

# Resthaven practices a restraint free approach.

This brochure aims to assist residents, clients, and representatives to understand what restraint is, and how Resthaven practices a 'restraint free' approach.

## *What is a restraint free approach?*

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

Resthaven residents and clients are provided with restraint free options to ensure their safety.

## **Restraint free approaches may include:**

- Individual and group social activities
- Safe walking areas
- Appropriate signage and visual reminders to aid orientation
- Alarm systems used to alert staff of a resident's whereabouts.

Resthaven Residential Services staff ensure that resident needs, such as hunger and thirst, continence management, or unrelieved pain, are promptly attended to and managed.

## *Making a decision about restraint*

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.

## *For more information, contact:*

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

**[www.health.gov.au](http://www.health.gov.au)**

#### **Reference:**

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

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*Resthaven practices a*  
**restraint free approach**



**Resthaven**  
Incorporated

## What is restraint?

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

**Resthaven practices a restraint free approach wherever possible.**

### Examples of restraints may include:

- A mattress that prevents movement from bed
- A seat belt or chair that prevents a person from walking
- A chair with a deep seat that is difficult to get out of
- A coded key pad at an exit door to prevent a person from leaving the designated area
- Use of bed rails (*Resthaven does not support the use of bed rails\**)
- Medication used to control a person's changed behaviour by over-treating the condition, where the treatment is not necessary or when no medically identified condition is being treated.

## Restraint as a last resort

The decision to use restraint is not taken lightly, and is only used as a measure of last resort. A comprehensive assessment is completed after exhausting all reasonable alternative options. Restraint will only ever be considered when a person may:

- Harm themselves or others
- Experience/cause loss of dignity or severe embarrassment to self/others.

**If restraint must be used as a last resort, we take the following measures, to protect a person's safety and dignity:**

- Any restraint used will be the least restrictive, and be used for the shortest length of time appropriate
- Staff will monitor the restraint while in use
- Restraint devices, such as seat belts, will be regularly released, and activities of daily living and comfort measures will be maintained
- The person's needs and the restraint used will be regularly reviewed and evaluated, in consultation with the resident, client, and/or representative.

## Steps taken before using restraint

Before using any type of restraint, we take the following steps:

- The Registered Nurse (RN) completes a comprehensive assessment, and restraint free options are implemented into the person's care plan
- If these options do not successfully manage changed behaviour, the RN consults with other relevant health professionals
- Consultation occurs with the resident/client/representative to gain their consent for use of restraint.

**Resthaven does not support any restraint action or device that does not have the consent of the resident/client/representative.**

*Please note: In an emergency, where it is necessary to act urgently to safeguard someone, consultation may not be possible immediately. However, it will occur as soon as possible.*

## Common misunderstandings about restraint:

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**BELIEF:** Restraints decrease falls and prevent injuries

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

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**BELIEF:** Restraints are for the good of the resident/client

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

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**BELIEF:** Restraints make care-giving more efficient

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

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### \* **Example: How can bed rails become a risk?**

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

*Resthaven does not support the use of bed rails.*