

RESTRAINT: COMMON MISUNDERSTANDINGS

MYTH: Restraints decrease falls and prevent injuries.

EVIDENCE: Research shows that restraint does not address the reason or the will to move. Injury resulting from the use of restraints is well documented. A person may climb over bed rails, resulting in serious injury.

MYTH: Restraints are for the good of the resident or client.

EVIDENCE: Research shows that immobilisation through restraint can result in chronic constipation, incontinence, pressure injury, loss of bone and muscle mass, walking difficulties, increased feelings of panic and fear, boredom and loss of dignity.

MYTH: Restraints make care giving more efficient.

EVIDENCE: Research indicates that although restraint may offer a short term solution, it actually creates greater dependence, has a dehumanising effect, and restricts creativity and individualised treatment.

MAKING A DECISION ABOUT RESTRAINT USE

Please feel comfortable to speak with the Care Coordinator, Clinical Nurse or Registered Nurse about any concerns or queries you have regarding the use of restraint.

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Further information is available from The Australian Government Department of Social Services website:

www.dss.gov.au

Reference:

Decision-Making Tool: Supporting a Restraint-Free Environment in Residential Aged Care, 2012



MAKING DECISIONS ABOUT RESTRAINT IN AGED CARE

A guide to understanding restraint

INTRODUCTION

This brochure is designed to help Resthaven residents and clients, their families and friends in understanding what restraint is, and the use of restraint in aged care.

WHAT IS RESTRAINT?

Restraint is any practice, device or action that interferes with a person's ability to make a decision, or which restricts their free movement.

Resthaven promotes a restraint free approach. Care recipients will be provided with different options to ensure their safety. Only after the resident/client is thoroughly assessed, and as a last resort, will a restraint be used. It will be the least restrictive type, and used for the shortest time possible.

EXAMPLES OF RESTRAINTS:

- Using bed rails to keep a person confined to their bed,
- Using a seat belt that prevents a person from walking,
- Using coded key pads at exit doors to prevent a person from leaving a designated area,
- Using certain medications such as a tranquilliser or a sedative to manage a behaviour of concern.

WHO MAKES THE DECISION TO USE RESTRAINT?

The Registered Nurse decides when restraint is to be used. The decision is not taken lightly and is only used as a last resort following a comprehensive assessment, and consultation with other relevant health professionals.

The Registered Nurse is aware of risks associated with using restraint. Strategies are implemented to manage risks.

Management and staff do not support any action or use of any device that does not have the consent of the resident/client or their representative.

WHAT HAPPENS WHEN RESTRAINT IS USED?

- Any restraint used will be the least restrictive, used for the shortest length of time,
- Staff monitor the use of restraint while in use,
- Restraint devices such as a seat belt is regularly released,
- Each resident and any restraint used are regularly reviewed by the Registered Nurse with the aim of removing the use of restraint.

WHEN ARE RESTRAINTS APPROPRIATE?

Restraint will only ever be used when a person may:

- Harm themselves or others,
- Experience loss of dignity or embarrassment,
- Damage property.

Resthaven only uses minimal restraint due to possible risks.

Examples of risks include:

- Loss of the ability to freely mobilise,
- Loss of dignity,
- Loss of appetite,
- Loss of bladder control and constipation,
- Pressure injury,
- Stiff joints,
- Increased dependence,
- Increased anxiety and agitation,
- Dehydration,
- Falls resulting in injury and possibly fractures,
- Serious injury and death.

An example: How can bed rails become a risk?

- Bed rails can increase the risk of a resident falling from bed as the person may try to climb over the bed rail,
- A serious injury may occur as a result of the person falling from a greater height,
- Entrapment between the bed rail and the bed can lead to death.