

CHILD/YOUTH IS EXHIBITING UNSAFE BEHAVIOUR (Imminent Risk to Self or Others)

When use of restraints cannot be prevented, the hierarchy of safety must be maintained

1. Engagement 2. Environmental Supports 3. Oral Medications 4. Seclusion / Injectable Medications / Physical/Mechanical Restraints

WHEN CHILD/YOUTH FIRST PRESENTS

- Support emotional, social and cultural safety by building rapport
- Ask the child and family what coping strategies work best for them and possible interventions if things become unsafe
- Problem solve together the types of supports and activities you can offer for distraction and self-soothing
- Decrease environmental stimulation (noise, lights, crowds of people) and remove clutter

ENGAGEMENT (ONGOING)

- Check in frequently
- Use simple, direct language and soft voice
- Be clear that your role is to support them and to keep everyone safe
- Ask for their input and provide choice when possible
- If something cannot change because it is a safety issue, let them know why
- Be consistent, predictable and calm

**ALWAYS:
ASSESS
DOCUMENT
MONITOR**

If not effective, utilize **ENVIRONMENTAL SUPPORTS** such as a quiet area/room, distraction tools, or monitored room

Consider **ORAL MEDICATIONS** that promote anxiety relief, relaxation or sedation

If not effective, CONSIDER USE OF RESTRAINTS

ONLY WHEN THERE IS IMMINENT RISK TO SELF OR OTHERS. Restraint should never be used as:

- A disciplinary or punitive measure
- A convenience or as a substitute for inadequate staffing
- Solely to prevent property damage or absconding

Truly a last resort option: Use the LEAST RESTRICTIVE restraint suitable to achieve the intended outcome for the LEAST AMOUNT OF TIME

- Must follow Health Authority/Site procedures
- May not be ordered as a PRN
- Assess risk factors prior to considering restraint
- Type of restraint used should take into consideration previously discussed individualized safety plans



Mental Health Act

OBTAIN APPROPRIATE CONSENTS and authorization from child/youth, family or temporary substitute decision maker when possible. If certification is required follow process as per the Mental Health Act. Obtain physician order as appropriate.

- Document assessments, interventions and rationale
- Debrief with child/youth, family and staff
- Initiate a review process whenever restraint is used, to minimize future use and for quality improvement to minimize future use

INJECTABLE MEDICATIONS

- Offer voluntarily first and communicate reasons for using
- May require physical restraint during injection
- Should be planned as a team prior to use
- Follow Health Authority/Site CODE WHITE procedures
- If the situation remains unresolved, a physician or NP must assess the child/youth and support treatment decisions

SECLUSION

- Where available, seclusion should occur in a room specifically designed for that purpose
- In most cases a patient requiring seclusion must be involuntarily admitted under the Mental Health Act
- Offer child/youth the option of entering the seclusion space voluntarily
- If the situation remains unresolved, a physician or NP must assess the child/youth and support treatment decisions

