Describe the use of enablers, restraints, and safe restraint practice in an aged care, health, or disability context

Name _________________________________________________
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US 26976 Version 2
Level 2
Credits 2

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26976 V2

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Before you start

Welcome to this workbook for:

**Describe the use of enablers, restraints, and safe restraint practice in an aged care, health, or disability context.**

**Unit Standard 26976 V2.**

For this unit standard you will have:
- This workbook.
- A trainee’s assessment.

**What you will learn about**

In this workbook you will learn more about:
- Enablers.
- Restraints.
- Risk assessment.
- Safe restraint practice.
- Monitoring the use of restraints.

**How to use this workbook**

- This is your workbook to keep – make it your own by writing in it.
- Use highlighters to identify important ideas.
- Do the learning activities included throughout this workbook. Write your answers in the spaces provided.
- You might find it helpful to discuss your answers with colleagues or your supervisor.
- You will find definitions of key words in the glossary and study hints book.

**Use the glossary and study hints book to help you complete this workbook.**

It also explains key words and phrases from the compulsory unit standards for Foundation Skills and Core Competencies. You can download it from [www.careerforce.org.nz](http://www.careerforce.org.nz)
Workbook activities

Stop – check what you know about this topic
You will see this stop symbol in places where you are asked to stop and think about what you know and:
  • Record your current knowledge or impressions.
  • Check your knowledge.
This stop provides a reference point to return to later.
Stop activities have a blue background like this.

Learning activities
You will come across learning activities as you work through this workbook.
These activities help you understand and apply the information that you are learning about.
Learning activities have a pale yellow background like this.

Rewind
When you see this rewind symbol, go back to:
  • Think about what you know.
  • Check your knowledge.
This rewind gives you an opportunity to add to, change or confirm some of your initial thoughts and ideas.
Rewind activities have a green background like this.
Before you go any further in this workbook, think about...

### Enablers and restraints

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>What is an enabler?</td>
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<td>What are two types of enablers?</td>
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<tr>
<td>What is a restraint?</td>
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Enablers

Enablers are equipment, devices or furniture that assist people to do things they would not otherwise be able to do.

**Enablers** should improve a person’s quality of life by promoting overall independence, comfort and safety. Enablers also limit a person’s normal freedom of movement, so they are only used after appropriate assessment and if the person is happy to use them.

Your organisation will have policies and procedures that guide you on situations where enablers can be used. These policies and procedures may involve people giving their written consent or having a plan put in place for the use of the enabler, which includes a monitoring plan and a review date.

**Equipment** includes items like wheelchairs and walkers.

**Devices** are items that are invented for a specific purpose, for example, modified utensils.

**Furniture** might be a reclining chair or portable table.

It is important to note that it is not the equipment, device or furniture that makes something an enabler rather than a restraint, but the intention behind its use. When something is used with the intent to promote independence, comfort and safety, and the use is voluntary, it can be called an enabler.

Like restraints, enablers should be the least restrictive option that meets the needs of the person safely.

**Enablers can be used to promote:**

- Mobility
- Comfort
- Personal care
- Safety

In each of these areas, there is a variety of enablers and situations in which they might be used.
Mobility enablers

Mobility enablers are designed to help people move and promote their independence.

Walking frames, walking sticks and crutches
These enablers are designed to assist people as they walk. They help a person to move with more confidence and safety.

Walking frames, sticks and crutches might be needed on a temporary basis, for example, if someone is recovering from a hip replacement operation. They may be needed permanently, for example, if a person has a weakness due to a brain injury.

Situations where these enablers might be used:
- A person is at risk of falling when walking.
- A person requires additional support to walk.

Wheelchairs
People using a manual wheelchair can move it by turning the large rear wheels by hand. Wheelchairs usually have handles as well, so that they can also be pushed by someone else.

Electric wheelchairs have a motor and controls for speed and direction. For severely disabled users, wheelchairs may have specialist controls that are operated by the person’s chin or even by breathing.

Wheelchairs can be custom made to suit a particular person’s needs, for example, when taking part in sporting activities.

