

## **THAT'S GREAT FOR OTHER FAMILIES BUT...**

When a family considers the prospects of removing restraints, commonly held concerns and beliefs may arise. The following is clarifying information for each concern based on recent studies.

### **It is not safe to remove restraints.**

Safety is important. Residents free of restraints are less likely to sustain a serious injury. Quality of life, choice, freedom from restraint and dignity are more important than perceived safety. The process of removing restraints includes looking at how residents can be kept safe and restraint free.

### **Serious injuries will increase.**

Several studies have shown that restraint-free care does NOT increase the rate of serious injuries fractures, lacerations requiring stitches or visits to the emergency room. Indeed, many studies have shown that injuries decrease in both numbers and severity when restraints are removed.

### **My family member is too sick and too frail to remove restraints.**

There are many options for residents of all ages and health conditions. When families and staff work together, they find ways to provide successful, safe restraint-free care for your loved ones.

### **Doctor/Facility recommends that we use restraints.**

Although restraints are necessary in very few cases, there aren't many restrained residents who have a medically appropriate need for restraints. Don't be afraid to question the doctor's or facility's orders. It is important for family members to be active in the resident's care. If you make it clear that you are in full support of restraint-free care for your family member, you can discuss possible alternatives with the doctors and the facility staff.

### **There isn't enough staff to protect my family member without restraints.**

Restraint-free care does not require extra staff. The ratio of care receivers to caregivers has no bearing on a facility's rate of restraint use.

### **My family member has never raised complaints about the restraints.**

Often residents worry about raising concerns or complaints for fear of retaliation. Although it is crucial to talk with your loved ones about how they are feeling, silence about restraints doesn't mean consent or contentment with their current situation. Try to observe agitation, body posture, attitude toward life, and possible feelings of hopelessness or helplessness that often accompany residents in restraints.

## **I can't tell facility administration how to run their nursing home.**

The most important thing is your loved one's care. Facilities are open to family members' suggestions to improve the quality of care for their residents. Care is always changing for residents because the resident is always changing. Flexibility and openness in care is crucial to good quality of care and life. The work of the nursing home staff, doctors, and administration relies on the input from family members and friends who know the resident the best.

## **Maybe the facility is too big (too small) to become restraint-free.**

Large facilities may take longer to train staff, educate families and complete a restraint reduction project than smaller facilities.

## **The facility is in the city/country and that might make it harder for them to take off the restraints.**

There are restraint-free facilities in rural, suburban and urban areas -- it makes no difference.

## **None of the other families with residents in the nursing home seem concerned about restraints.**

Many families may not know about the current information on restraint reduction and in many cases, care is varied between residents. What is right for someone else doesn't translate to the best quality of life and care for your loved one. Don't let the status quo stop YOU from questioning practices or raising concerns.

## **How do we get started? Are the restraints just taken off in one day?**

The most common alternative involves temporarily untying the older adult -- at mealtimes, when families and friends visit and when a staff person is close by. Other commonly used alternatives involve wheelchair cushions and adaptations, and individualized napping, toileting and exercise schedules. Be part of a team including staff and medical professionals to assess your loved one's status and alternatives. This isn't an overnight decision, but a gradual process to analyze and meet your needs and concerns on every level.

There is no one right alternative to restraint use, especially for those who are agitated, wander or fall repeatedly. There may be as many options as there are nursing home residents. The important thing is to be an active participant in your loved one's care.

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN  
CALIFORNIA DEPARTMENT OF AGING  
1300 National Drive, Suite 200  
Sacramento, California 95834  
916-419-7510  
[www.aging.ca.gov](http://www.aging.ca.gov)

*Based on materials developed by the Texas Office of the State Long-Term Care Ombudsman*