



USE OF RESTRAINT IN RESIDENTIAL AGED CARE

HOW TO SUPPORT A RESTRAINT-FREE ENVIRONMENT IN RESIDENTIAL AGED CARE

A restraint-free environment means no words, devices or actions will interfere with a resident's ability to make a decision or restrict their free movement.

This information has been designed to stimulate discussion with staff about how to ensure restraint-free care for your relative/friend.

The use of restraint confronts a resident's rights and dignity and, in some cases, may subject the resident to an increased risk of physical harm.

A restraint-free approach means that staff and management approach their responsibilities always thinking of their need to preserve the human rights of residents, especially when responding to challenging behaviours your relative or friend may exhibit.

To ensure a resident has their individual needs identified and addressed is a priority of care. With management support, staff will work with you to identify and address your relative/friend's needs. Prevention is the key to a successful restraint-free environment and critical to this success is a partnership approach with you.

Management and staff do not support any action or the use of any device that does not have the consent of a resident.

They will not use:

- physical mechanisms such as bed rails or lap-belts
- medicines such as tranquillisers inappropriately
- aversive treatment practices / punishment / yelling
- locked doors where this is not necessary.

When a decision may need to be made about restraint use.

The decision to use restraint in any of its forms is not taken lightly and is only used as a measure of last resort. Relatives need to feel comfortable to discuss with members of staff the potential for restraint use and this discussion needs to involve the resident if this is appropriate. Please feel comfortable to ask staff any questions including:

Why has a decision been made to use restraint?

What are the alternatives to using restraint?

Is the restraint chosen the least restrictive form of restraint?

How will the use of restraint be monitored?

For how long will restraint be used?



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A decision about using the least restrictive form of restraint possible may, as a last resort only, be necessary in situations where a resident is doing something that may result in them:

- harming themselves or others, or
- experiencing a loss of dignity, or
- causing damage to property, or
- disrupting or severely embarrassing other residents.

Prevention of these behaviours will always be a priority, and learning what may trigger any of these will have an ongoing focus of staff's attention.

The decision to use restraint is a clinical decision .

Legal requirements for consent to use restraint:

- a family member must have a relevant guardianship order or enduring power of attorney to have the legal capacity to consent to the use of restraint
- consent might need to be obtained from the Guardianship Board or its equivalent, particularly if the ongoing use of restraint is contemplated
- service providers should obtain legal advice in cases where there is any doubt about the use of restraint.

Common misunderstandings about the use of restraint.

Belief: *Restraints decrease falls and prevent injuries*

Evidence: Risk of injury or death through strangulation or asphyxia resulting from the use of restraints is a real concern.

Belief: *Restraints are for the good of the resident*

Evidence: Immobilisation through restraint can result in chronic constipation, incontinence, pressure sores, loss of bone and muscle mass, walking difficulties, increased feelings of panic and fear, boredom and loss of dignity.

Belief: *Restraints make care giving more efficient*

Evidence: Although they might be a short-term solution they actually create greater dependence, have a dehumanising effect, and restrict creativity and individualised treatment.

Source: How to support a restraint free environment in residential aged care. www.health.gov.au