

POLICY: RESIDENT RESTRAINT

Definition: Restraint includes any action, word or deed that is used for the purpose or intent of restricting the free movement or decision making abilities of another person. As such it may constitute an imposition on a person's rights and dignity and should only be used:

1. as a measure of last resort
2. for the purpose of promoting and maintaining a person's health and well being, or, in the short term, the health and well being of others.

The intent of restricting the movement or behaviour of a person is the key factor that differentiates restraint from other forms of care or medical treatment

METHODS OF RESTRAINT

Physical Restraint

Physical restraints are designed to restrict **voluntary** movement or behaviour by the use of a device or physical force for behavioural purposes.

Chemical Restraint

Chemical restraint is 'the intentional use of medication to control a persons behaviour **when no medically identified condition is being treated**, where the treatment is not necessary for the condition or amounts to over treatment for the condition

Restraints do not include devices used for security or for the safety of an immobile resident who poses no risk to themselves or others. Devices used to ensure resident safety and hence known as safety restraints and should be reviewed yearly or more frequently as need arises

Use of environmental restraint which include locked doors, perimeter fencing or keypad access to the facility shall be detailed in the pre- admission documentation as policy and therefore does not require constant review.

Use of Restraint

- Restraint authorisation will be reviewed every 12 weeks by the GP – with details documented on the restraint authorisation form and in the residents progress notes/care plan. Details as to the type of restraint must be listed.
- A physical restraint must be released every 2 hours for 15 minutes. Details shall be recorded on the appropriate form