Situations where these enablers might be used are when a person is:
- Unable to walk due to illness, injury or disability.
- Having difficulty walking.
- Unable to stand for any length of time.
Comfort enablers

Comfort enablers improve quality of life and enable people to do more by minimising discomfort or pain.

Reclining chairs
A reclining chair has a backrest that can be tilted back and a footrest that can be raised. This kind of chair provides more comfort and support than an ordinary armchair. It can be used by a person who would otherwise be confined to a bed.

Situations where these enablers might be used:
• A person is at risk of falling due to poor balance.
• Ordinary armchairs are not comfortable.
• To give a person otherwise confined to bed a chance to be part of a communal setting.

Pillows and cushions
Pillows and cushions come in a wide variety of shapes and sizes. A “V” shaped pillow is designed to provide comfort when a person is sitting up in bed. A “roll” type cushion can support the lower back.

Situations where these enablers might be used:
• People who need support to position themselves comfortably in a chair or bed.
• An injury, for example, a sprained wrist or ankle, that needs support or elevation.
Personal care enablers

Personal care enablers provide support for things that help keep people clean and healthy.

Personal care includes:
- Showering.
- Going to the toilet.
- Dressing and undressing.
- Eating and drinking.

Transport wheelchairs
Enablers to assist with personal care include “transport” wheelchairs which are light chairs with four small wheels. They are often designed for specific purposes, for example, to help a person use a shower or toilet. This equipment may allow people more independence and privacy for personal care.

Tables
Tables that attach to wheelchairs or can be positioned over a bed or in front of an armchair provide a stable surface. Tables can be used for meals or for activities such as reading, writing or doing a jigsaw puzzle.

Utensils
Adapted utensils like knives, forks and spoons help people who have difficulty eating. Cups may have sipper spouts or large handles to assist people to drink. Plates and bowls can be weighted or have suction cups on the base to prevent spills.

An adapted knife and fork.

Enabling tools are also available for food preparation, for example, automatic can and jar openers.

Enablers for dressing and undressing include specially adapted clothing, for example, shoes with Velcro fasteners. Tools for reaching and pulling clothing into place are also available.

Situations where personal care enablers might be used:
- A person has difficulty eating and drinking independently.
- It is difficult for a person to maintain balance long enough to have a shower or go to the toilet alone.
- A person is at risk of falling.
- A person has difficulty dressing and undressing independently.
Safety enablers can build confidence and promote independence by making people feel more secure.

**Safety enablers**

Safety enablers can build confidence and promote independence by making people feel more secure.

**Straps, lap belts and harnesses**

Straps and belts can be mobility enablers when they are used to secure a person into a wheelchair. They are designed to improve safety and comfort.

Quality of life may also be improved if people feel happier to sit in their wheelchairs and be transported or taken out for activities or entertainment.

**Wedges**

Wedges are triangular shaped cushions. They can be used to help position a person safely in a chair or bed and can provide more stability than cushions or pillows.

Wedges can also be used to provide relief from pressure to parts of the body that are prone to ulceration.

**Bed rails**

Bed rails reduce the risk of people falling out of bed and being injured. They can provide a feeling of security and also keep people safe when being transported while in bed.

Bed rails may be needed as a safety enabler on a temporary basis, for example, when someone is recovering from surgery. They may be needed on a permanent basis, for example, when a person has dementia.

**Situations where safety enablers might be used are when a person is:**

- Unable to keep an upright position independently.
- At risk of falling.
- Frightened of falling.
- At risk of a wheelchair tipping due to uneven ground.
- Being transferred while in bed.
- At risk of rolling or falling out of bed.
- Unable to maintain a safe position in a chair or bed.
- At risk of developing ulcers.
Learning activity

Look at each picture.

Answer the questions.

What is this enabler?

What can it help someone to do?

What is this enabler?

What can it help someone to do?

What is this enabler?

What can it help someone to do?

What is this enabler?

What can it help someone to do?
Before you go any further in this workbook, think about...

**Restraint**

<table>
<thead>
<tr>
<th>What are three important things to consider when restraint is needed?</th>
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<tbody>
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</tbody>
</table>
Restraints

A restraint is any intervention that limits a person’s normal freedom of movement.

