Australian Government

Department of Health and Ageing

DECISION-MAKING TOOL: SUPPORTING A RESTRAINT FREE ENVIRONMENT IN

Community aged care

ISBN: 978-1-74241-772-1

Online ISBN: 978-1-74241-773-8

Publications approval number: D0812

Copyright Statements:

Paper-based publications

© Commonwealth of Australia 2012

This work is copyright. You may reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Online, Services and External Relations Branch, Department of Health and Ageing, GPO Box 9848, Canberra ACT 2601, or via e-mail to copyright@health.gov.au

Internet sites

© Commonwealth of Australia 2012

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Online, Services and External Relations Branch, Department of Health and Ageing, GPO Box 9848, Canberra ACT 2601, or via e-mail to copyright@health.gov.au

About the development of *Decision-making tool: supporting a restraint free environment in community aged care*

The development of this tool has been informed by:

- systematically searching relevant published literature to identify the best available evidence
- Web-based materials available nationally and internationally
- a review and update of existing documents produced by the Department of Health and Ageing
- telephone interviews with a random selection of organisations providing residential and community aged care services across Australia.

Ethics approval for the project was obtained from the University of South Australia Human Research Ethics Committee. Informed consent of participants was obtained prior to interviews.

This tool replaces the *Decision-making tool: responding to issues of restraint in aged care* published by the Department of Health and Ageing in 2004.

The tool includes posters and information sheets which can be photocopied to provide in-house staff development and an information sheet that has been designed to be photocopied and handed to relatives. The purpose of the information sheet is to stimulate discussion between clients, relatives and friends with staff about:

- a restraint free environment
- why restraint is not appropriate
- restraint free options to be considered
- details of community organisations and government support.

A note about terms used in this document:

Client refers to people receiving community aged care services in their own home, and in some cases includes their relatives, friends and/or their carer(s).

Carer refers to the unpaid or informal carer of the client, and includes relatives and friends who may or may not live with the client. A client does not always have a carer.

Representative refers to a person with legal authority for the client (e.g. guardian or holder of an enduring power of attorney with unlimited authority), and may or may not be the carer.

Care worker refers to a person who is employed, hired or contracted by a care service to provide care or other services to a client, including volunteers.

Case manager refers to a person who is employed, hired or contracted by a care service to ensure that the care plan is implemented and that reviews and reassessments are undertaken at the appropriate times by the relevant service providers.

CONTENTS

Section One: person-centred: supporting a restraint free environment

Introduction 1
Person-centred: A restraint free approach 1
Restraint free options 2
Falls prevention 3
Quality use of medicines 3
Safe walking areas to accommodate wandering 5

Section Two: driven by information: identifying triggers to changes in behaviour

Introduction 6
Assessment tools 6
A comprehensive assessment 7
Differentiating delirium, depression and dementia 10
Psycho-social assessment 12
Assessment of the physical environment 14

Section Three: driven by information: responding to an episode of at-risk behaviour

Responding to an episode of at-risk behaviour 15
Help sheets 15
Decision-making flow chart 16
When a client poses a risk to themselves or others 18
Consent issues 21
What constitutes restraint? 22
Using temporary and least restrictive forms of restraint 25

Section Four: organised for safety: organisational responsibilities

Organisational responsibilities 28

Section Five: resources and information

Telephone numbers and web sites 35
An introductory guide to help relatives, friends and carers 38
Checklist for care workers: community aged care services 42

SUPPORTING A RESTRAINT FREE ENVIRONMENT

Introduction

This *Decision-making tool: supporting a restraint free environment in community aged care* has been developed to assist care workers and case managers to promote a restraint free environment. A restraint free environment is a basic human right for people who are receiving community aged care services in their home.

In keeping with the Health Ministers' endorsement of the Australian Safety and Quality Framework for Health Care in 2010, each section of the *Decision-making tool: supporting a restraint free environment in community aged care* aligns with one of the three endorsed core principles, namely:

1. person-centred
2. driven by information
3. organised for safety.

Person-centred: A restraint free approach

A person-centred approach is a restraint free approach – a way of thinking that preserves the human rights of any person. All people are entitled to respect and protection of their basic rights and freedoms, regardless of where they live. This entitlement includes all people bearing a corresponding obligation to respect and protect the rights and freedoms of others.

The delivery of the best possible community aged care services can be assured where care workers and case managers receive the support of each other and in turn receive support from their employing organisations. Organisational policies and procedures need to be underpinned by a restraint free way of thinking and developed in conjunction with:

- the requirements of the *Aged Care Act 1997*
- the Charter of Rights and Responsibilities for Community Care (available at http://www.health.gov.au)
- the requirements of the Aged Care Standards and Accreditation Agency
- professional and ethical requirements.

A restraint free approach directs that the use of any restraint must always be the last resort after exhausting all reasonable alternative options.

Stopping a client without their consent from doing what they appear to want to do, or are doing, is restraint. Any device that may stop people getting out of a bed or a chair and/or stops their free movement is restraint. Restraint is any aversive practice, device or action that interferes with any person's ability to make a decision or which restricts their free movement.

The application of restraint, for ANY reason, is an imposition on an individual's rights and dignity and, in some cases, may subject the person to an increased risk of physical and/or psychological harm. The inappropriate use of restraint may constitute assault, battery, false imprisonment or negligence. Care workers and case managers need to identify, in a proactive approach with clients, how to prevent situations that may lead to a perceived need for restraint.

A way to ensure the safety of clients is not compromised is to know what restraint free options are available and appropriate for different domestic situations.

Restraint free options

Clients can be provided with different options to ensure their safety.

It is important to discuss the possibility that carers of people receiving community aged care services may need some respite from this demanding role. Carers need support so that they are comfortable to ask for help. A source of help is the **Commonwealth Respite and Carelink Centres, freecall 1800 052 222 or to visit:** 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.

The diagrams that follow identify restraint free options that can be discussed with clients receiving community aged care services. These are also available to be photocopied and given to clients and their carers.

DISCUSS THE FOLLOWING Restraint free OPTIONS:

- **Stop, look and listen for triggers to changes in behaviours to know when to put in place distraction activities**
- **Identify familiar household and/or gardening tasks to keep active**
- **Organise with relatives and/or friends planned visiting times and coordinate regular outings if possible**
- **Review timing of meals/snacks and other activities like showering**
- **Identify and minimise confusing sensory environments/loud or disliked music**
- **Avoid sensory overload**
- **Use signs with pictures around the house to minimise confusion and ensure adequate lighting**
- **Ask for specific assistance to plan a possible arts and crafts activity program**
- **Ask for specific assistance to plan a regular physical activity program**
- **Identify at least one safe wandering area around the house which has easy access**

DISCUSS THE NEED FOR RESPITE AND ADDITIONAL SUPPORT

Falls prevention

The use of restraint is known to increase the risk of a person falling and incurring harm from that fall. Preventing falls and any subsequent harm is a necessary component of a restraint free approach.

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) has developed falls prevention resources – *Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Community Care 2009*. An implementation guide, a guidebook and fact sheets are available at: http://www.safetyandquality.gov.au

Managing health problems, ensuring safe walking areas and the quality use of medicines are integral to a falls prevention approach.

Quality use of medicines

Australia's *National Medicines Policy* (1999) seeks to bring about better health outcomes for all Australians, focusing especially on people's access to, and wise use of, medicines. The term 'medicine' includes prescription and non-prescription medicines, including complementary healthcare products and those medicines bought over the counter, including in supermarkets.

One of the key objectives of the policy is the quality use of medicines. A National Strategy for Quality Use of Medicines (2002) is available at: http://www.health.gov.au

While many people maintain their health without using medicines, for others medicines play an important role in maintaining health, preventing illness and curing disease. The quality use of medicines can have a positive impact on health and can improve quality of life.

