



## **GENTLY RELEASE HOLDS**

SKILLS FOR CARERS, SUPPORT WORKERS, EDUCATION ASSISTANTS

- ▶ PURPOSE OF COURSE:
- ▶ Behaviours of Concern from two perspectives:  
*Work health and safety perspective and,  
Quality of care perspective.*

## INTRODUCTION

- ▶ Introduction
- ▶ Behaviours of Concern
- ▶ Work Health and Safety
- ▶ Communication, de escalation and distraction
- ▶ Teamwork
- ▶ Restrictive Practices
- ▶ Releases of Holds
- ▶ Summary
- ▶ Feedback and closure

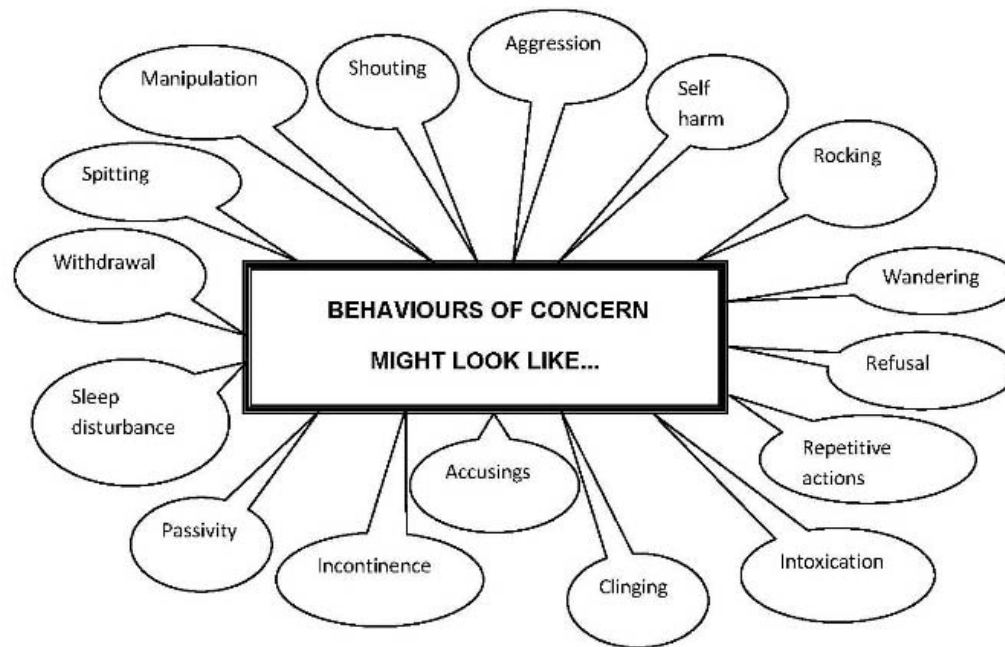
## AGENDA

- ▶ All care taken
- ▶ Self risk assessment
- ▶ Modify according to situation
- ▶ Consistent with own workplace policies
- ▶ Suggestions and guidelines, not recipes
- ▶ Double tap, double clap means stop