Why are restraints used?
Restraints are used to help keep people safe: the person being restrained and those around the person, for example, family members, visitors or staff.

Restraints should only be used when all other interventions have been unsuccessful and there is the risk of harm to people if restraints are not used.

When are restraints used?
Reasons that restraints might be used include:

- Managing agitation (anxiety) and aggression.
- Preventing a person wandering.
- Providing physical support.
- Assisting with treatment.

Minimising the use of restraints
To ensure the safety, comfort, physical and emotional wellbeing of a person are maintained, all possible alternatives to using restraints should be considered. The aim is to use the least restrictive intervention.

What rules are there about restraints?
Incorrect use of restraints can cause distress and possible injury to people so they must be used with great care and constant supervision.

National Restraint Minimisation and Safe Practice Standards have been developed. These standards encourage the use of the least restrictive type of restraint.

Take note!
Wherever possible, the use of restraints should be avoided or minimised.
Restraints

Restraints limit a person’s freedom of movement and are only used as part of providing the best care possible.

Who decides whether a restraint may be used?
The use of restraints is a clinical (medical) decision, made after the need for restraint has been fully assessed.

Using restraints must also occur in a safe and respectful manner.

Restraints should never be used as a punishment.

Restraints can be:
- Environmental (including seclusion)
- Physical
- Personal
Environmental restraints

An environmental restraint is a change to a person’s surroundings that restricts or controls movement.

Bedrails
Bedrails are bars that can be raised on the sides of a bed. Some bedrails are padded, which makes them safer.

Seclusion
The amount of social interaction people have can be reduced if they are at risk of injuring themselves or others.

The use of seclusion (locking a person in a particular room) as a restraint has to comply with mental health laws. Talk to your supervisor about your organisation’s policies and procedures in this area.

Seclusion

Locked doors
Locking the door to a room or to certain areas, for example, a laundry, can stop people wandering or going into places they are not supposed to.

Doors may be locked with keys or have a bolt or latch that is out of reach. Combination locks, that require a series of letters and numbers to unlock them, are commonly used.

Locked doors

Fences
Fences and gates can be used to restrict an outdoor area. Indoor gates may be used in a corridor or at the top of a staircase.

Fences

Furniture
Items of furniture such as portable tables or reclining chairs can be used as a form of environmental restraint.

Furniture

Situations where environmental restraints might be used are when a person is:

- At risk of falling out of bed.
- Likely to wander from a room or building.
- At risk of injury to self or others.

Situations where environmental restraints might be used are when a person is:
Physical restraints

Physical restraint is when equipment or furniture is used to limit a person’s normal freedom of movement. Most physical restraints are applied directly to a person’s body.

Straps and lap belt restraints
These restraints may be used in a bed or a chair. The fastener may or may not be within reach of the person being restrained.

Vest restraints
The vest crosses the body at the front, and has straps to secure it to a chair or bed to minimise forward or sideways movement.

The vest may also have shoulder straps to provide additional restraint.
Physical restraints

Mitt restraints
Mitt restraints fit over a person’s hands and restrict the ability to use fingers and thumbs.

Wrist/ankle restraints
These restraints are used to limit movement of legs and/or arms.

Elbow/arm splint
This restraint prevents the elbow from bending but still allows access to a person’s veins if an intravenous line is needed.

Situations where physical restraints might be used are when people are:

- Confused or agitated and are at risk of injuring themselves or others, for example, if a person is trying to pull out an IV line or feeding tube.
- Likely to get up and wander from a chair or bed and put themselves or others at risk.
- Unable to cooperate when medical treatment is needed.
Personal restraints

A personal restraint is when someone uses his or her body to prevent another person moving.

Planned personal restraint

If medical treatment is required and the person is likely to be too agitated or aggressive, personal restraint may be planned in advance, with extra staff members available.

For example, a person’s upper body and arms can be held to allow for a blood test to be taken or an intravenous line to be inserted. A person’s body and legs might be restrained to allow for the insertion of a urinary catheter.