A person receiving community aged care services is likely to have a complex medicine regimen. A restraint free approach includes the monitoring and ongoing review of medicines. A Home Medicines Review (HMR) service is available to people living in the community setting where their General Practitioner (GP) determines that an HMR is clinically necessary to ensure quality use of medicines or to address the person's health needs.

A pharmacist conducts the review in collaboration with the GP, the results of which are used by the GP to develop a medicine management plan.

People receiving community services may have more than one concurrent illness. Normal ageing increases an older person's sensitivity to particular medicines. Some conditions can affect the pharmacokinetic and pharmacodynamic properties (the way in which the body and medications interact) of some medicines, necessitating an adjustment to the dosage, or in some cases avoidance of some medicines.

While medicines can make a significant contribution to the treatment and prevention of disease, increasing life expectancy and improving the quality of life, they also have the potential to cause harm. It has been shown that inappropriate or incorrect use of medicines can have an adverse effect on health, including increased risk of falls and confusion. Adverse medicine events also include any unexpected reactions.

Adverse medicine events should be reported to the treating prescriber. In addition, consumers can report an adverse medicine event directly to the Therapeutic Goods Administration (TGA). The TGA asks that suspected adverse reaction to any medicines available in Australia are reported.

These include:

- prescription medicines
- vaccines
- over the counter medicines that are purchased without a prescription
- complementary medicines including;
  - herbal medicines
  - naturopathic or homeopathic preparations
  - nutritional supplements such as vitamins and minerals.

To report an adverse drug event, please refer to the TGA website at http://www.tga.gov.au

Guiding principles for medicine management in the community (2006) have been developed to promote the quality use of medicines and better medicine management in the community. This document and other resources are available at: http://www.health.gov.au

Useful links to find additional and more specific medicines information for older people are available from the National Prescribing Service (NPS) *Better Choices Better Health*: http://www.nps.org.au

NPS was established in 1998 and enables people to make better decisions about medicines and medical tests, leading to better health and economic outcomes. At NPS *Better Choices Better Health* the latest evidence is provided for health professionals to keep them up to date and provide individuals with the tools and knowledge to make better decisions.

Consumer Medicine Information (CMI) is designed to inform consumers about prescriptions and pharmacist-only medicines. CMI provides important facts to know before, during and after taking a medicine. Please refer to: http://www.nps.org.au

In recognising that eyesight problems are common and reading medicines labels may be difficult, NPS *Better Choices Better Health* provides some hints that might help older people avoid mistakes managing medicines. Please refer to: http://www.nps.org.au

To understand the role of antipsychotics in managing behavioural and psychological symptoms of dementia, please see NPS Prescribing Practice Review 37: http://www.nps.org.au

Safe walking areas to accommodate wandering

Wandering is known to be a common occurrence among people with a diagnosis of dementia. From a person-centred focus, the intent is not to stop wandering but to reduce the associated risks. Care workers need to identify:

1. triggers which initiate wandering
2. if wandering is a problem, if so, to whom
3. if any pattern is associated with wandering
4. ways to address the reason for wandering
5. safe walking/wandering areas.

Alzheimer's Australia has developed many help sheets which provide advice, common sense approaches and practical strategies on the issues most commonly raised about dementia and the common problems related to dementia. Please visit: http://www.alzheimers.org.au

A *Changed behaviours and dementia* help sheet includes a section on wandering behaviours. Reasons for wandering are discussed as well as some management strategies. The help sheet is available at http://www.alzheimers.org.au

While wandering may be very worrying for carers who are concerned for the person's safety or fear they may get lost, wandering can help a person in many ways such as:

- physiological benefits of exercise
- stimulating appetite
- relieving boredom
- improving mood / coping with stress
- feeling of empowerment and better self-esteem
- may improve sleep

Ensure carers understand why their family member/friend is wanting to move around and with them identify safe walking areas around their home. Assist carers with information about how to provide a safe and secure environment; for example, using bells and buzzers which sound when external doors are opened, trigger lights and pressure mats to identify movement.

Ensure carers are aware of the following support services:

- Alzheimer's Australia National Dementia Helpline Tel. 1800 100 500;
- The Aged Care Information Line Tel. 1800 500 853; and
- Dementia Behaviour Management Advisory Service (DBMAS)
  Tel. 1800 699 799, 24 hours, 7 days – a telephone advisory service for families, carers and respite staff who are concerned about the behaviours of people with dementia.

IDENTIFYING TRIGGERS TO CHANGES IN BEHAVIOUR

Introduction

In this section the focus is on learning how to anticipate changes in behaviours that may create a feeling of immediate concern to a client, their carers and care workers. Learning what triggers or causes changes in a person's behaviour should be driven by information obtained from a comprehensive assessment.

It is important to:

1. Learn when to introduce an appropriate distraction or activity if a trigger to a behaviour cannot be avoided – e.g. where the trigger is a care worker or carer leaving following a visit; and
2. Know that there may be a combination of triggers. Critical to success is identifying all triggers through a comprehensive assessment, and keeping alert to changes.

NOTE:
The behaviour of any person, not only those who are cognitively impaired, can change and create a feeling of immediate concern to the person themselves, carers and care workers.

The assessment process should be a systematic and collaborative process that involves the client and their family/friends. An assessment needs to be coordinated by a person with the required knowledge and skills, such as a registered nurse (RN), to complete the assessment. Appropriate assessment tools should be used.

Assessment tools

Decisions made by staff must be based on information obtained through the use of appropriate assessment tools.

A variety of assessment tools are available. The task of the case manager, or RN, is to identify the most appropriate tool to use. A tool should:

- be evidence-based – confirm that the tool has been based on the results of research and has been tested for validity, reliability and user friendliness. This will ensure that the questions will be able to elicit the best information possible.
- be designed to include appropriate cues and prompts to guide clinical decision-making and, where appropriate, questions to be answered by the resident concerned.
- comply with professional standards and guidelines.
- be usable by the different levels of staff.

The best person to provide information in an assessment is the client. Family/friends should only be asked for their assistance when the person has not been able to answer the questions for themselves.

Care workers and case managers need to be aware that, under the *Aged Care Act 1997*, Commonwealth-approved providers (and therefore their staff) have a responsibility to protect personal information of people receiving Australian Government-funded community aged care services. Approved providers must also comply with the *Privacy Act 1988* and with relevant state and territory legislation in the way they collect, use and disclose personal information about clients.

An example of a possible checklist for use by a care worker is included in the resources section of this publication. This is a checklist — not an evidence-based assessment tool. The checklist is to assist care workers to gather necessary information as part of a comprehensive assessment undertaken by a case manager or registered nurse.

A comprehensive assessment

Being alert to or recognising triggers that can cause changes in a client's behaviour is an essential first step to minimise the risk that any behaviour of concern will recur or escalate.

A comprehensive assessment should be commenced:

- when a client first receives a community aged care service and has a diagnosis of impaired cognition e.g. dementia
- whenever there is any change in the functioning, situation or behaviour of a client
- on an ongoing basis as part of a regular review process.

Organisational policies and practices can be informed by information gained from a comprehensive assessment. This needs to:

- take place in context
- consider the needs of the client **and** their carer
- take place over a continuous period sufficient to identify their individual needs
- be fully documented and the information used to build up a picture of the behaviour and the context in which it occurs.

Examine the client and their relationships in context

Understanding the client and their relationships will help to identify:

- triggers e.g. actions, events, sounds, smells, that bring about changes in the way a client behaves
- how people involved, e.g. care workers, carers or visitors, respond to a particular behaviour.

