

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.

Making a decision about restraint

- Please speak with one of our Clinical Nurses or Registered Nurses about any questions, concerns or queries you have about the use of restraint.
- Further information is available at the Australian Aged Care Quality and Safety Commission

For more information, contact:

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ANANDA AGED CARE PRACTICES A RESTRAINT FREE APPROACH

What is Restraint?

"Restraint is any restrictive practice, device, action or treatment that interferes and / or impacts with a person's ability to make a decision, or which restricts their freedom of movement."

Ananda Aged Care practices a restraint free environment wherever possible. Ananda Aged Care is committed to resident safety including prioritising a safe living environment.

Forms of Restraint

Physical Restraint:

- A seat belt or chair that prevents a person from walking
- A mattress that prevents movement from bed
- 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 (single or double bed rails)

Chemical Restraint

When psychotropic medication is used to manage behaviour, it may be classed as chemical restraint. 'Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition' (Australian Government, 2014 as amended, 2019). For people in residential aged care, its use is governed by Quality of Care Principles 2014 made under section 96-1 of the Aged Care Act 1997.

What are psychotropic medications?

Psychotropic medications are 'any drug capable of affecting the mind, emotions, and behaviour.' (MedicineNet, 2018). The three main classes of psychotropic prescribed are antidepressants, anxiolytic/ hypnotics (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Other psychotropic classes include anticonvulsants and stimulants. Because they affect the brain and mind, anti-dementia medication and opioids can be classed as psychotropic medication. Your GP reviews your medications regularly every three (3) months and more frequently if required. Our GPs work with our Clinical Pharmacist who undertake RMMR a process whereby the Clinical Pharmacist reviews your medications and makes recommendations to your GP.

Environmental Restraint:

As Ananda has a key pad exit installed at all reception entries of the home this is considered a form of environmental restraint. The code to the door is provided to families / representatives on admission and is available to residents who have been assessed as not having a defined cognitive impairment (Dementia / Alzheimer's, etc.).

General Environmental Restraint: includes perimeter restraints that restricts a resident from leaving the home but still allows a resident some freedom of access (Includes exit door that require opening a door via a code or keypad). For residents who have been assessed as having a defined cognitive impairment the door code is not disclosed for safety reasons.

Memory Support Unit Environmental Restraint: is more restrictive in nature and after careful consideration of all options that this form of restraint is to be used in the resident's best interests. Additional supervision is provided to residents in the Memory Support Unit.

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
- 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 of risk:

- 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 implementing 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
- Ananda has implemented the following initiative to reduce the risk of using restraint - Follow the Five
 - Pain management review
 - Continence review
 - Offer food and fluids
 - Reposition to reduce risk of pressure injury
 - Engage resident in activity to reduce boredom – refer to integrated Clinical and Lifestyle 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. Ananda 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.