

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (hard copy use only)
 Date: _____
 Inspector ID: _____

Definition / Description

Administration of drugs as treatment:	The administration of a drug as a treatment set out in the resident's plan of care is not a restraint of the resident. (LTCHA)
Common law duty:	Duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to others. (Act s. 36(1))
Personal assistance services device (PASD):	A device used to assist a person with a routine activity of living. When a "PASD" (i.e., a device) is being used to restrain a resident rather than to assist the resident with a routine activity of living, it is considered as a restraining device. (Act s. 33 (6) & s. 31)
Physical restraint:	<p>This includes all devices used by the home that restrict freedom of movement or normal access to one's body. A resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care. The use of a physical device from which a resident is both physically and cognitively able to release themselves is not a restraining of the resident. (LTCHA)</p> <p>In RAI-MDS 2.0 a physical restraint is defined as any manual method, or any physical or mechanical device, material, or equipment, that is attached or adjacent to the person's body, that the person cannot remove easily, and that does, or has the potential to restrict the resident's freedom of movement or normal access to his or her body.</p> <p>If the resident has no voluntary movement, specifically is comatose or quadriplegic, sections P4c (Trunk restraint), P4d (Limb restraint), and P4e (Chair prevents rising) will be coded as O (Not used).</p>
Prohibited devices:	<p>These are devices that limit movement, which are not to be used in the home:</p> <ul style="list-style-type: none"> • roller bars on wheelchairs and commodes or toilets • vest or jacket restraints • devices with locks that can only be released by a separate device • four point extremity restraints • devices used to restrain to a commode or toilet • devices that cannot be immediately released by staff • sheets, wraps, tensors or other types of strips or bandages used other than for therapeutic purpose (Act s.35) (<u>r. 112</u>)

Note: no physical devices shall be applied to restrain a resident who is in bed, except to allow for a clinical intervention that requires the resident's body or part of the body to be stationary (r. 110 (6))

Safety measures at stairways:

The use of barriers, locks and other devices or controls at stairways as a safety measure is not a restraining of a resident. (LTCHA)

Use

This is a resident-related triggered IP, used to review minimizing of restraining during the annual inspection of the LTC home for a sampled resident who has issues related to restraining.

The inspector may also select and complete this IP when a concern(s) related to restraining are raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to:

- Ensure that there is a written policy to minimize the restraining of residents
- Protect residents from certain restraining
- Ensure that when a resident is being restrained by a physical device, that it is used in accordance with any requirements under the LTCHA
- Prohibited devices that limit movement.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to minimizing of restraining have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

Note: The inspector will access and select the following applicable legislation for identified non-compliance directly through the Ad Hoc Notes and document the evidence of non-compliance pertaining to the following:

- PASD's that limit or inhibit movement (s. 33 (1) – (5)) (r. 111 (1) – (2)).

- Common law duty (s. 36 (1) – (4) (r. 110 (1), (3) , (4), (5), (8)
- Prohibited devices (s.35) (r. 112).

PART A: Resident Risk and Care Outcomes
Initial Record Review
Relevant documents for review include:

MDS assessment:

- Section B (cognitive patterns) – e.g. B6 (change in cognitive status)
- Section E (mood and behaviour patterns) – e.g. E4 (behavioural symptoms), E5 (change in behavioural symptoms)
- Section F (psychosocial well-being)
- Section I (disease diagnoses) – e.g. I1 neurological, psychiatric/mood
- Section J (health conditions) – e.g. J1e (delusions), J1f (dizziness/vertigo), J1i (hallucination), J1n (unsteady gait), J1m (syncope - fainting), J2 (pain symptoms), J3 (pain site), J4 (accidents)
- Section O (medications) – e.g. O4a (antipsychotic), O4b (antianxiety), O4d (hypnotic)
- Section P (special treatments and procedures) – e.g. P1be (psychological therapy by any licensed mental health professional)
- Section P2 (intervention programs for mood, behaviour, cognitive loss)
- Section P4 (devices and restraints)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

Information Gathering

Initial Record Review

Notes

Resident / Substitute Decision-Maker Interview

Interview the resident, family or substitute decision-maker to the degree possible to identify:

- Involvement in the development and awareness of the plan of care approaches, goals, and whether interventions reflect needs and preferences
- Whether personal care is provided according to the plan of care
- Awareness of the current condition(s) or history of the condition(s) or diagnosis/diagnoses.
- Awareness of the minimizing of restraining and how to use the physical devices
- If treatment was refused, whether counselling on alternatives, consequences and/or other interventions was offered.