How care workers, carers or visitors respond to a behaviour displayed by a client may need to be addressed rather than changing the behaviour. For example, the behaviour may be causing no harm to anyone but may be embarrassing for carers or visitors.

Clients will react to the environment in which they live and interactions they encounter. The physical surroundings of their home as well as the relationships between care workers and case managers and clients and their carers can influence how someone behaves.

Almost anything can trigger or influence behaviour. To identify possible triggers for a change in behaviours or how individuals respond to behaviours it is important to consider:

- **physical factors:** physical health and functional ability of clients and their carers
- **cognitive functioning:** mental state of clients and their carers' moods, speech and thoughts including those of care workers
- **relationships:** dimensions of interactions between clients, their carers, care workers and case managers
- **communication:** clients and their carers' attempts at being understood
- **tasks:** what a client and their carers are doing including meaningful activities they engage in
- **physical environment:** the impact that building design, materials, colours, climate, lighting and odour have on clients and their carers.

Physical and functional assessment

A change in behaviour may be as a result of an acute physical condition such as an infection, constipation or uncontrolled pain. Side-effects to a medicine may also trigger a change in behaviour, or a client may be hungry, thirsty or be in pain or discomfort. It is important that physical causes are recognised and treated and a full medical examination and/or a medicine review is undertaken.

The following box contains a list of factors to consider. It is important to note that the list is not exhaustive or behaviour-specific, but represents a composite of factors that may provide information to inform an assessment of physical causes of behaviours which can cause concern.

FACTORS TO CONSIDER:

- temperature, pulse and respiration rate
- blood pressure
- urinalysis
- evidence of unexplained weight loss
- hunger and thirst
- dehydration
- constipation
- infection (chest, urinary tract, ear or systemic)
- change in mobility and gait e.g. can the person walk to the toilet or change position when necessary?
- pain – clients may not always verbalise
- deterioration in hearing and/or vision
- change in eating, sleeping or toilet habits
- unattended ailments such as dental problems, pressure sores or tinea
- the need for a medicines review to consider adverse effects of medicines (prescribed, over-the-counter, complementary and alternative medicines).

Mental state and cognitive functioning

Sudden changes to mental state and cognitive functioning can be caused by conditions that respond to treatment. A person who has a diagnosis of dementia may also have depression or episodes of acute confusion – delirium.

CONSIDER THE FOLLOWING:

- Could the client be depressed?
- Has the client's level of confusion or disorientation suddenly increased?
- Is the client overly suspicious?
- Does the client appear to be responding to hallucinations? (Auditory, visual or tactile?)
- Does the client appear to be delusional?
- Could this be a side-effect of medicines?

Knowing that delirium, depression and dementia are different is important. Having appropriate people make an accurate diagnosis is imperative. Care workers can assist in identifying whether something is different for the client and collect necessary information to assist in the assessment and diagnosis.

Differentiating delirium, depression and dementia

Delirium develops over hours, depression over days or weeks, and dementia over months and years.

If any of these conditions are suspected then an assessment should be undertaken by the most appropriate person.

Delirium in older people

Delirium is a term that describes changes to thinking and behaviour that occur over a very short time, usually hours. Delirium should always be considered as an acute illness.

The most important features of delirium to remember are:

- the speed with which symptoms develop
- the way symptoms tend to fluctuate
- problems people have paying attention.

A booklet, *Delirium in older people*, is available at: http://www.health.gov.au

The booklet provides information about how to assess and manage delirium. Also included are necessary cognitive and confusion screening tools. Routine screening of cognitive function and the appropriate investigation of changes in cognition and function helps to identify those at risk of delirium and to improve their management.

It is important to assess the cognitive function of older particularly frail people, as the outcome of an assessment will affect diagnosis, choice of interventions and a client's ability to engage with treatment.

There are a number of risk factors to consider for delirium. These include:

- large number of medicines
- immobility
- drug and alcohol use/misuse or withdrawal
- dehydration and malnutrition
- hepatic or renal dysfunction
- electrolyte disturbance
- sleep deprivation

- existing cognitive impairment/brain damage
- pain
- respiratory/cardiovascular disease
- infection
- urinary retention and/or severe constipation.

You may also find useful information about managing delirium in older people at *Australian Prescriber*: http://www.australianprescriber.com.au

The *Clinical Practice Guidelines for the Management of Delirium in Older People* may also be found at: http://www.health.vic.gov.au

Depression in older people

Depression is not a normal part of ageing. Depression is more than just a low mood – it is a serious illness.

Visit: www.beyondblue.org.au or *beyondblue* info line 1300 22 4636

At the *beyondblue* website, it is made clear that the following problems/events can place an older person at risk of depression:

- an increase in physical health problems/conditions e.g. heart disease, CVA (stroke) and dementia (e.g. Alzheimer's disease)
- unrelieved pain
- side-effects from medicines (prescribed and non-prescribed)
- losses: relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation – minimal social interactions
- particular anniversaries and the memories they evoke.

It is necessary to identify depression in an older person to be able to treat it.

Fact sheets and resources on a range of topics relevant to depression are downloadable at *beyondblue*. For example, *beyondblue* fact sheet 17 – Depression in Older People. Please visit: http://www.beyondblue.org.au

It is important to stress that early detection and treatment of depression in an older person can help to keep depression from becoming severe. Depression is treatable and effective treatments are available.

Know the signs of dementia

Dementia is not a normal part of ageing, although it is more common in older people and affects about one in four people over the age of 85. Younger people can also develop dementia.

Recognising the early signs of dementia is an important part of assessing the mental capacity and cognitive functioning of a client. Some of the early signs of dementia include:

- memory decline that affects daily life
- decline in judgement and reasoning
- increasing difficulty with words or language
- difficulty completing familiar and everyday tasks
- unexplained changes in personality and mood.

A number of common behaviour changes are associated with dementia including:

- repetitive behaviour
- wandering
- sundowning – where the person may become more confused, restless or insecure late in the afternoon or early evening
- aggression.

Information about recognising the signs of dementia and what to do when you see them is available at: http://www.health.gov.au

It is important to have an accurate diagnosis. Referral to a specialist centre or a geriatrician may be necessary.

Psycho-social assessment

To help understand how clients and their carers are coping with their emotions and the challenges of receiving and providing care at home, a psychosocial assessment may be useful. An assessment can identify:

- potential areas or issues needing immediate attention
- potential sources of conflict and tensions for the individual and their functioning within their community
- carer distress
- possible supports.

In order to perform a thorough psychosocial assessment it is important that relevant aspects of the client's life history be reviewed. Care workers should have an understanding of the cultural traditions and practices of the client and their carers.

Care workers and case managers can contribute to the delivery of culturally appropriate care. Ensuring culturally appropriate supports are in place for clients from culturally and linguistically diverse backgrounds is important. Care and attention needs to be given to how to establish and maintain an appropriate connection and relationship with all clients. It is important that staff are aware of the appropriate way to ask questions politely.

A client might never have been able to communicate in English or might have lost the ability to do so. In these circumstances, it can be helpful for the client if their carers are involved in the process.

As social contact and social interactions are an important part of life for everyone, identifying what contacts or interactions a client has with their carers and others is a necessary part of understanding how to give appropriate care.

The following is a list of psycho-social factors to consider:

- client's previous ways of handling stress
- patterns of sleep, exercise and relaxation
- lifetime habits; for example, were they shift workers, regular church attendees etc.
- any change in circumstances – e.g. death or loss of relative, friend or pet?
- level of communication by staff: communication that is either too child-like or, conversely, too difficult to understand may cause confusion or frustration
- need for privacy and/or social contact
- attitudes, knowledge and behaviour of staff
- comfort e.g. too hot/too cold
- restriction of freedom of movement
- spiritual needs
- need to communicate in a language other than English.