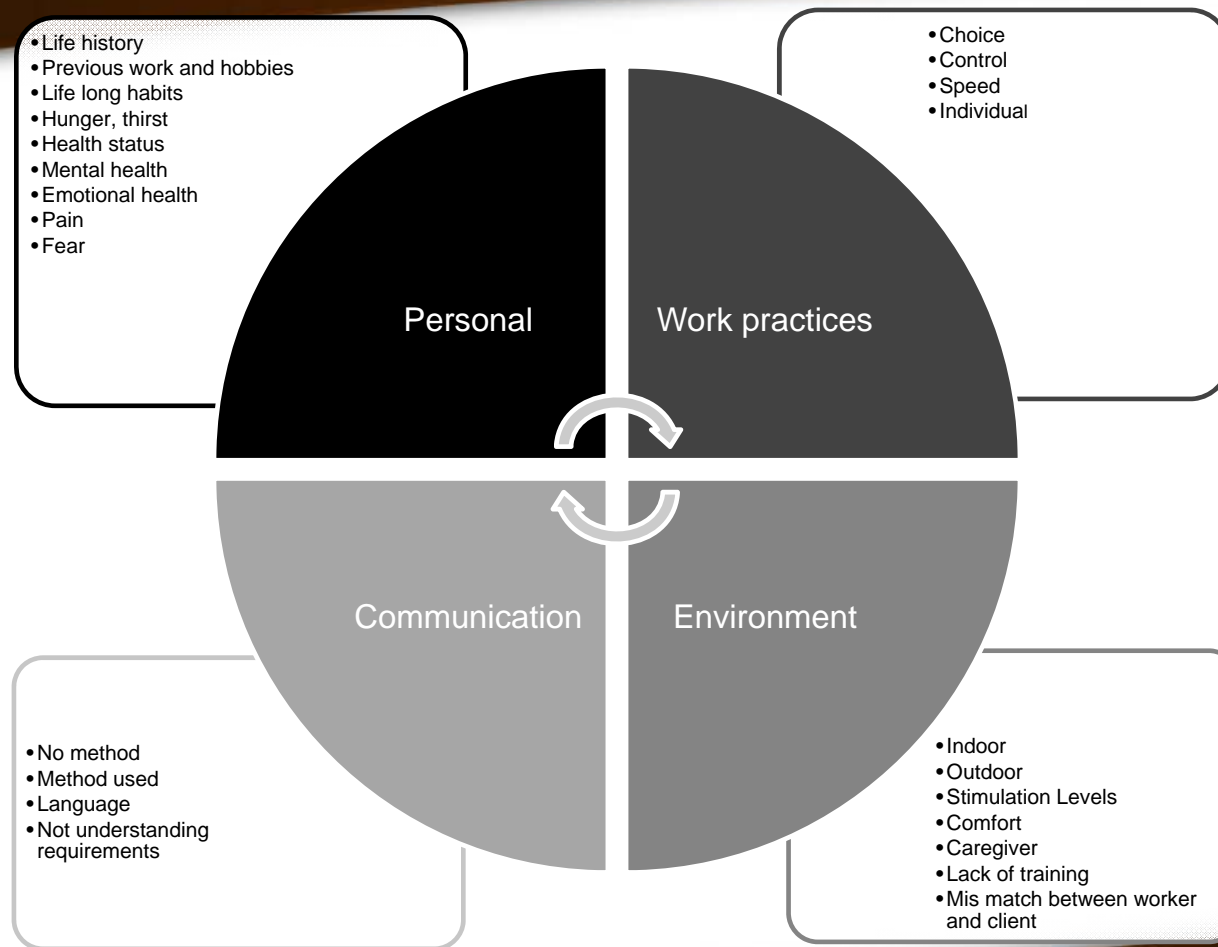
DISCLAIMER



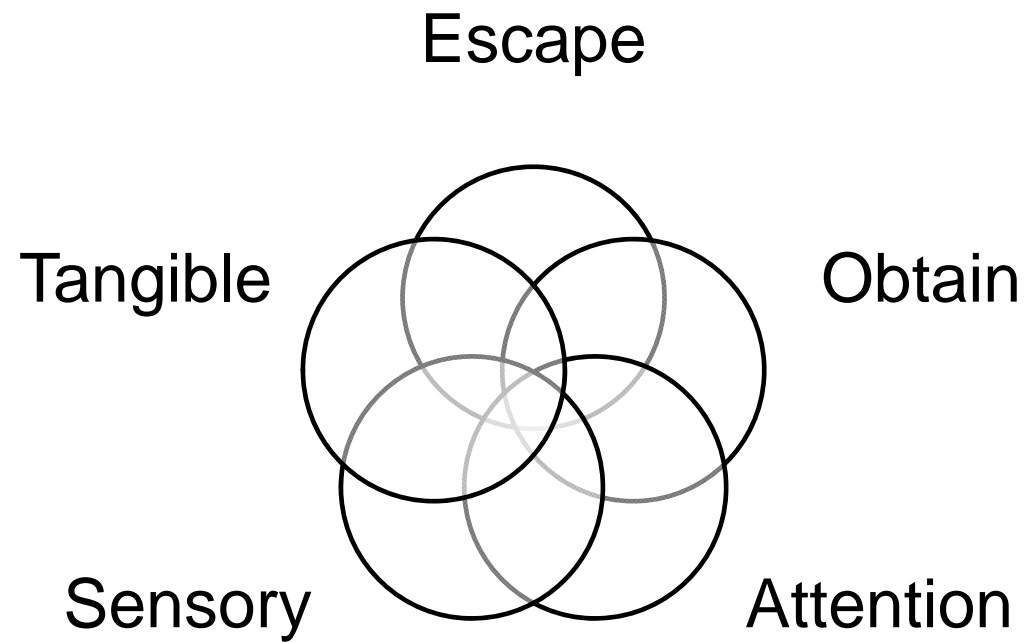
WHAT ARE BEHAVIOURS OF CONCERN



WHAT WILL BEHAVIOURS OF CONCERN LOOK LIKE?

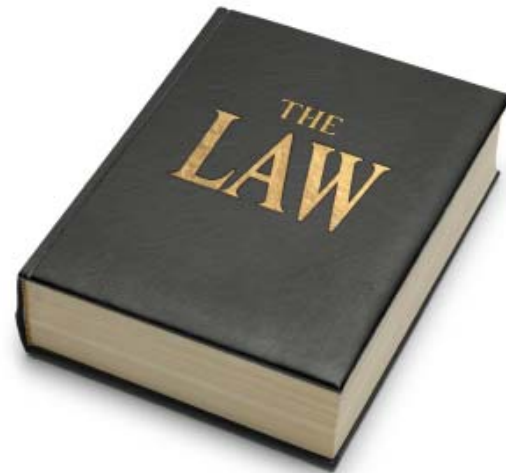


## CAUSES



BEHAVIOUR IS A MESSAGE





WORK HEALTH AND SAFETY

- ▶ Work Health Safety Act 2012.
- ▶ Regulations pertaining to the Act.
- ▶ Codes of Practice and other guidance material:
  - ▶ *Work Health and Safety Consultation Cooperation and Coordination*
  - ▶ *Preventing Psychological Injury under work health and safety laws*

## LEGISLATIVE STRUCTURE

A person conducting a business or undertaking must, so far as is reasonably practicable, must ensure the health and safety of:

- ▶ The workers and other persons in the workplace
- ▶ Provide and maintain a safe workplace, equipment, structures and systems of work
- ▶ Provide information, training, instruction or supervision
- ▶ Monitor health of workers and the conditions at the workplace
- ▶ Consult with workers
- ▶ Consult with health and safety representatives (see the Act)
- ▶ Establish a Health and Safety Committee (see the Act)
- ▶ Report notifiable incidents

PERSON CONDUCTING BUSINESS OR UNDERTAKING

While at work, a worker must:

- ▶ Take reasonable care for his or her own health and safety
- ▶ Make sure that his or her acts or omissions do not adversely affect the health and safety of other persons
- ▶ Follow instructions given by the PCBU
- ▶ Follow policies and procedures specified by the PCBU
- ▶ Report hazards

WORKERS

## INDUSTRY

- ▶ Health Care and Social Assistance
- ▶ Education and Training
- ▶ Public Administration and Safety
- ▶ Slight decline from 2010 - 2011.

## JOB ROLE

- ▶ Aged or Disabled Carer
- ▶ Prison officer
- ▶ Teachers' Aide
- ▶ Secondary School Teacher
- ▶ Security Officer

<http://www.commerce.wa.gov.au/worksafe/category-specific-statistics-summary>

**JOB ROLES LIKELY TO EXPERIENCE AGGRESSION**

- ▶ **S** - Spot or identify the hazard
- ▶ **A** - Assess the risk
- ▶ **F** - Fix or control the problems
- ▶ **E** - Effectiveness review of the controls and hazard