Information Gathering

Resident / SDM Interview

Notes

Staff Interviews			
Interview staff on various shifts when concerns about restraining have been identified to determine: <ul style="list-style-type: none"> • Whether staff are aware of the resident specific restraint interventions (what device is being used, how often, when and for how long) • The types interventions that have been attempted related to minimizing of restraining • Access to equipment, supplies and transfer devices • Potential risk of restraining using a physical device. 			
			Information Gathering
			Staff Interviews
Notes			

Assessment			
Determine whether the assessment includes, as appropriate: <ul style="list-style-type: none"> • Potential and contributing factors • Patterns of episodes, daily patterns or prior routines • Type and frequency of physical assistance • Environmental / risk factors or conditions that may contribute to falls or risks • Medication use and effect, potential adverse drug reactions and impact. 			
			Information Gathering
			Assessment
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care			
Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment Determine whether the plan of care setting out the restraining by a physical device under section 31 of the Act addresses the following, as appropriate: <ul style="list-style-type: none"> • Plan of care includes: <ul style="list-style-type: none"> ➢ the type of device used and in what circumstances ➢ how often and for how long [i.e. only for as long as necessary to address the significant risk of serious bodily harm to the resident or another person] 			

- monitoring (frequency, by whom and how)
- release time for repositioning and toileting interventions
- alternatives that were considered, and tried where appropriate, but were not effective
- least restrictive method of restraining that would be reasonable for the resident
- Quantifiable, measurable objectives with reassessment timeframes
- Resident-specific conditions, risks, needs, behaviours, medication and preferences
- Interventions with clear instructions to guide the provision of care, services and treatment.

				Information Gathering	
				Plan of Care	
Notes					

Provision in Plan of Care

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is restraint by a physical device included in the plan of care?	s. 31 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care identify significant risk that the resident or another person would suffer serious bodily harm if the resident was not restrained?	s. 31 (2) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the restraint plan of care include alternatives to restraining that were considered, and tried, but have not been effective in addressing the risk?	s. 31 (2) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the restraint plan of care include the method of restraining that is reasonable and is the least restrictive of these reasonable methods that would be effective to address the risk?	s. 31 (2) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the restraint plan of care include an order by the physician or the registered nurse in the extended class?	s. 31 (2) 4

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the restraint plan of care include the consent by the resident or if the resident is incapable, by the SDM?	s. 31 (2) 5

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident safety risks?	r. 26 (3) 19

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the resident, the SDM, if any, and any other persons designated by the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident, kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)

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Observations / Provision of Care
Observe the resident to determine: <ul style="list-style-type: none"> • Type of physical restraining device in place • Reaction to the applied restraining device • Whether the device was applied correctly and maintained • Position, repositioning and body alignment.

Information Gathering			
			Observations / Provision of Care
Notes			

Restraining by a Physical Device

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the physical device applied in accordance with the manufacturer's instructions (if any)?	r. 110 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the physical device well maintained?	r. 110 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the physical device not altered except for routine adjustments in accordance with the manufacturer's instructions (if any)?	r. 110 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff apply physical devices that have been ordered or approved by a physician or registered nurse in the extended class?	r. 110 (2) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff apply the physical device in accordance with instructions specified by the physician or registered nurse in the extended class?	r. 110 (2) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff release the resident from the physical device and reposition at least once every two hours? (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)	r. 110 (2) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff release the resident and reposition any other time when necessary based on the resident's condition or circumstances?	r. 110 (2) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>		Does the licensee ensure that the resident being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty section 36 of the Act include: <ul style="list-style-type: none"> • monitoring / supervision on an ongoing basis • release from the physical device • repositioning when necessary based on the resident's condition or circumstances? 	r. 110 (3) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that no physical device is applied under section 31 of the Act to restrain a resident who is in bed, except to allow for a clinical intervention that requires the resident's body or a part of the body to be stationary?	r. 110 (6)
Notes					

Use of a PASD

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that the PASD used to assist the resident with routine activity of living is removed as soon as it is no longer required to provide such assistance, unless the resident requests that it be retained?	r. 111 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that the PASD used under section 33 of the Act is: <ul style="list-style-type: none"> • well maintained • applied by staff in accordance with any manufacturer's instructions • not altered except for routine adjustments in accordance with any manufacturer's instructions? 	r. 111 (2) (a) and (b) and (c)

Notes	
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Prohibited devices that limit movement

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the following devices are not used in the home: <ul style="list-style-type: none"> • roller bars on wheelchairs and commodes or toilets • vests or jacket restraints • any device with locks that can only be released by a separate device, such as a key or magnet • four point extremity restraints • any device used to restrain a resident to a commode or toilet • sheets, wraps, tensors, or other types of strips or bandages used other than for a therapeutic purpose? 	r. 112

Notes	
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Protection from Certain Restraining

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the resident is not restrained for the convenience of the licensee or staff?	s. 30 (1) 1

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the resident is not restrained as a disciplinary measure?	s. 30 (1) 2

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the resident is not restrained by the administration of a drug to control the resident, other than under common law duty?	s. 30 (1) 4

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No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the resident is not restrained by the use of barriers, locks or other devices or controls from leaving a room or any part of the home including the grounds or entering part of the home generally accessible to other residents, except under the common law	s. 30 (1) 5

				duty described in section 36?	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care, provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision

Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs.

Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.

Information Gathering

Monitoring / Evaluation/ Revision

Notes					
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No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident monitored while restrained at least every hour, by a member of the registered nursing staff, or by another member of the staff as authorized by the registered nursing staff?	r. 110 (2) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident's condition been reassessed and the effectiveness of the restraining evaluated by a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time based on the resident's condition or circumstances?	r. 110 (2) 6
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is an analysis of the restraining of residents by use of a physical device undertaken on a monthly basis?	r. 113 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

PART B: Contributing Factors

(Complete applicable questions if non-compliance is identified in Part A.)

Physical Device Documentation

No.	Yes	No	N/A	Question	Act/Reg.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include the circumstances precipitating the application of the physical device?	r. 110 (7) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include what alternatives were considered and why those alternatives were inappropriate?	r. 110 (7) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include the person who made the order, what device was ordered, and any instructions relating to the order?	r. 110 (7) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include consent for the use of the physical device to restrain?	r. 110 (7) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include the person who applied the device and the time of application?	r. 110 (7) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include all assessment, reassessment and monitoring, including the resident's response?	r. 110 (7) 6
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include every release of the device and repositioning?	r. 110 (7) 7
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the documentation include the removal of the device, including time of removal or discontinuance and the post-restraining care?	r. 110 (7) 8
Notes					

Policy to Minimize Restraining of Residents

No.	Yes	No	N/A	Question	Act/Reg.
42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee's policy address the use of physical devices?	r. 109 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address the duties and responsibilities of the staff, including who has the authority to apply or release a physical device?	r. 109 (b) (i)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address the duties and responsibilities of the staff, including ensuring that all appropriate staff are aware at all times of when a resident is being restrained by a physical device?	r. 109 (b) (ii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address restraining under the common law duty when immediate action is necessary to prevent serious bodily harm to the person or others?	r. 109 (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address types of physical devices permitted to be used?	r. 109 (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address how consent is to be obtained and documented for the use of physical devices to restrain (under s. 31) and PASD?	r. 109 (e)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach?	r. 109 (f)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
49.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the policy address how the use of restraining will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and Regulation?	r. 109 (g)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that the policy is complied with?	r. 29 (1) (b)
Notes					

Program Evaluation

No.	Yes	No	N/A	Question	Act/Reg.
51.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee once in every calendar year: <ul style="list-style-type: none"> • conduct an evaluation to determine the effectiveness of the 	r. 113 (b)

				policy, and <ul style="list-style-type: none"> identify what changes and improvements are required to minimize restraining and ensure that restraining is done in accordance with the Act and Regulation? 	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
52.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the monthly analysis of all restraining of residents by use of a physical device considered in the evaluation results?	r. 113 (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
53.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the changes or improvements implemented promptly?	r. 113 (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
54.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee keep a written record of: <ul style="list-style-type: none"> the date of the evaluation the names of the persons who participated in the evaluation, and the date that the changes were implemented? 	r. 113 (e)
Notes					

Prohibited Devices that Limit Movement

No.	Yes	No	N/A	Question	Act/Reg.
55.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that no prohibited restraint devices are used on a resident?	s. 35 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
56.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that no prohibited devices are used to assist a resident with routine activity of living, if the device would have the effect of limiting or inhibiting the resident's freedom of movement?	s. 35 (b)
Notes					

Training

No.	Yes	No	N/A	Question	Act/Reg.
57.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has training been provided for all staff who apply physical devices or who monitor residents restrained by a physical device, including: <ul style="list-style-type: none"> • application of these physical devices • use of these physical devices, and • potential dangers of these physical devices? 	r. 221 (1) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
58.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has training been provided for all staff who apply PASDs or who monitor residents with PASDs including: <ul style="list-style-type: none"> • application of these PASDs • use of these PASDs, and • potential dangers of these PASDs? 	r. 221 (1) 6
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
59.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided with training on how to minimize the restraining of residents and how to restrain residents in accordance with the requirements for restraining that are set out in the Act and Regulations?	s. 76 (7) 4
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
60.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: <ol style="list-style-type: none"> a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with? 	r. 8 (1) (a) (b)
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Minimizing of Restraining, for example:

- Admission Process
- Continence Care and Bowel Management
- Critical Incident Response
- Dignity, Choice and Privacy
- Falls Prevention
- Medication
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Skin and Wound Care
- Training and Orientation