It is important that all relevant staff (care workers, case managers, nurses, medical practitioners, allied health), as well as the client and their carers, are aware of and involved in planning and implementing the program of care.

It may be helpful to consult with external experts such as a psycho-geriatrican or behaviour management advisory services to obtain an accurate diagnosis.

Resources for screening and diagnostic assessment of people from non-English speaking backgrounds

Resources have been developed for screening and diagnostic assessment of people from non-English speaking backgrounds. For more information please see: http://www.alzheimers.org.au

It is important to emphasise that the assessment process should be person-centred and driven by obtaining the best information possible. Any assessment should take account of the impact on the client's quality of life as well as the potential effect on the client's family and friends.

Assessment of the physical environment

The physical environment can have a profound effect on clients, including their behaviour.

The tool: *Improving the environment for older people in health services: an audit tool* (2006) produced by the National Ageing Research Institute and published by Victorian Government Department of Human Services, Melbourne, Victoria, Australia is available at: http://www.health.vic.gov.au

While this tool was not designed specifically for use in the home care setting, it does address specific and relevant physical environmental aspects for older people and includes a night-time audit that can be adapted for use in home settings. There is also a section in the tool that considers whether there are policies and protocols in place to ensure the environment is adjusted to meet individual needs.

RESPONDING TO AN EPISODE OF AT-RISK BEHAVIOUR

Where a person's behaviour changes and becomes challenging, it may result in one or more of the following:

- a client harming themselves or others
- a loss of dignity experienced by a client
- actual damage to property
- disruption or severe embarrassment to carers, relatives/friends or neighbours.

Help Sheets

Alzheimer's Australia has developed many help sheets which provide advice, common sense approaches and practical strategies about the issues most commonly raised about dementia. Please visit: http://www.alzheimers.org.au

At the bottom of Alzheimer's Australia's home page please click onto the link Help Sheets or go to: http://www.alzheimers.org.au

Help sheets available include:

Changed behaviours

This help sheet looks at some of the common behaviour changes that may occur when a person has dementia. Reasons for the changes and some general guidelines for coping with them are discussed.

Problem solving

This help sheet discusses some ways to think about any changes in behaviours that are occurring as a result of dementia. It describes a problem solving approach that may help with management of any behaviours if and when they arise.

Depression and dementia

This help sheet looks at depression in people with dementia, how to recognise it, and importantly, ways in which it may be treated.

Sundowning

This help sheet explains why some people with dementia are particularly restless in the afternoon and evening, a condition sometimes known as sundowning. It gives some practical advice to families and carers for managing sundowning.

Anxious behaviours

For some people anxiety may be a distressing symptom of dementia. This help sheet discusses the causes of anxious behaviours and suggests some ways for management, as well as some sources of additional help.

Aggressive behaviours

Aggressive behaviour may sometimes occur as a result of dementia. This help sheet discusses the causes of aggressive behaviours, and suggests some ways for management and some sources of help.

Agitated behaviours

Agitated behaviours can be a very concerning symptom of dementia. This help sheet discusses some of the causes of agitated behaviours and suggests ways to prevent and manage these behaviours if they occur.

Hallucinations and false ideas

Hallucinations and false ideas such as paranoia and delusions can be very distressing symptoms of dementia. This help sheet discusses some of the causes, and suggests ways that families and carers can deal with them.

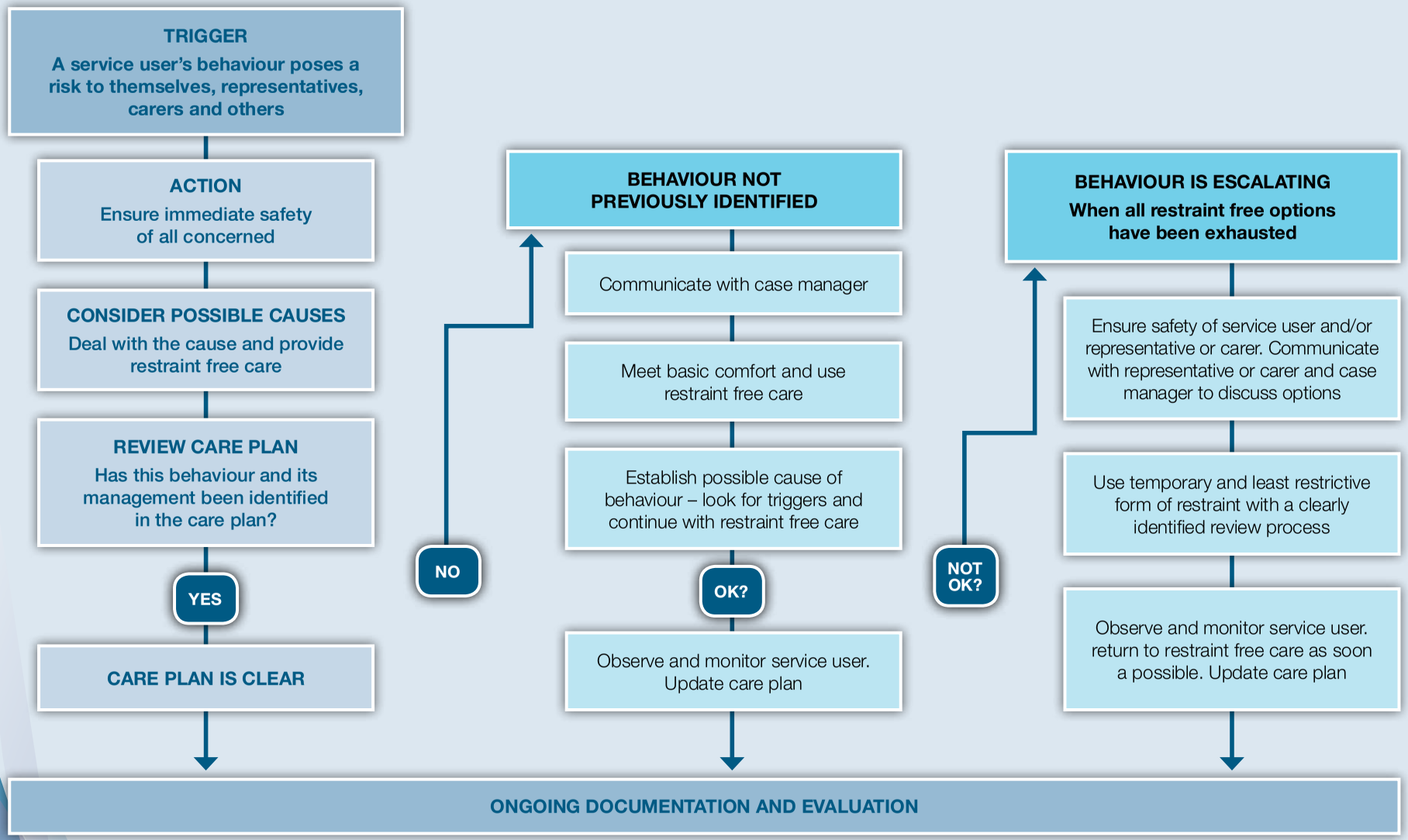
Disinhibited behaviours

Changes in the behaviour of people are very common. Sometimes this can include behaviours that are tactless, inappropriate or offensive. These are usually called disinhibited behaviours. This help sheet describes the signs and causes of disinhibited behaviours, as well as some sources of help.

Decision-making flow chart

A flow chart is provided on page 17 to assist staff to make a decision about how to respond to behaviour(s) that are challenging to manage in the home care setting. This flowchart is also included in this tool kit as an A3 poster to display in areas where staff may use it as a reference point when required.