Other situations that might need planned personal restraint with practised techniques are things like:

- Preventing the removal of a feeding tube or drain.
- Keeping people’s airways open if they are unconscious.
- Preventing a person from moving into a dangerous situation such as stepping out on to a road.
Learning activity

Look at each picture.
Answer the questions.

What is this restraint?
Why might it be used?

What is this restraint?
Why might it be used?

What is this restraint?
Why might it be used?
Specially adapted shoes can be easier for a person to put on independently.

Covering bed rails with padding can lessen the risk of injury.

A walking frame is an enabler.
When enablers become restraints

Enablers have the potential to become restraints that can cause distress or injury.

A risk assessment that covers the possibility of an enabler becoming a restraint will need to be carried out for each person and may be different for each type of enabler.

Your organisation will have policies and procedures with the criteria for this risk assessment.

The policies and procedures will also have other important information about the types of enablers available and how they should be used.

If you are not already familiar with your organisation’s policies and procedures, ask your supervisor to show them to you.

Reclining chairs

Reclining chairs, deep-seated chairs and bean bags enable people to sit in comfort. If the person is unable to get up independently, the chair or bean bag has become a restraint.

Take note!

An enabler is something people choose to use. If they are unable to remove the enabler when they have finished using it, it may become a restraint.
When enablers become restraints

Pillows and cushions
Also used as comfort enablers, pillows and cushions become a restraint if the person is unable to remove them independently.

Tables
Portable tables that can be positioned in front of a chair and trays that are fixed to beds act as enablers while they are being used. If the person cannot remove the table or tray, freedom of movement is restricted and these items become restraints.

Straps and bedrails
As enablers, these devices can assist with mobility, for example, by keeping a person sitting safely in a wheelchair. They also contribute to safety, for example, bedrails for someone who is at risk of falling out of bed.

These enablers become restraints when people are confined to bed unwillingly, or when they are unable to unfasten a belt by themselves.
Risk assessment

Your organisation will have policies and procedures that cover risk assessment of enablers and restraints.

Risk assessment

Before any restraints are used, a risk assessment will have been completed and a decision made about whether the use of the restraint is appropriate.

Assessment is important because a restraint that works for one person might not be suitable for someone else.

A restraint should only be used if:

• People are a risk to themselves and/or others.
• All other alternatives have been tried and have been found to be unsuccessful.
• The benefits and risks of using the restraint have been considered and the benefits outweigh the risks.

Who makes the decision to use a restraint?

The decision to use a restraint is made by a medical professional, for example, the person’s doctor, a registered nurse (RN) or the restraint coordinator.

Is consent needed?

Except in emergency situations, consent must be obtained before using a restraint. It is expected that the following will be explained to the person:

• All the alternatives to the use of the restraint.
• The associated risks and benefits.
• What restraint will be used.
• The expected duration of its use.

If the person’s ability to give consent is impaired, consent can be obtained from the family or guardians.

Someone who has been given enduring power of attorney (EPA) for a person has authority to act for that person.

An EPA for personal care and welfare comes into effect when the person becomes mentally incapable.
Risk assessment

Other things to consider

Any decision to use a restraint carries significant legal responsibilities.

You will also need to be aware at all times of your responsibilities to respect a person’s rights, dignity and self-esteem.

The needs, values and beliefs of different cultural, religious, social and ethnic groups should always be taken into account.

For example, touching the head may be offensive to Māori people. A person who has had experience in the armed services or has come from a country with political unrest may be more distressed by being restrained.

You should only apply restraints if:

- You have been directed to do so for safety reasons.
- The correct consent has been given.
- You are using the restraint in accordance with your organisation’s policies and procedures.

What are the risks?

Emotional

- Increased confusion
- Anxiety
- Increased anger
- Frustration
- Decreased communication

Skin breakdown

The material from a restraint may rub and/or restrict the skin, causing irritation or sores if it is tied too tightly or left on for too long.

Blood clots

Blood clots can form and cause blood flow problems to important parts of the body, like the lungs and brain.