CODE OF PRACTICE

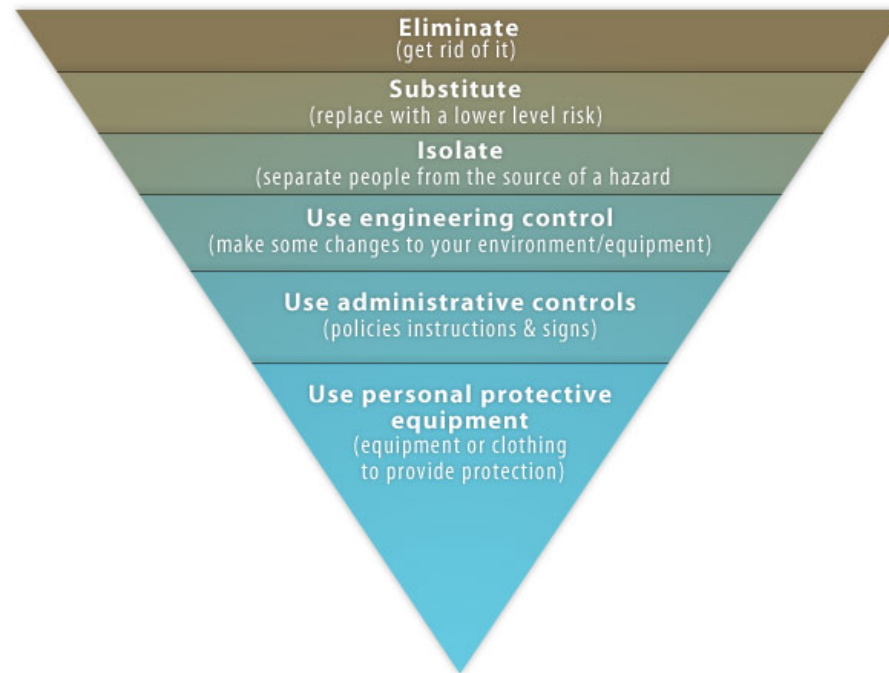


SPOT THE HAZARD

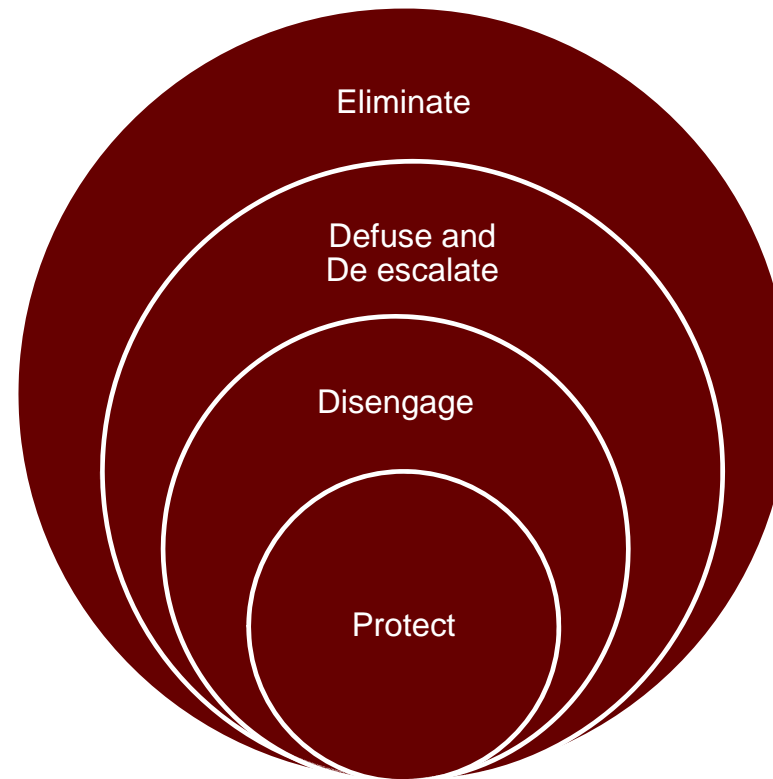


ASSESS THE RISK





**FIX THE PROBLEM - SYSTEMIC**



FIX THE PROBLEM - HOLDS



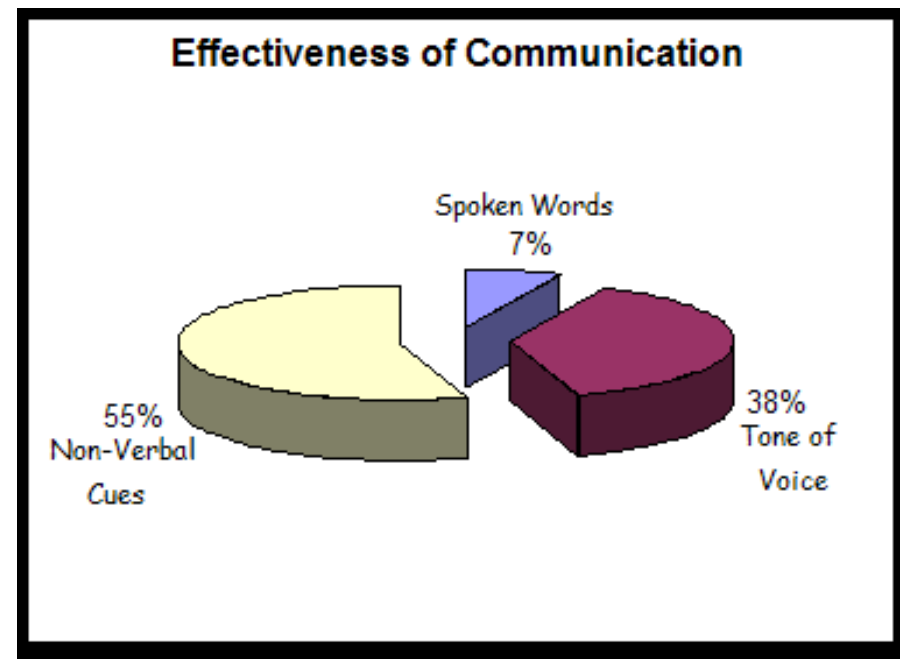
EFFECTIVENESS REVIEW

- ▶ What behaviour
- ▶ What is unmet need
- ▶ Known triggers
- ▶ Routines to encourage
- ▶ What needs to be done:

