assess the client's behavior (An in-depth nursing assessment identifies the factors that lead to difficult behavior for which restraint may be considered. The assessment includes contributing factors related to medication or to a physical need e.g. toileting, hunger, etc...);
- examine the options including alternative solutions (e.g. assess the advantages of applying the restraint as opposed to the undesirable behaviour);
- collaborate with team members in developing and implementing the plan of care and in evaluating resident's response and effectiveness of restraint (refer as necessary regarding contributing factors e.g. seating, ambulation, recreation);
- develop a plan of care that includes outcomes (e.g. increased safety or decreased agitation);
- document the assessment using appropriate agency tools (e.g. assessment forms to identify residents at risk of restraint, progress notes, etc...);
- obtain consent as per nursing home policy;
- write order as per nursing home policy;
- update written plan of care including time restraint ordered, and frequency of monitoring as per agency and legislative requirements (Existing standards guide nurses in the frequency of reassessment, e.g. the *Nursing Homes Act* stipulates a minimum of every two hours);
- document interventions used to address behaviour/s and potential causes prior to implementing restraint (e.g. any discussions with resident/family);
- document evaluation of intervention, referrals and discontinuation of restraint.

IV. Responsibility of the nursing home administration

The nursing home should update their policy and procedure on the use of restraints to accommodate the legislative amendment that gives nurses the authority to order a physical restraint. These policies should provide direction and support for nurses in the day-to-day application of the decision making process of writing such an order and its documentation.

The new regulation requires a “written order”. Traditionally, the term “written order” has not been used in nursing practice. A policy must clearly define the nature of the written order by the nurse and where it will be documented.

The revised policy should state:

- that nurses (and nurses practitioners, if appropriate) may write the order for a physical restraint (e.g. add “nurse” to current policy regarding restraints that outlines requirement for a written physician order);
- where the nurse must write the order (e.g. add “nurse” to current policy that outlines where the physician order for a restraint must be written. The physician order sheet is already part of the permanent record and is easily retrievable, therefore, a supporting agency policy that outlines under what circumstances a nurse may document on the physician order sheet is appropriate).

Nursing homes can continue to support nurses in their professional practice by providing policies that are up to date and reflect current legislation.

V. Conclusion

It is imperative that nursing home administrators and directors of nursing respond to the regulatory amendments around the use of physical restraints by reviewing and updating relevant policies and procedures. Nurses are required to be aware of agency policy regarding the use of restraints and to have the competence to implement these policies.

For further clarification, please call the NANB Practice Advisor toll free at 1-800-442-4417 or e-mail nanb@nanb.nb.ca