

# Minimising Restrictive Practices In Health Care Toolkit

## TOOL 3 Clinical strategies to minimise the use of restrictive practices

### Introduction

When confronted with challenging behaviour that limits or prevents the provision of safe care, clinicians and other workers might consider the use of restrictive practices as a last resort to prevent harm.

Therefore, all of these are strategies aimed at the prevention or de-escalation of challenging behaviour in the first instance. A safe approach to managing the care of patients who exhibit disturbed and/or aggressive behaviour is one that focusses on prevention strategies and positive changes to the provision of care and support, and using alternative strategies. Research supports the use of alternative strategies that are tailored to the needs of the consumer and the setting, for example the differing approaches for acute adolescent services compared with aged care. Training and education is a key element of practice change, and enables workers to predict, prepare for and respond appropriately to challenging behaviours and resistance to care, and thereby avoid using restrictive practices.

The purpose of this tool is to provide a summary of restrictive practice minimisation strategies and a list of current guidance, for reference by clinicians and clinical educators.

### Health services can use this information to:

- > involve workers, consumers and carers in the development, implementation and evaluation of strategies to avoid or eliminate restrictive practices
- > use current evidence-based guidelines, or expert consensus if there is no evidence, to inform new strategies
- > select prevention strategies that are most applicable to the health setting and the consumers accessing the service
- > ensure that training and education programs result in workers having relevant skills and knowledge to implement the strategies.

SA Health services have an obligation to ensure all workers receive sufficient training, instruction and supervision to enable them to work safely ([Work Health and Safety Duty of care to all persons Policy Directive](#) ).



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## Clinical strategies to minimise the use of restrictive practices

Restrictive practice minimisation strategies can include early preventative actions or approaches to care. For example the following:

- > Involving people who use services, families and carers in planning, reviewing and evaluating all aspects of care and support.
- > Building positive, respectful and collaborative relationships with consumers and their carers and families, using relevant frameworks, methodologies and approaches such as:
  - consumer centred care principles and practices
  - Trauma Informed Care
  - Dignity in Care.
- > Providing care in a way that upholds the consumers' health care rights (as outlined in SA Charter of Health Care Rights 2012 (SA Health and Community Services Complaints Commissioner).
- > Providing care in a way that respects age, culture, language and spiritual differences and allows for differences in health literacy.
- > Engaging early with consumers and carers so that where possible individualised support plans, incorporating behaviour support plans, are implemented for all people who use services who are known to be at risk of challenging behaviour, in particular with those consumers known to have been restrained or secluded in the past.
- > Assessing, treating and managing the person's physical and mental health condition(s) and associated symptoms, using evidence-based guidelines.
- > Providing a physical, social and emotional environment, and formal and informal activities that avoid triggers and support prevention, care and recovery.
- > Recognising the development of challenging behaviour - this includes assessing the consumer's behaviours, their triggers or contributing factors, level of distress and risk of challenging behaviours, using screening and assessment tools as appropriate and available.
- > Planning care and teamwork, to address risk throughout the episode of care.
- > Acting early to de-escalate - this includes a range of verbal and non-verbal techniques, based around good communication. Continue de-escalation strategies throughout the incident.

### Further information is available:

Prevention and Responding to Challenging Behaviour policy directive Resource toolkit - Tool 5 Education and Training Framework for Challenging behaviour.

Restraint and seclusion in Mental Health Services policy guideline

- Fact Sheet 1 Activity programs for mental health units
- Fact Sheet 2 Agitation scale
- Fact Sheet 3 Limit setting
- Fact Sheet 4 Personal prevention plan and form
- Fact Sheet 6 Sensory modulation

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## References

A list of current guidelines and references follows.