client skill building, employee skill building, consistency



POSITIVE BEHAVIOUR SUPPORT PLANS



DEFUSE AND DE-ESCALATE THROUGH COMMUNICATION

## Verbal



## Non Verbal

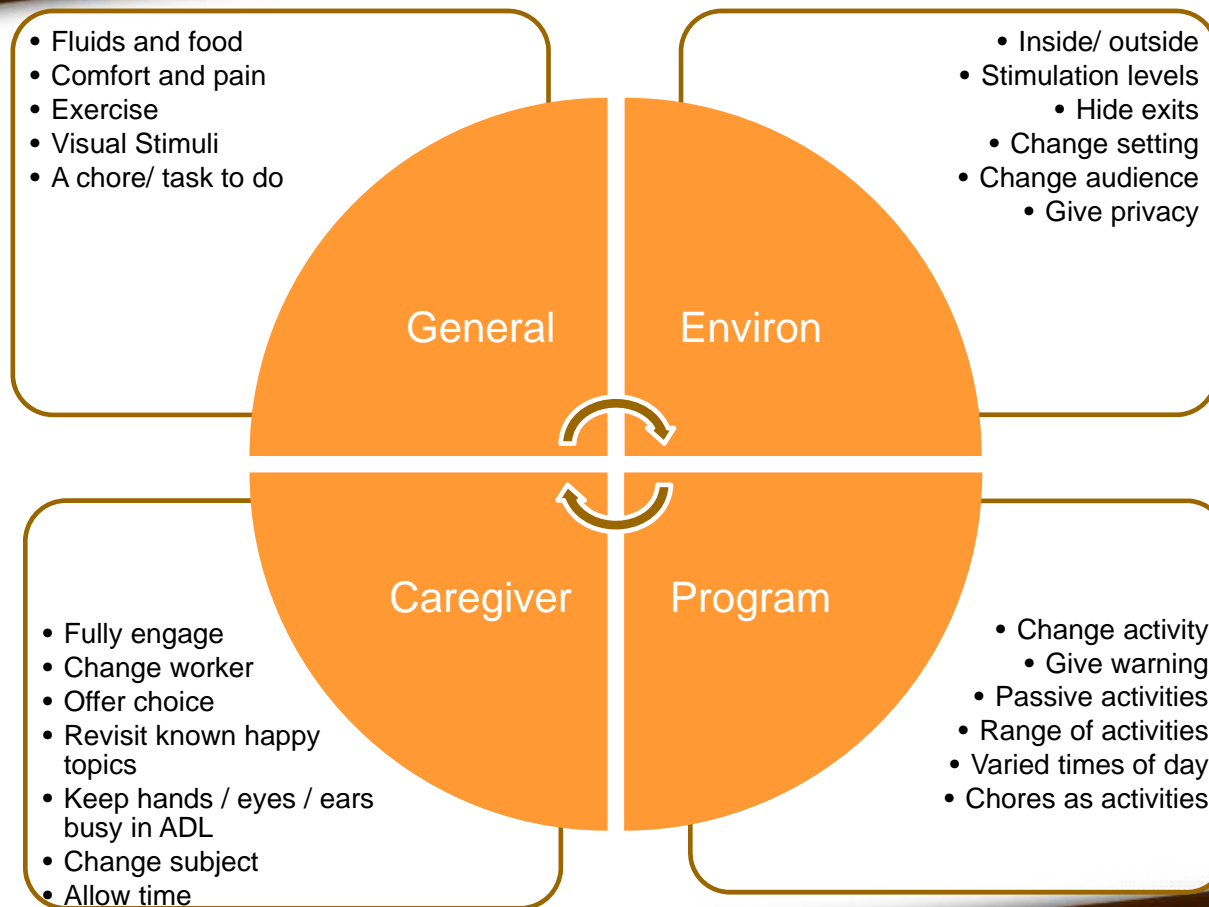


CUES TO WATCH FOR



Exercising in a chair is an effective way for seniors to stay in shape.

