

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

Reference:

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

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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:

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/client

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.

BELIEF: Restraints make care-giving more efficient

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

* 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.