PHYSICAL/MECHANICAL

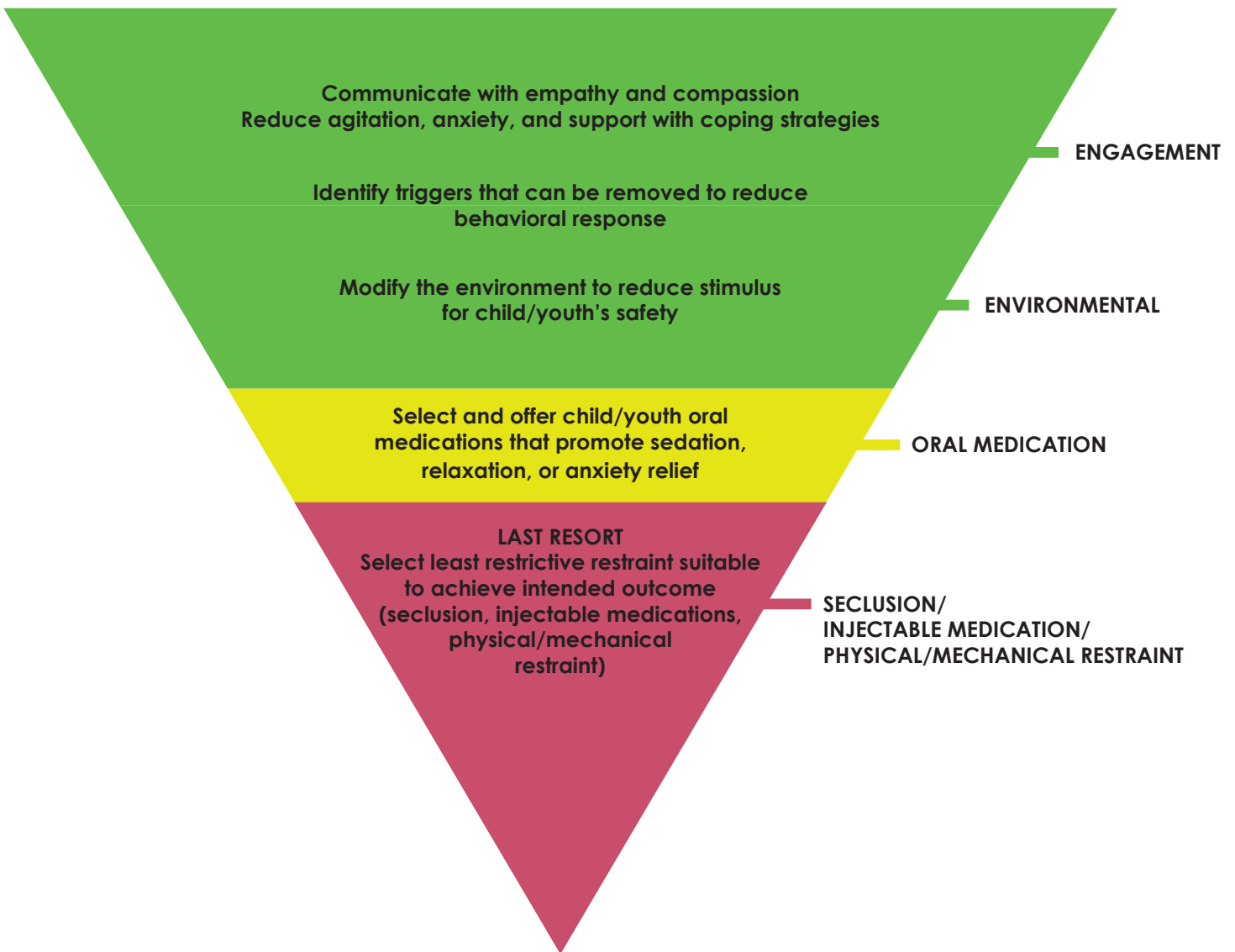
- Most associated with mortality & morbidity; most painful to patient; and most traumatic to patient, family and staff
- Physical/mechanical restraint should only be performed by trained personnel (as per HA policies)
- Only Health Authority approved methods and devices for children and youth, may be used
- If the situation remains unresolved, a physician or NP must assess the child/youth and support treatment decisions. Every physical/mechanical restraint intervention requires a unique order

MONITORING AND OBSERVATION AS PER HEALTH AUTHORITY GUIDELINES

- Best practice recommends that a health care provider (RN or RPN) be available within sight and sound at all times
- Regular re-assessment should include assessment of vital signs, signs of physical and psychological distress, and mental status changes
- The team should regularly assess the need for continued use of restraints and discontinue as early as possible

Safety is the Priority

The RIGHT approach at the RIGHT time



- Document assessments, interventions and rationale
- Debrief with child/youth, family and staff
- Initiate a review process whenever restraint is used, to minimize future use and for quality improvement