Making a decision about how to respond to changing and challenging behaviours in the domestic home setting



When a client poses a risk to themselves or others

Ensure the immediate safety of all concerned

- Follow the emergency procedures, policies and protocols of your organisation.
- If possible, remove the client and other people at risk from the situation.
- Care workers need to inform the case manager.
- It is important that an informed decision is made as to how to deal with the situation and that this is in partnership with the client, as appropriate, and their carers.
- Decisions made should be driven by information and promote a restraint free environment.

Consider possible causes

At the same time as you are ensuring the safety of all concerned it is important to observe and record in detail important information for making an initial assessment.

In consultation with the client and /or their carers:

- Describe the incident of concern.
- Note when the incident of concern occurred and who was present.
- Understand what was happening prior to the incident.
- Describe what happened during the incident and immediately after the incident using objective statements.
- Explore what might have led to the incident.
- Consider whether it was your behaviour or that of a carer, relative or friend that was a trigger.
- Understand if the person's behaviour was an attempt to communicate or an expression of unmet need.

NB. There may be more than one behaviour and/or trigger.

Deal with the cause and provide interim solution

On the basis of your shared observations you need to plan with the client and their carers what each is to do so that everyone acts in a well-informed way.

The best plan of action is to prevent or manage the behaviour that is currently causing concern. Refer to the care plan and implement the agreed strategies.

Follow the care plan

- If the behaviour is addressed in the care plan, follow the plan of action outlined.
- Document the action taken.
- Review and record the outcome of that action.
- Discuss the action and outcome with the case manager and the client, where possible, and their carers.

If the behaviour has not previously been identified you will need to plan what your actions will be based on your assessment, so that you can act in a well-informed way. Notify the case manager so that a comprehensive assessment can be commenced.

In the meantime, you need to make a decision about what to do.

Remember to continue to think from a restraint free approach.

Ensure the basic comforts of the person are attended to

Sometimes challenging behaviours are caused because a person cannot tell you what they need and so the situation can be solved by attending to, for example:

- toileting needs
- thirst
- hunger
- pain
- boredom
- loneliness
- lack of activity
- constipation

Strategies to respond to specific needs

You also need to think about strategies that are appropriate for responding to the needs of a client who:

- is cognitively impaired
- has sensory impairments
- is at risk of falling
- is prone to wandering
- is intrusive
- is likely to tamper with medical devices
- is agitated or violent
- has culturally specific needs

A client may have a combination of the above. The interactions of carers, family and friends should be tailored to the person's individual needs.

If attending to the basic comfort of the client does not solve the situation, consider the diversity of other restraint free options. Realise you can ensure safety in bed without the use of bed-rails and note that the use of seating and position supports which restrict free movement is also a restraint.

Observe and monitor

Once you have ensured the safety, dignity and comfort of the client and their carers through restraint free options, then you need to:

- identify with the client's carers how best to monitor them closely
- document the care given as per the organisational policy
- evaluate the success of the strategies that you have used
- communicate with the case manager and discuss a revision of care plan as required.

CONSENT ISSUES

Any decision to restrain the client carries significant ethical and legal responsibilities. In the home care setting, the use of restraint should always be the last resort and viewed as a temporary solution to any change in behaviour that is of concern.

The use of restraint should only be considered after exhausting all reasonable restraint free options and be informed by a comprehensive assessment of the client.

Consultation should take place with the client, their carers and/or their representative (e.g. guardian or holder of an enduring power of attorney with unlimited authority, or with restraint as a specified authority), the person's family or other close associates, the medical officer if necessary and other relevant health professionals prior to a decision to apply restraint.

In an emergency situation consultation may not be possible immediately, but should be done as soon as possible and in accord with policies of the organisation providing community aged care services.

Note that a guardianship order or an enduring power of attorney may cover a limited range of matters not including decisions about restraint. In such cases, it might not be appropriate to involve the client's representative in making decisions about restraint.

Legal requirements for consent to the use of restraint where the client is not mentally competent may vary in different states and territories. A family member who does not have a relevant guardianship order or enduring power of attorney may not have the legal capacity to consent on behalf of the person to the use of restraint, or may only be able to consent to its short term use in response to a crisis.

In some circumstances consent might need to be obtained from the Guardianship Board or its equivalent in the particular state or territory. Organisations providing community aged care services should be aware of the legal requirements of the state or territory where their service is located. In addition, care providers should obtain legal advice in any cases where there is any doubt. Restraining a person without consent could result in civil action or criminal prosecution.

In an emergency, where there is a necessity to act urgently to safeguard a client or others, the decision to implement some restrictive practices prior to obtaining consent may be defensible as action taken under the organisation's duty of care.

In all cases, the decision to restrict a client's voluntary movement or behaviour should only be made after weighing up the risk of using restraint against the risk of not using restraint.

It is the responsibility of organisations providing community aged care services to ensure informed discussions with clients and all involved in care provision about the need for a restraint free environment. Discussion of issues with restraint use should be initiated at the first contact and all measures taken to ensure understanding with ongoing evaluation of care needs and the care plan.

WHAT CONSTITUTES RESTRAINT?

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

THE USE OF RESTRAINT

The use of restraint should always be viewed as a temporary solution to any behaviour causing concern or circumstantial factor. Restraint use should only be considered after a comprehensive assessment and the use of preventive strategies and alternative options have been exhausted.

A client may make a specific request to have a restrictive item, such as bed rails, used to enhance their feeling of safety or security. Where this has been an informed decision this individual's choice should be acknowledged; an informed decision would require that other options have already been discussed with this client. When someone cannot give informed consent then any device or action that interferes with a client's ability to make a decision or which restricts their free movement is restraint.

Physical restraint

The intentional restriction of a person's voluntary movement or behaviour by the use of a device, or removal of mobility aids, or physical force for behavioural purposes, without their consent, is physical restraint.

Physical restraint devices include but are not limited to:

- bed boundary markers, to mark the edges of the bed such as mattress bumpers, rolled blankets or swimming noodles under sheets. These act as a restraint if the client cannot move past them or if they give the client the belief that they cannot get past them
- concave mattress
- comfort/supportive chairs that support posture and slumping but in so doing inhibit freedom of support
- chairs with deep seats
- rockers or recliners
- large pillows or bean bags on floors
- any skeletal support that restricts mobility
- lap rugs with ties
- lap sash (waist restraints, including belts)
- hand mitts
- geri/protective chairs with tables
- wheelchair safety bars
- seat belt on chair

High-risk restraints

Restraints that carry a high risk include:

- removing aids to mobility such as walking frames
- bed rails used without the explicit and informed consent of the client

Extreme restraint

Examples of extreme restraints are:

- aversive treatment
- seclusion (solitary confinement within the home)
- posey criss-cross vest
- leg or ankle restraint
- manacles/shackles (hard)
- soft wrist/hand restraints

Extreme restraint should never be used in caring for clients receiving community aged care services.

Chemical restraint

Chemical restraint is the control of a person's behaviour through the intentional use of:

- prescribed medicines
- over the counter medicines
- complementary alternative medicines

Chemical restraint is:

- when no medically identified condition is being treated
- where the treatment is not necessary for a condition
- to over-treat a condition.

Chemical restraint includes the use of medicines when:

- the behaviour to be affected by the active ingredient does not appear to have a medical cause
- part of the intended pharmacological effect of the medicine is to sedate the person for convenience sake or disciplinary purposes.

Examples of pharmacological agents used as chemical restraint are antipsychotic, antidepressant, antimanic, anxiolytic and hypnotic drugs.

Chemical restraint, medicines which sedate or tranquillise, should not be implemented until alternatives are explored extensively through assessment.