Muscle weakness

If the person is in bed for long periods of time, the muscles can tighten and shrink which can cause increased pain when the person moves.
Risk assessment

**Pneumonia**
Restraints contribute to the risk of pneumonia if they decrease movement for long periods of time.

**Constipation**
Constipation can be caused by decreased movement for long periods of time.

**Nerve damage**
If restraints are too tight, there will be a decrease in blood flow, and potential long-term damage to nerves.

**Asphyxiation (suffocation)**
In some cases, a person may become tangled in the restraint and be suffocated, as a result of:

- A restraint not being used correctly.
- A person trying to get over or through bed rails.
- A person slipping in a chair and being trapped by a belt restraint.

**Death**
A person may die if trapped and not found in time.
Before you go any further in this workbook, think about...

**Restraint safety**

<table>
<thead>
<tr>
<th>Name a restraint.</th>
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<tbody>
<tr>
<td>What is one way of making this restraint safer to use?</td>
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<tr>
<td>Name another restraint.</td>
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<tr>
<td>What is one way of making this restraint safer to use?</td>
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</tbody>
</table>
Safe restraint practice

Whenever restraints are used, the risk of injury or discomfort must be minimised. Safe restraint practice involves:

1. Minimising the use of restraints.
2. Restraint approval.
3. Monitoring the person while the restraints are being used.
4. Review of the need for restraint.

Leisure activities may be a good alternative to using restraints.
Minimising the use of restraints

Minimising the use of restraints is about using the least restriction possible to achieve the desired result. This policy needs to be applied to:

- The type of restraint used.
- The length of time the restraint is used for.
- Whether the restraint is actually needed.

The simplest way to minimise the use of restraints is to avoid using them at all, if possible. Restraints should only be considered when alternatives have been unsuccessful.

Alternatives to restraints

- Increased monitoring, for example, providing a sitter/companion or putting the person in a room close to the nurses’ station.
- Using alarm devices that notify staff if the person has left a room or bed. Devices can also monitor movement in bed and whether a person has fallen.
- For people at risk of falling, lowering the bed may help reduce the risk of injury.
- Continuous monitoring of the service plan to ensure that all the person’s needs are being met.
- Ensuring that any assistive equipment is the correct size and comfortable for the person to use.
- Leisure activities or conversation can be used to distract people from a situation.
- Careful observation of the person, watching for signs of pain, hunger, thirst and the need to use the bathroom.
- Covering invasive tubing, IVs etc with bandaging for a person who tries to remove these medical items.
- Removing excessive stimulation, for example, turning a television off.
- Verbal interaction/direction, for example, telling a person that behaviour is not acceptable.
Restraint approval

Before any restraint is used, a medical practitioner will carry out a full restraint approval process.

This process will cover:

- The person’s current treatment and recovery plan.
- Possible alternatives to restraints.
- How the person will be affected by the use of the restraint, for example, increased anger or confusion, and the possible effect of this response on future treatment.
- Any risks associated with the use of the restraint.
- The desired outcome.
- Legal position and implications.
- The person’s gender, culture and background.

This flow chart sets out the process that is followed when a decision is made to use restraints.

- Identify the need for a restraint.
- Carry out a comprehensive risk assessment
- Consider all alternatives.
- Consult with the person, family/guardians and medical professionals. Gain consent.
- Develop a service plan, taking into account organisational policies and procedures.
- Use the least invasive restraint.
- Ensure there is continuous and/or regular monitoring of the restraint for the time outlined in the service plan.
- Review the need for the restraint.

Need for restraint reduced.

Need for restraint not reduced.

Develop a service plan without the use of restraints.
Monitoring

All restraints carry a risk of injury to a person. If restraints are being used, the person must be monitored carefully.

Monitoring is observing something or someone over a period of time and watching for any changes. The changes being watched for, and how often the person needs to be checked on, will depend on the particular restraint being used.

Instructions about what needs to be checked and how often will be outlined in the person’s service plan.

• A physical restraint may need to be checked every 15 minutes.
• An environmental restraint might need checking every two hours.

What needs to be monitored?

Colour
If a restraint is too tight, the skin may have a dark red or bluish appearance due to restricted blood flow. The skin may also feel cool if blood flow is restricted.

Circulation
Restricted blood flow affects circulation. Along with colour changes, a person may have tingling or numbness, especially in the fingers, hands, feet or toes.

