**PPNO List Serv Query Summary Template**

First Name Institution Info email

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Contact for further information:

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Date of Summary:

Abbreviated Question (as it will appear on search results page)

1. Process in place for training of staff on least restraint, as well as proper application of restraints
2. Frequency of training
3. Delivery of training

Policy/Procedure Practice Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| Responder Info | Response | Attachment(s)\* |
| --- | --- | --- |
| Amanda Mathur  Sault Area Hospital | We just launched PINEL restraints organization-wide. Our Least Restraint policy is in draft. We provided LMS learning on least restraint, several articles in our clinical newsletter and featured PINELs and the least restraint philosophy at our skills fair. All nursing staff received 1 hour paid education on restraint use and least restraint philosophy. They are required to demonstrate competency on restraint use following the training and complete self-directed learning/review and complete a competency checklist that will be submitted to their unit educator annually. |  |
| Ash Aylwin, CHE. MHSc (Health Admin), RN CNCC(C)  Professional Practice Leader, Nursing | Department of Professional Practice, Education, & Risk | Please see attached restraint and observation levels policies. They’re freshly revised and will be published this week. Some of the appendices may be helpful to you. There is a video and tipsheet for Pinels. Our clinical staff also utilise Elsevier clinical skills to inform practice  Restraints is an orientation session in our new hire orientation. We do a return demonstration of the application of posey soft-wrist restraints and review appropriate use and process. Last year we developed a learning “bundle” or resource package for the nurses and nurse educators to reference for their unit huddles as needed, specific to least restraint use.  We have just adopted a new LMS and are developing an education package with the goal of annual review for all staff. |  |
| **Sandra Parsons**  **DOCUMENT MANAGEMENT SPECIALIST**  **PROFESSIONAL PRACTICE**  Southlake Regional Health Care | below is the response I received from the Emergency department:  A hands-on restraint and de-escalation course is mandatory for all new hires in emergency. It teaches de-escalation techniques as well as proper application of 3,5, and 7 point Pinel restraints. There is no set frequency of the course but, historically it was done monthly. I have taken over the training and I have created 3 course dates so far starting at a weekly basis and then I will decrease it to monthly once we are caught up on all of our staff. Currently it is only available to emerg staff. I am not aware of any talk of opening it to the entire organization. |  |
| Corinne Savignac, R.N., BScN,  Nurse Clinician General Internal Medicine  705-523-7100  Extension 3315  **Health Sciences North | Horizon Santé-Nord** | We provide least restraint and application of Pinel restraints during general clinical orientation to all new nursing hires – there is a didactic portion whereby they watch application video’s as well as hands-on application at the end of the didactic portion. Covid of course has moved everything to virtual so they are currently missing the hands-on application piece during orientation (they would get this during their buddied shifts on their respective units). We have not set frequency as mandatory but rather based on need for example if we are getting reports that staff are not applying properly, we would do retraining on that particular unit. There is a self-learning package on our education website that staff can review at any time for their own personal refresher. |  |
| Susan Murphy RN BScN CPMHN( C )  Practice Specialist  Mental Health Program  Behavioral Supports Transition Unit  Quinte Health Care | We are currently reviewing our training for this as well. Our current process is as follows  1. Corporate orientation: one hour education for new hires   * Historically, we had a power point presentation that reviewed a ton of information including the legislation & policy aspects * We also had some hands on demonstration   The problem with this format – a lot of information crammed in to one hour & it doesn’t really give the hands on training that is required, especially if the group is large. They end up watching the demonstration vs. participating in the application.  2. Annual unit based education days:   * Skills fair hands on training with verbal review of key legislation/policy requirements   Problem here again is sometimes the group is too big and they end up watching vs. participating in the application. As well, they tend to “tune out” & pay less attention to the important verbal information that is being relayed about policy etc.  Future state: None of this is set in stone, but I am advocating for the following:   1. Corporate orientation: blended learning  * E learning module with quiz *or* in person power point presentation with quiz or policy sign off * Unit based orientation with hands on training and individual nurse competency sign off  1. Yearly unit based education:  * Yearly mandatory e learning module with quiz * Hands on training via skills fair as deemed necessary annual or biannual? * Not sure how to review individual competency and maintain sign off…still thinking this through, as it might be difficult to manage… |  |
| Rebecca Morris  Tillsonburg District Memorial Hospital | We have yearly education for restraints, which includes an LMS (attached) and hands on training with a staff member who has taken training through SMG group.  New staff receive the same LMS as well as hands on training during their orientation. |  |

\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.