### Australian (in chronological order)

- > [Principles for Safe Management of Disturbed and /or Aggressive Behaviour and the Use of Restraint](#), 2015. Policy Directive PD2015\_004 NSW Ministry of Health. *Does not cover mental health services or pharmacological restraint*
- > The use of restraints and psychotropic medications in people with dementia, 2014. Paper 38 Alzheimer's Australia
- > [A Better way to care](#) – safe and high quality care for patients with cognitive impairment (dementia and delirium ) in hospital, 2014. Australian Commission for Safety and Quality in Health Care (ACSQHC)
- > [The Care of Confused Hospitalised Older Persons](#) program (CHOPs), 2014. NSW Agency for Clinical Innovation (ACI). *Also a key summary document is [Key Principles for Care of Confused Hospitalised Older Persons](#)*
- > [A guide for family carers. Dealing with behaviours in people with dementia](#), 2014. Dementia behaviour management advisory services and Dementia Collaborative Research Centres
- > [Reducing Behaviours of Concern](#). *A web-based guide, affiliated with Alzheimer's Association and DBMAS.*
- > [Dementia Behaviour Management Advisory Services](#) *Provide assistance in managing the behavioural and psychological symptoms of dementia*
- > Best care for older people everywhere - [The Toolkit](#). Department of Health Victoria
- > Toolkit - Minimising Restraint Use in Adults, 2013. Agency of Clinical Innovation NSW
- > Restraint Standards 2013. Joanna Briggs Institute, Adelaide
- > [Reducing restrictive interventions](#). Literature review and document analysis, 2013. Mental Health, Drugs and regions Division, Department of Health Victoria
- > [Reducing restrictive interventions](#). Literature review and document analysis, 2013. Mental Health, Drugs and Regions Division, Department of Health Victoria.
- > [Providing a safe environment for all](#). Framework for reducing restrictive interventions, 2013. Mental Health, Drugs and Regions Division Department of Health Victoria.
- > [National Practice Standards for the Mental Health Workforce](#), 2013. Commonwealth Department of Health
- > [Emergency Restraint and sedation](#) Clinical Practice guideline, 2013. The Royal Children's Hospital Melbourne
- > [Mental Health Statement of Rights and Responsibilities](#), 2012. Commonwealth of Australia
- > [Aggression, Seclusion & Restraint in Mental Health Facilities](#) -Guideline Focused Upon Older People, 2012. NSW Health
- > [Delirium Care Pathways](#) Health Care for Older Australians, 2010. AHMAC Health Care of Older Australians Standing Committee
- > Preventing falls and harm from falls - best practice for Australian hospitals, residential aged care and community care 2009. Australian Commission for [Safety and Quality in Health Care](#)
- > [Clinical Practice Guidelines for the Management of Delirium in Older People](#), 2006. Department of Health Victoria
- > [Guidelines for working with people with challenging behaviour in residential aged care facilities](#) - using appropriate interventions and minimising restraint, 2006. NSW Health.
- > [National Safety Priorities in mental health](#) : a national plan for reducing harm, 2005. National Mental Health Working Group Health Priorities and Suicide Prevention Branch. *Department of Health and Ageing*, Canberra
- > Physical Restraint Use in Older People, Position Statement No.2, revised 2012 *Australian and New Zealand Society for Geriatric Medicine*
- > Physical Restraint - Part 1: Use in Acute and Residential Care Facilities, 2002. *Joanna Briggs Institute Best Practice Evidence based practice information sheets for health professionals*

**International** (in chronological order)

- > [Positive and proactive care: reducing the need for restrictive interventions](#), 2014. United Kingdom Department of Health. *For health and social care settings*
- > [Improving Patient and Worker Safety](#): Opportunities for Synergy, Collaboration and Innovation, 2012. The Joint Commission. Oakbrook Terrace, IL.
- > [Promoting Safety: Alternative Approaches to the Use of Restraints](#) Best practice guideline, 2012. Registered Nurses' Association of Ontario (RNAO). Toronto.
- > Practical guidelines for the acute emergency sedation of the severely agitated older patient, 2011. *Internal Medical Journal* 41:651-657.
- > [Dementia Clinical Quality standard 1](#), 2010. National Institute for health and care excellence (NICE)
- > "Let's talk about restraint" Rights, risks and responsibility, 2008. *Royal College of Nursing* UK.
- > [Dignity in care](#). An approach to care focussed on 10 values and actions. Dignity in Care Organisation UK.

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For more information

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Public: I1-A1



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