

Vilans

**More than 60
Alternatives for restraint in health care**

A practical guide and source of inspiration for reducing restraint

Foreword

The first version of the American compilation (December 2011) was enthusiastically received and frequently used. We are now proud to present the new, more detailed version. We have added number of fine alternatives. Another new element is the explanation of the RM score: what is its function and how can the score help you to find the right alternative? With these additions, the compilation now contains more than 60 alternatives for restraint.

Insight into possibilities

Sometimes, alternatives consist of simple material goods that you can buy anywhere. Sometimes, they are more a matter of dealing with a client and meeting their preferences. Sometimes, something very simple just has to occur to you and sometimes different products need to be combined in order to form a good alternative. We have asked various health care organisations which alternatives were ultimately successful for them. These alternatives are described in this compilation. We hope that it will inspire you to realise creative personalised solutions and to take the initiative to give clients more scope.

Custom solutions

If you hope to find ready-made solutions for all clients in this compilation, we shall have to disappoint you. Finding a solution is not a question of conducting a search and finding a replacement. It involves custom work.

A good alternative for one client may be completely wrong for another. You need to search for ways to offer each individual client quality of life and security. This means that you need to discuss responsible care together. How important is safety and how important is quality of life? What do we want for this client? Who is he and what is important to him? Which risks do we accept? Conduct this discussion on a multi-disciplinary basis and also involve the family. In that way, you will arrive at the best solution.

If you want to know more about reducing restraint, visit www.vilans.nl/vrijheidsbeperking.

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Project Manager, Less Restraint in Long-Term Care: It can be done!

Vilans

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The most appropriate and the least interventionist measure

There is no such thing as a life without risk.

We can assess our risks and make choices freely. But things are different for clients in long-term care. How do you make their environment as safe as possible without losing sight of their quality of life? For life-long restraint may be safe, but it shows little respect for a person's dignity and autonomy.

In the application of restraint measures, the following values are important:

1. The measure must be in reasonable proportion to the envisaged goal. For example, head banging warrants more severe measures than shouting at a carer.
2. The least interventionist measure is to be preferred. Do not immediately restrain a person with a risk of falling in a chair, but first try a protective helmet in combination with hip protectors.
3. The measure must actually be in the interests of the client and not be deployed for other reasons [e.g. shortage of staff or the presence of another client with behavioural problems].
4. The measure should not be used for longer than necessary. This applies for the total duration in weeks or months, but also for the duration in minutes or hours per day.

So many clients, so many possibilities! Consider which risk you want to reduce and discuss which risks are acceptable. Then choose the most appropriate but least interventionist measure to attain your goal. All the alternatives in this compilation have a 'restraining measure' (RM) score. This enables you to distinguish between more or less interventionist measures and to make a good choice of the right alternative. On the next page, we explain how this works.

This is how you reduce restraint:

- Make a plan at the client level with different disciplines. In this plan, you describe the reduction in measures [alternatives with lower RM scores] and in hours.
- Discuss your plans with the client [or client representative].
- Try out the alternatives.
- Observe and report.
- Adjust your plan if necessary.

On the next page, we explain how you can look for a good alternative using the RM score.

Explanation of RM score: a tool, not an established fact

The alternatives in this compilation all have an RM score. This score helps you to choose a good alternative.

The score is determined by the severity of the measure and how close to the client's body the measure is located. For example, the hip strap and the separation room have a score of 5. Because these measures are not alternatives for other measures, they are not included in this compilation. A score of 0 means that there is no restraint.

If you want to reduce a measure, look for an alternative with a lower RM score. For example, a good alternative for a hip strap [RM score: 5] is a bed tent [RM score: 4]. The client has more freedom of movement and there is a lower risk of accidents.

Be aware that an RM score of 4 is still high; a bed tent is still a severely restrictive measure. Keep searching for the least interventionist measure. So if the bed tent works, search for a measure with an RM score of 3 or less, such as a camera [RM score: 3] or acoustic security [RM score: 2]. The aim is always an RM score of 0!

NOTE: Every client is different and therefore perceives a measure in different ways. The RM score is a general indication of the severity of a measure. Consider how seriously a measure intervenes in the client's life in each situation.

Basis for freedom

No alternative

RM score 0

Synonyms/similar alternatives/products
Releasing, risk acceptance, consciously-run risk

Description

Within 'Zorg voor Beter' (*Better Care*), more than 100 care organisations (care for the elderly, care for the handicapped, long-term mental health care] have been working to reduce restraints. No alternatives were needed for more than 50% of the restraining measures that were phased out.

The essence in these cases was:

- Observation and evaluation
- Releasing
- Making good agreements

A restraining measure cannot be discontinued overnight. Together with your colleagues, you work on a step-by-step basis, in which trying alternatives, good observation of what happens and good reporting are important. Start with a few minutes of observation in the presence of a colleague or family member and see what actually happens if the restraining measure is no longer applied. If this goes well, you take the next step. Consider whether the reason for the restraint still exists. Does a client still try to stand when this is not possible, for example? You will only know this by trying it out.

The questions that must always be answered are:

- Does the measure serve its purpose?
- Is it the least interventionist measure?
- Is the measure used longer than is necessary?
- Is the measure deployed because it is in the interests of the client [and not, for instance, because there is no supervision at times]?

It is important to work on a multi-disciplinary basis here [GP, physiotherapist and ergotherapist, supervisors or carers, including the night shift staff, psychologist or behavioural therapist, client or family members] and to draw up a plan together at the client level. Discuss which risks are acceptable. Identify the risks, which risks are run consciously and which risks must be eliminated, and what is the most appropriate measure ['as far away from the body as possible'].

Client-oriented attention and treatment

RM score 0

Synonyms/similar alternatives/products

Reducing force, experience-oriented care, permitting preferences

Description

Clients can become very agitated as a result of well-intentioned behaviour by carers, for example when employees go home. With their coats on, they call out 'Bye!', while the client stays where they are. Nothing changes for them. The client can then feel agitated and may think: 'I'm leaving too, I'm going home too'. Another example: because it is practical, an employee sets out the cups for coffee that will not be served for another hour. The client concludes that it is time for coffee and is agitated for an hour. These are matters to think about.

Paying personal attention to people can avert the threat of agitation. With more supervision [see pg. 20] in the living room or by working with volunteers, escalation can be avoided. Comradship and company are important in order to avoid unrest.

Pressure and force can cause resistance. This creates problem behaviour that can often be avoided by taking account of personal preferences. Resistance can be avoided by knowing the client and how they seek relaxation, knowing what their important habits are and what is typical for them in terms of e.g. clothing, bedtime rituals, mealtimes or personal care and by fitting in with these.

You can ask yourself the following questions:

- Do you know what the client likes to see, hear, smell, touch and taste?
- Do you offer choices?
- