

Course Information Sheet

Restrictive Practices and Restraints

Course Code	A0C17060-B-R-NZ	Course Series	Rights and Responsibilities
Learning Pathway	Developing		
Course Description	Restrictive practices and the use of restraints can impact a person's human rights and quality of life, safety and dignity. In this course we explore how to minimise the use of restrictive practices and restraints. Filmed in a residential facility, this course provides the care worker with insight into the point of view of residents who are being restrained. The insight gained provides a platform for the care workers to consider effective alternatives that promote a personcentred approach.		
Subjects covered include	Physical Restrictive Practices — Physical Restraints — Physical Restrictices — Aversive Restrictive Practices — Legovernance — Person-Control — Unmet New Practices — Restrictive Practices — Person-Control — Unmet New Practices — Physical Restrictive Practices — Page 1 —	straints — Environme strictive Practices — I egal & Ethical Consid entred Approach — Li	ental Restrictive Implications of Ierations — Dementia — fe History &
Target Audience	Care Workers and Nursing Staff		

Learning Outcomes

After viewing this course, participants should be able to:

- Identify the types of restrictive practices that have been known to be used in an aged care setting.
- Discuss the medical, legal and ethical issues involved in the use of restrictive practices.
- Recognise how positive support strategies can be used as an alternative to restraint or restrictive practice.



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Did You Know?

- Local and international legislation upholds key human rights, such as the right to freedom and the right to physical mobility and independence. The use of restrictive practices and restraints can remove these rights from an individual.
- Taking a person-centred approach is key to removing restrictive practices and restraints in the workplace.

Subject Matter Experts

Professor Colm Cunningham is the Director of The Dementia Centre, HammondCare, with an Australian and International team of over 200 staff. The centre's priorities are building design, understanding the causes of behaviour, life engagement, models of care and end of life care. Colm has published extensively and has over 30 years' experience in older age care. Colm is a Conjoint Associate Professor at the University of NSW in the School of Public Health and Community Medicine and a Visiting Fellow in Dementia Design and Practice at the University of Edinburgh School of Health in Social Science.

Professor Steve Macfarlane is the Head of Clinical Services at The Dementia Centre, HammondCare, where he coordinates a team of geriatricians and old age psychiatrists who provide support to the National DBMAS (Dementia Behaviour Management Advisory Service) and SBRT (Severe Behaviour Response Team) programmes. He is also the Chair of the Binational Faculty of Old Age Psychiatry for RANZCP Australia/New Zealand. He was the longest serving Director of Aged Care Psychiatry (8yrs) in Caulfield Hospital (Alfred Health) and also spent nearly 5 years as Director of Aged Psychiatry, Deputy Director of Psychiatry, Peninsula Health.

Key Definitions

Aversive Restrictive	This includes withholding of basic human rights or needs for the
Practices	purpose of behaviour management or control (can be seen as a
	punishment) or using a voice tone, command or threat to reduce
	the behaviour.
Chemical	This is the use of any medications to restrict movement or take
(pharmacological)	away someone's ability to make decisions.
Restraints	
Environmental Restrictive	These include locked areas, and restricting access to food,
Practices	cigarettes, or even the person's room or outside areas.
Physical Restraints	These are devices used to restrict someone's movement.
	Common examples can include something as simple as a bed
	rail, or a tabletop secured in place, as well as lap belts.



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Reminiscence	Defined as sharing life experiences, memories and stories from the past.	
Restrictive Practice	As they regard to aged care, restrictive practices are practices that control the movement of a resident, often with the intention of reducing risk to a resident or others and there are three key elements to what constitutes a restrictive practice: 1. It controls a person's behaviour 2. It restricts a person's free movement 3. It reduces a person's ability to make decisions	
Seclusion	This is when a person is put a room or a place, usually on their own, and the person cannot leave when they want to.	
Validation	Rather than trying to bring the person with dementia back to our reality, it is generally more positive to enter their reality. Validation acknowledges the feelings the person is experiencing at the time, for example, feeling anxious, and provide empathy to indicate you understand and connect with them. It is often used prior to the use of reminiscence to distract them to a happier feeling.	

Resources to Support Your Learning

<u>Career force unit - Describe the use of enablers, restraints, and safe restraint practice in aged care, health or disability context</u>

Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Active Learning Hours

This course and the accompanying assessment may require up to three hours of active learning. It is the learner's responsibility to calculate how many hours of active learning have taken place. The course viewed must be relevant to the care worker or nurse's context of practice for it to be considered continuing professional development. Certificates are available from your coordinator.

DISCLAIMER

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