APPENDIX C

Consent to the Use of Restraint

Devices are considered ‘restraints’ because of their intent and not because of their design. A physical restraint is any device that is applied to a patient with the intent to restrict unsupervised transfer, ambulation, or aggressive behavior, for the purpose of reducing risk of injury to self or others. An example of a physical restraint is a lap belt added to a wheelchair with the intent that the resident is unable to wander or exit the wheelchair. Chemical restraints are medications that are given to a patient on a short-term basis in order to immediately stop an aggressive behavior that poses an imminent risk of injury to him/herself or others. Chemical restraints do not include medications used in the standard treatment for a medical or psychiatric condition. An environmental restraint is any barrier or device that limits the locomotion of the patient.

A policy of least restraint is to ensure that in the use of restraints, the minimal use of physical or chemical means, monitoring devices or confining measures is selected, taking into account the person’s physical and mental condition.

A patient or his/her substitute decision maker (“SDM”) has the right to choose whether or not they wish to consent to the use of a least restraint. This consent allows appropriate staff to use a physical, chemical or environmental restraint under the direction of a physician.

As the patient or SDM of the patient ____________________________, I have been:
   a. informed of the behavior that triggers consideration of the use of restraints;
   b. informed of alternatives which have been trialed prior to the decision to consider the implementation of a restraint;
   c. made aware of the potential benefits and risks associated with using least restraints as set out in the Plan of Care; and
   d. informed that the Least Restraint Assessment Record and Plan of Care has been completed, and had the Plan of Care explained to me.

I __________________________ hereby give consent to the use of a physical, chemical or environmental restraint as set out in the Plan of Care.

Patient/SDM Signature ____________________________ Date ____________________________

Consent obtained by ____________________________ Date ____________________________

Notes:
1. If consent can only be obtained verbally, ensure that the Telephone Consent Form (Form N) is completed and document in the patient’s chart.
2. If consent to use of restraints is refused by patient/SDM, complete Release of Responsibility Form (Form F) and document in the patient’s chart.