

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

An introductory guide to help relatives, friends and carers

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.

Supporting a restraint-free environment

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?

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.

Further information

Commonwealth Respite and Carelink Centres

Freecall 1800 052 222
<http://www.health.gov.au>

These information centres are for older people, people with disabilities and those who provide care and services. Centres provide free and confidential information on community aged care, disability and other support services available locally, interstate or anywhere within Australia.

Alzheimer's Australia:

Free call 1800 639 331
<http://www.alzheimers.org.au>

Carers Australia:

Free call 1800 242 636
<http://www.carersaustralia.com.au>

Dementia Behaviour Management Advisory Services (DBMAS):

Free call 1800 699 799
<http://www.dbmas.org.au>

Aged Care Advocacy Services

Australian Capital Territory

ACT Disability, Aged and Carer Advocacy Service (ADACAS)
02 6242 5060
(ACT free call number 1800 700 600)
<http://www.adacas.org.au>

New South Wales

The Aged-care Rights Service (TARS)
02 9281 3600 (NSW country free call number 1800 424 079)
<http://www.tars.com.au>

Northern Territory

Aged and Disability Rights Team
08 8982 1111
(NT country free call number 1800 812 953)
<http://www.dcls.org.au>

Queensland

Queensland Aged and Disability Advocacy (QADA)
07 3637 6000
(QLD country free call number 1800 818 338)
<http://www.qada.org.au>

South Australia

Aged Rights Advocacy Service (ARAS)
08 8232 5377
(SA country free call number 1800 700 600)
<http://www.sa.agedrights.asn.au>

Tasmania

Advocacy Tasmania
03 6224 2240 or
(TAS free call number 1800 005 131)
<http://www.advocacytasmania.org.au>

Victoria

Elder Rights Advocacy (ERA)
03 9602 3066
(VIC free call number 1800 700 600)
<http://www.era.asn.au>

Western Australia

AdvoCare
08 9479 7566
(WA free call number 1800 655 566)
<http://www.advocare.org.au>

www.health.gov.au

All information in this publication is correct as at August 2012