Skin breakdown
The skin, especially the areas in contact with restraints, may become red or develop sores.

Breathing
If a person is having difficulty breathing, the restraint may be too tight around the chest. The person should be able to breathe normally when a restraint, for example, a vest, is in place.

Posture
The restraint should allow a person to sit straight and comfortably. If the person is slouched or uncomfortable, the restraint may be too tight or incorrectly positioned.

Degree of restriction
There should be enough space to fit two fingers between a restraint and the person’s body or clothing. If there are signs of discomfort or skin irritation, the restraint may be too tight.

Comfort levels
Listening and watching for any signs that the person is in pain, uncomfortable, upset or angry while in a restraint will help to keep the level of restraint and the risk for injury to a minimum.

Personal needs
Ensuring that a person’s needs are met and that there are regular opportunities to eat, drink and go to the toilet, will help decrease the impact of restraints on the person’s emotional wellbeing.
An example of an application and monitoring procedure.

Here is an example of an organisation’s policies and procedures about wrist and ankle restraints. Compare this information with your own organisation’s policies and procedures about wrist/ankle restraints.

### Wrist/ankle restraints

**Reason for use**

Used to keep people’s arms or ankles in place when they are at risk of injuring themselves or others.

### Application

1. Tell the person and family members why wrist/ankle restraints are being used. Explain that it is not a punishment and that the restraints will be removed as soon as they are no longer needed.

2. Apply the wrist/ankle restraints to the person in accordance with the manufacturer’s guidelines.

3. Tie the restraints so that they can be removed quickly and easily in case of an emergency.

4. To prevent restricted circulation, you should be able to fit two fingers between the restraint and the person’s wrist/ankle.

5. Make sure the restraints are attached to a part of the bed that will move if the bed is adjusted.

### Monitoring

1. Assess the person every 15 minutes while the restraints are in use. Check skin colour and temperature.

2. Watch for any changes in the person’s behaviour or emotional state.

3. Every two hours, remove the restraints for 15 minutes. Check for any reddened areas of skin beneath the restraint. If requested, allow the person to use the toilet or have a drink of water.

4. Keep a record of the type of restraint, the manufacturer’s name, the length of time the restraint has been used and all observations of the person.

### Monitoring

1. Assess the person every 15 minutes while the restraints are in use. Check skin colour and temperature.

2. Watch for any changes in the person’s behaviour or emotional state.

3. Every two hours, remove the restraints for 15 minutes. Check for any reddened areas of skin beneath the restraint. If requested, allow the person to use the toilet or have a drink of water.

4. Keep a record of the type of restraint, the manufacturer’s name, the length of time the restraint has been used and all observations of the person.
Learning activity

Choose another kind of restraint that is used in your workplace.

Find your organisation’s policies and procedures about this restraint.

Answer these questions.

What is the name of the restraint?

Why would it be used?

How is this restraint applied?

What things need to be monitored while this restraint is being used?
Review of restraints

Documentation
All aspects of the decision making process, monitoring of restraints and reviews should be documented.

This documentation should include:
- A record of the initial risk assessment.
- The alternative treatments considered.
- The reason for using the proposed restraint.
- The type of restraint.
- The associated risks and benefits.
- The permission forms from everyone involved in the process, including the person’s doctor.
- The intended duration of use.
- The proposed monitoring and review schedule.

Review of restraints
The use of a restraint and the documentation about it will be reviewed every three months by the medical practitioner. The things that will be checked may include:

- Why was the restraint used?
- Has the restraint addressed the problem?
- Were the physical and mental wellbeing, comfort and privacy of the person protected?
- What could have been done differently?
- What alternatives were tried before the restraint was used and why were they unsuccessful?
- Are there any alternatives that might be successful now?

If a restraint has been successful and is no longer necessary, it will be removed.

The aim is always to stop using a restraint, if possible, or to use a less restrictive alternative.

Take note!
Check the flow chart on page 30 to see how the review might affect future decisions about using a restraint.
Your role in the safe use of restraints

The policies and procedures of your organisation to do with restraints must always be followed.