Aversive treatment practices/punishment

An aversive practice is one that uses unpleasant physical, sensory or verbal stimuli, e.g. any voice tone, command or threats that are used to limit a person's mobility, in an attempt to reduce undesired behaviour.

Aversive treatment also includes any withholding of basic human rights or needs e.g. food, warmth, clothing, or positive social interaction, or a person's goods/belongings, or a favoured activity, for the purpose of behaviour management or control.

Person-to-person restraint

Person-to-person restraint is the control of a client's behaviour through the use of:

- physical force or 'hands on': no matter how gentle 'hands on' is, this is a form of restraint if it limits a client's mobility
- verbal: any commands or threats that are used to limit a client's mobility
- psychological measures: any measure that creates a belief that acts to limit a client's mobility, for example placing a tape across a doorway.

Environmental restraint

Environmental restraint is the restriction of movement of the client without the client's explicit and informed consent. Examples of environmental restraint include:

- limiting a client to a particular environment e.g. confining a client to their bedroom
- excluding a client from an area of the home to which they want to go e.g. restricting access to an outside courtyard or sitting room
- preventing a client from leaving their home.

Perimeter restraints include:

- fenced areas with locked gates
- locked exit doors in the domestic home setting or activity area.

USING TEMPORARY AND LEAST RESTRICTIVE FORMS OF RESTRAINT

If restraint free options do not deal successfully with the behaviour causing concern, it may be necessary to use the least restrictive form of restraint to ensure the safety and dignity of those concerned.

Use the least restrictive form of restraint

The decision to use restraint should be preceded by a full, documented assessment.

Consultation should take place with the client, their carers and/or their representative, the client's family or other close associates, the medical officer if necessary and other relevant health professionals prior to a decision to apply restraint. In an emergency situation this consultation may not be possible immediately, but should be done as soon as possible and in accordance with organisational policies.

Monitor and observe closely for signs of distress or harm

The use of restraint itself poses risk. For the protection of a client who is restrained ensure:

- the correct use of chosen restraint
- the frequency and type of observation required
- their comfort and safety whilst undertaking activities of daily living such as:
  - regular toileting
  - hydration
  - nutrition
  - exercise and mobility
  - skin care
  - pain relief
  - social interaction
  - engaging in familiar household tasks.

Communicate and document

Where possible, all assessments should be carried out in consultation with the client and their carers and all relevant organisational staff.

- It is important to discuss all the options fully with the client.
- Communication should be done in a way that the client can understand and they should be given the opportunity to discuss their concerns and expectations.
- Communication is enhanced if carers/representatives are given some written information that they can read at their leisure. See fact sheet for carers at the end of this document. *How To Support A Restraint Free Environment In the Home Situation – An Introductory Guide To Help Relatives/Friends And Carers* **(See resources section)**.
- Time should be made available for them to ask any questions once they have had time to think about the issues.

Documentation should address such issues as:

- type of restraint – must be the least restrictive to achieve objectives/goals
- time limit for use of restraint
- monitoring and observation of the client while restraint is in use
- protection of the client from personal injury, harm and adverse events
- review and evaluation of the restraint used
  - when
  - by whom.

Review

Once a decision has been made to use any form of restraint, the initial assessment and decision should be reviewed as soon as possible. This review must be in accord with:

- the abilities and capacities of the client and their carers
- organisational policy
- the realities of the care services being delivered to the client.

Regular monitoring and review

- Regular monitoring and review, to determine whether restraint is still appropriate and optimal, is an essential component of restraint management.
- Review of the use of chemical restraint should be carried out in consultation with the client's medical practitioner and an accredited pharmacist.
- The outcome of the review should be documented and explained to the client, their carers and/or their representative.

Reassess the need for the use of restraint

- Use the review process to trigger reassessment of the need for the use of restraint and, where possible, to try alternatives.

ORGANISATIONAL RESPONSIBILITIES

This section assists organisations providing community aged care services to identify how best to create a climate in a home care setting where all people understand and implement evidence-based practice related to a restraint free approach.

Organisations providing community aged care services have the responsibility to:

- Develop policies and practices to guide the work of case managers and care workers.
- Initiate prevention programs that can be used by care workers in different situations.
- Promote communication and consultation between organisational staff and clients and their carers.
- Establish and maintain review processes that can be implemented by care workers and clients and their carers.
- Ensure education and training support of care workers and, where necessary, of clients and their carers.
- Keep informed about best practice.

Organisations providing community aged care services also have the responsibility to provide guidance and support to help care workers and case managers, clients and their carers to understand how to:

- create a restraint free environment in a home care setting
- prevent and respond to behaviours of concern that may occur
- know when, as a last resort, how to make decisions related to restraint use.

In considering these responsibilities, it is anticipated that there will be varied responses, given:

- the different domestic home contexts
- the unpredictability and potential range of behaviours of clients
- locations of these occurring
- changing care workers profiles
- work conditions in different domestic home settings.

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.

Develop policies and practices

Organisational policies which support a restraint free environment in the home care setting must reflect both the legislative and regulatory requirements and the environment that operates in the home care setting.

Proceed slowly: communicate and educate

As with any change management, it is necessary to proceed slowly, and include a focus on prevention of injury to care workers, clients and carers. A restraint free approach is possible when care is taken to assess the 'state of play' within the home care setting and if open lines of communication are created from the outset. Moreover, education of all persons is very important.

Establish the context

Determine the ethical, regulatory and legislative context

The aged care sector, in accordance with the *Aged Care Act 1997*, is committed to the provision of care to a standard appropriate to meet the needs of all clients of community aged care services. There is an obligation for all parties involved in the provision of Australian Government-funded community aged care services to comply with all relevant legislation, regulatory requirements, professional standards and guidelines.

Determine the local context

Having determined the wider context, it is then necessary to understand the setting in which restraint usage policies will operate.

With regard to providing a restraint free environment it is important to determine the capabilities and resources available to clients and their carers, including the social and physical environment of the home care setting.

It is a responsibility of management to decide and document who has the responsibility to make a decision about the use of a least restrictive form of restraint when all alternative options have been unsuccessful.

There is no legal requirement for the use of restraint to be authorised by a medical officer, but any decision about restraint usage must be in consultation with the client and their carers and, if appropriate, the medical officer. It is imperative that this decision is person-focused and not staffing related and is sustainable in the home care setting.

Make an organisational policy

Having established the context, the next step is to develop a restraint free policy.

Developing a restraint free policy:

- Situate the policy within the wider context of your organisation's policies and framework including occupational health and safety policies.
- Decide how a restraint free environment is to be managed and reviewed.
- Develop criteria that are to be included in any evaluation.
- Ensure consistency and safe practice by identifying areas that may require protocols, standard operating procedures and/or guidelines.

Initiate prevention programs

Prevention is the key to a restraint free approach.

A proactive management approach should focus on ensuring care workers and case managers know how to:

- implement a restraint free approach
- identify behaviours that may be of concern. The checklist for care workers on page 42 may assist
- access support from their organisation to implement a restraint free approach
- recognise when restraint is being used by carers in the home care setting or requested by clients
- respond appropriately to situations when restraint is being used by carers in the home care setting
- assess the home and gather necessary information to inform the delivery of appropriate services
- access resources suitable for clients and their carers.

A proactive management approach involves designing prevention programs that may include but are not restricted to:

- environmental changes
- early identification and assessment of 'at-risk' clients
- assessment and modification of community aged care services
- early identification of respite care for carers of clients
- occupational health and safety matters.