## REDIRECTION AND DISTRACTION

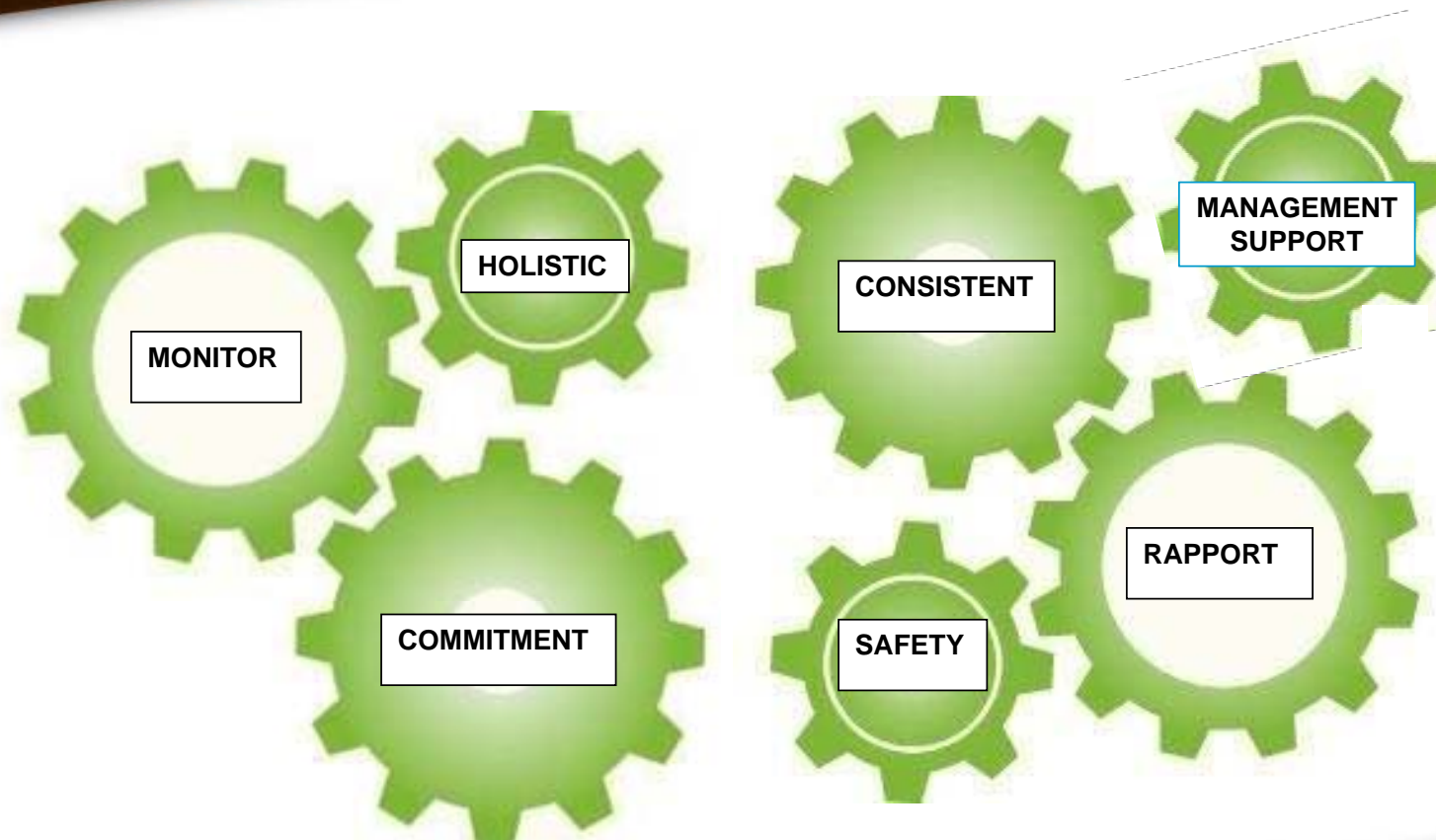


## DISTRACTION / REDIRECTION STRATEGIES





WHEN DEFUSE DISTRACT AND RE DIRECT HAVEN'T WORKED



TEAMWORK



RESTRICTIVE PRACTICES

- ▶ Human Rights: Choice and freedom
- ▶ Least restrictive environment, least restrictive supports
- ▶ Any restriction is a last resource
- ▶ Emergency restrictions may be necessary but then a review is required
- ▶ Restrictive practices cannot be approved because of organisational or worker convenience, lack of workers, inadequate training, inadequate supervision
- ▶ Some therapeutic devices are acceptable
- ▶ Positive behaviour support plans to encourage new words, actions and routines (both client and workers) are the key

## LEAST RESTRICTIVE PRACTICES

- ▶ As a planned intervention
  - ▶ Not as a reaction
  - ▶ With trained staff
  - ▶ As part of a Behaviour Support Plan
  - ▶ When worker is OK with using restraint
- 
- ▶ Follow up essential

WHEN ARE RESTRICTIVE PRACTICES USED

- ▶ *The **minimum** force needed to avert injury or harm, applied for the **shortest** period of time*
- ▶ *END EFFORT ASAP*