If it is part of your job description, your role as a support worker may include:

- Knowing the process involved in applying restraints.
- Understanding the effects the restraint could have on the person, physically and emotionally.
- Correctly using or applying restraints and enablers.
- Monitoring the person.
- Recording your observations.
- Providing feedback about the use and effect of the restraints.

Part of your role may be to fill in the documentation about restraints, that is kept in a person’s service plan.
Your role in the safe use of restraints

### PATIENT CARE PLAN - RESTRAINT

<table>
<thead>
<tr>
<th>NAME OF PATIENT:</th>
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<table>
<thead>
<tr>
<th>REASON FOR RESTRAINT</th>
<th>TYPE OF RESTRAINT</th>
<th>TIME LIMIT DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent/Self-Destructive Behaviour</td>
<td>Wrist</td>
<td>Age 18 and over: 24 hours</td>
</tr>
<tr>
<td>Date initiated</td>
<td><em><strong>/</strong></em>/___</td>
<td>Time initiated</td>
</tr>
<tr>
<td>Time initiated</td>
<td>__________</td>
<td></td>
</tr>
<tr>
<td>Disrupting Medical Treatments</td>
<td>Mitt</td>
<td>Age 9–17: 2 hours</td>
</tr>
<tr>
<td>Date initiated</td>
<td><em><strong>/</strong></em>/___</td>
<td>Time initiated</td>
</tr>
<tr>
<td>Time initiated</td>
<td>__________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm/Elbow</td>
<td>Age less than 9: 1 hour</td>
</tr>
<tr>
<td></td>
<td>Bed Rails</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Belt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vest</td>
<td></td>
</tr>
</tbody>
</table>

#### ALTERNATIVES TRIED

- Provide companionship and supervision.
- Changing or eliminating treatments.
- Frequent reorientation to surroundings.
- Offering diversional and/or physical activities.
- Bed monitoring devices.
- Reality orientation and psychosocial interventions.

#### DISCONTINUED IF

- No longer a risk to themselves or others.
- Responding to alternatives.
- Responding to staff direction.

#### PLAN OF CARE FOR RESTRAINED PATIENT

- Physician (or other LIP) consulted.
- Restraints are to be released every 2 hours for 15 minutes OR pressure point massage every 2 hours for 15 minutes.
- For physical restraint, check patient every 15 minutes.
- For environmental restraint, check patient at a minimum, every 2 hours.
- Offer fluid/food and toileting every hour while awake.

- Viral signs as indicated.
- Patient to be reassessed every 2 hours by RN and whenever there is a significant change in condition.
- Educate patient/family on rationale and release criteria for restraints.
- Family notification with patient’s consent.

I have examined and evaluated the patient for their reaction to the intervention, current medical and behavioural condition and concur with the need for restraint or seclusion.

<table>
<thead>
<tr>
<th>DATE/TIME OF TELEPHONE ORDER</th>
<th>NAME OF DOCTOR/RN SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>DATE/TIME ___________________</td>
<td>PHYSICIAN SIGNATURE __________</td>
</tr>
</tbody>
</table>

Take note!

Compare this example form with the form your organisation uses.
Rewind to pages 6, 13 and 27

Do you agree with your initial thoughts and ideas?

<table>
<thead>
<tr>
<th>If yes, do you have anything you would like to add?</th>
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</table>

<table>
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<tr>
<th>If no, what would you change?</th>
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</table>
Completion and assessment

Congratulations!

You have come to the end of the workbook for Unit Standard 26976 V2: Describe the use of enablers, restraints, and safe restraint practice in an aged care, health, or disability context.

Please check over all the activities in this workbook to make sure you have completed them.

Your assessment is next

You need to complete the trainee’s assessment successfully to be credited with this unit standard.

Your assessor will sign you off once you have completed the assessment tasks satisfactorily.

Your assessor is able to give you a “Certificate of completion” for achieving this unit standard.
Acknowledgements

Careerforce would like to thank the people who have contributed their time and effort into creating this workbook by:

- Research and content validation.
- Advice and expertise.
- Testing the activities.
- Sharing personal experiences.
- Appearing in photographs.

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