Address environmental issues

The design and layout of the home can influence the behaviour of clients. An environment audit of the home may be helpful to identify areas which contribute to difficult situations. An audit tool: *Improving the environment for older people in health services: an audit tool* (2006) is available at: http://www.health.vic.gov.au

This tool contains a section that considers what policies and protocols may need to be in place to ensure the environment is adjusted to meet individual needs.

In the box below is a list of some issues to consider when undertaking an assessment of a client's home.

Environmental issues to consider:

- the installation of alarm systems
- lighting, including the level of lighting and how easy lights are to access and use, and lights that are activated by the resident's movement
- structural design and layout of the client's home
- environmental hazards such as floor surfaces and furniture placement, the use/non-use of soft furnishings such as mats
- signage/pictures around the home
- design and access of toilet facilities
- provision of equipment such as high-low beds, hip protectors, mobility aids etc
- safe access to outside areas and safe 'wandering areas' and 'quiet places'.

Develop strategies to assist the early identification and full assessment of new and 'at-risk' clients receiving community aged care services

It is important that clients at risk are identified early and alternative strategies developed to manage any behaviours causing concern without the use of restraint.

Aids to assist assessment:

- The development and use of appropriate assessment tools should be considered. An assessment tool is an aid and should never replace sound clinical judgement based on best available evidence.
- Education programs in the area of assessment – particularly those drawing on the expertise of external experts.

The Checklist for Care Workers, at page 42 of this publication, may assist in determining whether a client is displaying behaviours that may be of concern and/or whether a client is 'at risk' of being restrained. Use of the checklist may assist in early identification of behaviour issues. Information gathered should inform any comprehensive assessment undertaken by a case manager.

Modify the way in which community aged care services are organised

The way that personal, lifestyle and community aged care services are organised and managed can influence the behaviour of clients. Measures need to be devised to minimise the occurrence of challenging behaviours or those that create concern in a client's home. The review and audit process is a useful means to implement this strategy.

Examples of program modifications:

- Increase or decrease stimulation for clients.
- Provide a range of activity programs.
- Implement falls prevention programs.
- Monitor and adapt staffing to meet changing requirements.
- Adapt organisational routines to individual needs and preferences wherever possible.

Things to consider for audit and review:

- documented assessment covering physical, behavioural and functional aspects and considering context, environment and personal history
- care plan that includes strategies and objectives
- a review of care plan
- communicating with care workers and case managers and clients and their carers
- review of systems and processes including procedures around a restraint free environment.

Develop a database of care strategies

Whilst care plans should be tailored to the needs of clients there is a range of care strategies that have been found to be effective in responding to 'at risk' behaviours.

A database of exemplar strategies, protocols and resources can be developed to act as 'prompts' when individual care plans are being developed. This database should be updated as information is collected during the evaluation process.

Developing a database of care strategies:

- A comprehensive list of strategies to help manage specific behaviours causing concern and to assist in the care of a client at risk of falling should be made available to act as prompts when developing individualised care plans.
- Care protocols based on best practice can be developed to guide the management of specific 'risky' situations. For example, care of a person in bed, wandering, in cars, seating and positioning clients, toileting and continence, showering and dressing clients.
- Promote the use of case conferencing and other Medicare Benefits Schedule (MBS) Primary Care items. More information is available from: http://www.health.gov.au

Promote communication and consultation

The care given to clients should be evidence-based, involve the client and their carers, and be consistent between different staff members, whilst allowing for individual requirements of clients.

It is the responsibility of organisations providing community aged care services to ensure that open lines of communication are established and maintained between case managers, care workers, clients and their representative and/or carers.

General discussion meetings

One way of opening up lines of communication and consultation is to have challenging behaviours or those that create concern discussed on a regular basis.

Education of case managers, care workers and clients and their carers and/or representative

Education is critical to ensuring a restraint free environment and knowing how best to make decisions related to preventing behaviours creating concern and responding to risky behaviours.

Communication with families may be enhanced by the use of the fact sheet *How To Support A Restraint Free Environment In the Home Situation – An Introductory Guide To Help Relatives/ Friends And Carers* (**See resources section)**.

Care workers may use a checklist to gather the necessary information to determine whether a client is displaying behaviours that may be of concern and place the client 'at risk' of being restrained **(See resources section)**.

Areas to consider for inclusion in an education program:

- identifying what is a restraint free environment
- restraint free options
- identifying triggers to behaviours of concern
- definition of restraint
- common misunderstandings about the use of restraint
- the safe, legal and ethical use of restraint
- availability and use of available assessment tools
- how to support and educate clients and their carers
- occupational health and safety issues related to behaviours causing concern and the decision to use restraint
- best practice developments in responding to challenging and changing behaviours.

RESOURCES AND INFORMATION

Telephone numbers and web sites

Advocacy

The National Aged Care Advocacy Program (NACAP) is a national program funded by the Australian Government under the *Aged Care Act 1997*. The NACAP aims to promote the rights of people receiving Australian Government funded aged care services. More information can be found at: http://www.health.gov.au

Under the NACAP, the Department of Health and Ageing funds aged care advocacy services in each state and territory. These services are community-based organisations which give advice about your rights, and help you to exercise your rights. Aged care advocacy services also work with the aged care industry to encourage policies and practices which protect consumers.

These organisations are Commonwealth-funded and provide information and publications on the rights of persons receiving Australian Government funded aged care services including issues regarding elder abuse.

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

Specific service supports

As part of the Dementia Initiative, the Australian Government aims to strengthen the capacity of the health and aged care sectors to provide appropriate evidence-based prevention and early intervention, assessment, treatment and care for people with dementia, their families and carers. This occurs through a number of programs such as:

- The National Dementia Support Program
- Dementia Behaviour Management Advisory Service (DBMAS)

Through the National Dementia Support Program (NSDP) the Australian Government provides the following services through Alzheimer's Australia State and Territory offices:

- National Dementia Helpline and Referral Service
- Support and counselling
- Information, awareness, education and training
- Support for people with special needs.

National Dementia Helpline: Free call 1800 100 500

The Dementia Behaviour Management Advisory Services (DBMAS) is a nationwide network of services funded by the Australian Government as part of the dementia initiative. DBMAS is managed by different organisations in every state.

Dementia Behaviour Management Advisory Services (DBMAS): Free call 1800 699 799

Carers Australia
Free call 1800 242 636

Carers Australia is the national peak body representing carers in Australia.

Carers Australia works with the Carers Associations in each of the states and territories to deliver carer programs and services and advocate on behalf of all carers.

Carers Australia's vision is that *caring be accepted as a shared community responsibility* and our mission is *leading change and action for carers.*

http://www.carersaustralia.com.au/

The caring experience is a book that provides carers of people with dementia with information, advice and support. The carer information, stories and ideas in this book come directly from carers and service providers throughout Australia. Available at:

http://www.health.gov.au

Commonwealth Respite and Carelink Centres
Freecall 1800 052 222

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.

http://www.health.gov.au

Department of Health and Ageing

The Australian Government Department of Health and Ageing (DoHA) has a website that contains useful information.

http://www.health.gov.au

Charter of Rights and Responsibilities for Community Care

The Charter of Rights and Responsibilities for Community Care (the Charter) became law on the 1st of October 2009. The Charter applies to people in receipt of Australian Government funded packages legislated under the *Aged Care Act 1997* (the Act):

- Community Aged Care Packages (CACPs);
- Extended Aged Care at Home (EACH); and
- Extended Aged Care at Home Dementia (EACHD) packages.

To view the Charter in legislation go to the User Rights Principles 1997 Schedule 2 noting that the legislative instrument reflects the legislation drafting style and is therefore in the third person. The implementation version of the Charter is in the first person.

http://www.health.gov.au

Australian Guardianship and Administration Council

AGAC is the Australian Guardianship and Administration Council.
AGAC member organisations have a role in protecting adults in Australia who have a disability that impairs their capacity to make decisions.