REASONABLE FORCE

- ▶ General wellbeing
- ▶ Fits or seizures
- ▶ Incontinence
- ▶ Vomiting
- ▶ Changes in skin colour either blue colouration, mottling or yellowing
- ▶ Restrictions in respiration
- ▶ Reports of nausea

CLIENT MONITORING DURING USE OF HOLDS

- ▶ Multiple forms:
- ▶ Hazard report
- ▶ Incident report
- ▶ First aid report
- ▶ Physical restraint notification
- ▶ Behaviour support plan review
- ▶ Care plan review

## DOCUMENTATION



- ▶ SAFETY:
- ▶ Remove watches and jewelry
- ▶ Gum
- ▶ Empty pockets
- ▶ Free hands
- ▶ No scarves
- ▶ Focus here and now
- ▶ Self care ( pre existing injuries, right to say "no", choice of partner)

PRACTICAL

- ▶ Flexion release – one hand hold on vertical pole
- ▶ Body hold release - Two forearms prior to sitting (handrail hold)
- ▶ Squish release - hair hold
- ▶ Extension release – pony tail hold

PRACTICAL

▶ A FEW FINAL THOUGHTS:

- ▶ The person is a whole, real entity, active in their world
- ▶ All communication has a message value
- ▶ Replace the undesirable behaviour
- ▶ You are one small, and important cog
- ▶ Be person centred not service centred
- ▶ Be patient