This website contains information about AGAC and has links to its member organisations' websites

http://www.agac.org.au

Alzheimer's Australia:
Free call 1800 639 331

Alzheimer's Australia is responsible for the content of many Help Sheets to provide advice, common sense approaches and practical strategies on the issues most commonly raised about dementia. http://www.alzheimers.org.au

Occupational Health and Safety

The Guide: Implementing Occupational Health and Safety in Residential Aged Care (The Guide) has been developed to provide information to assist residential aged care facilities to develop their own occupational health and safety programs. The Guide may be useful for community aged care services. Please note that the Guide is not a legal document. The relevant Commonwealth and state occupational health and safety legislation should always be consulted in relation to any legal issues which may arise. Professional advice should be sought before applying the information contained in the Guide to particular circumstances.

The Guide: Implementing Occupational Health and Safety in Residential Aged Care is available at:

http://www.health.gov.au

FACT SHEET: HOW TO SUPPORT A RESTRAINT FREE ENVIRONMENT IN COMMUNITY 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 person's ability to make a decision or restrict their free movement.

This information has been designed to stimulate discussion between you and community aged care services staff about how to ensure restraint free care for your relative/friend.

The use of restraint confronts a person's rights and dignity and, in some cases, may subject your relative/friend to an increased risk of physical harm.

Supporting a restraint free environment

A restraint free approach preserves the human rights of all people, especially when responding to challenging behaviours your relative or friend may exhibit.

To ensure your relative/friend has their individual needs identified and addressed is a priority of all involved. With your support, community aged care services 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.

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 your relative/friend*

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 safe*

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

When you think actions are needed to ensure safety of all people

You need to feel comfortable to discuss with community aged care staff when you feel concerned your relative/friend may not be safe and you need to ensure they are. Please feel comfortable to talk about having some rest or respite. Please feel comfortable to ask staff any questions including:

- Respite opportunities available to you
- Why you think safety is an issue
- How to avoid using restraint

- To explore alternatives to using restraint
- What restraint will be the least restrictive form
- How will you be able to keep your relative/friend safe

Restraint free options to consider

- review timing of meals/snacks and other activities like showering
- identify and minimise confusing sensory environments / loud or disliked music
- avoid sensory overload
- use signs with pictures around the house to minimise confusion and ensure adequate lighting
- identify at least one safe wandering area around the house which has easy access
- ensure there is a private and safe room in the house so that a specific behaviour of concern does not become an issue
- ask for specific assistance to plan a regular physical activity program
- ask for specific assistance to plan a possible arts and crafts activity program
- identify familiar household and/or gardening tasks to keep active
- stop, look and listen for triggers to changes in behaviours to know when to put in place distraction activities
- organise with relatives and/or friends planned visiting times and coordinate regular outings if possible

The decision to use restraint involves legal issues

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

A decision about using the least restrictive form of restraint possible may, as a last resort only, be necessary in situations where a person 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 family members, friends or neighbours.

Prevention of these behaviours will always be a priority, and learning what may trigger any of these will be an ongoing focus of staff's attention.

Further information

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

Restraint free options to consider

STOP LOOK LISTEN
for triggers to changes in behaviours to know when to put in place distraction activities

IDENTIFY
familiar household and/or gardening tasks to keep active

ORGANISE
with relatives and/or friends planned visiting times and coordinate regular outings if possible

REVIEW TIMING
of meals/snacks and other activities like showering

ENSURE
there is a private and safe room in the house so that a specific behaviour of concern does not become an issue

AVOID SENSORY OVERLOAD
identify and minimise confusing sensory environments/loud or disliked music

USE SIGNS
with pictures around the house to minimise confusion and ensure adequate lighting

ASK FOR SPECIFIC ASSISTANCE
to plan a possible arts and crafts activity program

ASK FOR SPECIFIC ASSISTANCE
to plan a regular physical activity program

IDENTIFY
at least one safe wandering area around the house which has easy access

DO YOU NEED SOME RESPITE?
DO NOT BE AFRAID TO SEEK HELP AND TAKE A REST

Checklist for care workers: community aged care services

This checklist is provided to assist care workers for regular use to determine:

- whether a client is displaying behaviours that may be of concern; and/or
- whether a client is 'at risk' of being restrained.

Use of the checklist may assist in early identification of behaviour issues. Information gathered will inform any comprehensive assessment undertaken by a case manager.

PHYSICAL FACTORS: **Where necessary find out more, document and report to case manager**	**YES**	**NO**	**N/A**
Have there been any changes to the client's vision/hearing/sense of smell/sense of touch/sense of taste?			
What toileting routine does the service user have? Have there been any changes?			
Is the client unwell? Do they have uncontrolled pain?			
Does the client look unwell?			
Have there been any changes to the client's medicines? If yes, find out more and document			

BEHAVIOUR: **Where necessary find out more, document and report to case manager**	**YES**	**NO**	**N/A**
Have there been any changes to the client's mood/speech/ thoughts?			
Does the client appear to be responding to hallucinations?			
Could the client be depressed?			
Has the client's sleeping pattern changed?			
Was the change in behaviour sudden?			

COMMUNICATION: **Where necessary find out more, document and report to case manager**	**YES**	**NO**	**N/A**
Can the client hear OK?			
Is there anything in the home situation that is impacting on the client communicating?			
Is anyone talking down to the client? (Are you?)			
Can the client make clear what he/she wants to say?			

RELATIONSHIPS: **Where necessary find out more, document and report to case manager**	**YES**	**NO**	**N/A**
What companionship does the client have?			
Has the client met or engaged with any different people around the time their behaviour changed or escalated?			
Have any different or unreasonable demands been made of client?			
Have there been any changes to the client's representative/carer or family/friends or family pets?			
Has the way the service user responds to the client's representative/ carer or family/friends changed?			
Is the client being treated like an adult?			
Have the spiritual needs of the client been met?			

TASKS: **Where necessary find out more, document and report to case manager**	**YES**	**NO**	**N/A**
Have there been any changes to the routine of the client?			
Is the behaviour happening because of a routine change or an activity of the client's representative/carer or a family member/ friend/carer?			

PHYSICAL ENVIRONMENT: Where necessary find out more, document and report to case manager	YES	NO	N/A
Is the environment noisy or too quiet?			
Is the environment too hot / too cold?			
Is the environment too dark / too light?			
Are there any odours?			
Have there been any significant changes to the environment?			
Is the client able to find their way around the house OK?			
Is there a safe area in the house and outside for the client to wander?			
Does the client have a private space/room in the house to go into?			

Restraint free options to consider

STOP LOOK LISTEN
for triggers to changes in behaviours to know when to put in place distraction activities

IDENTIFY
familiar household and/or gardening tasks to keep active

ORGANISE
with relatives and/or friends planned visiting times and coordinate regular outings if possible

REVIEW TIMING
of meals/snacks and other activities like showering

ENSURE
there is a private and safe room in the house so that a specific behaviour of concern does not become an issue

AVOID SENSORY OVERLOAD
identify and minimise confusing sensory environments/loud or disliked music

USE SIGNS
with pictures around the house to minimise confusion and ensure adequate lighting

ASK FOR SPECIFIC ASSISTANCE
to plan a possible arts and crafts activity program

ASK FOR SPECIFIC ASSISTANCE
to plan a regular physical activity program

IDENTIFY
at least one safe wandering area around the house which has easy access

DO YOU NEED SOME RESPITE?
DO NOT BE AFRAID TO SEEK HELP AND TAKE A REST

www.health.gov.au

All information in this publication is correct as at August 2012

D0812 AUGUST 2012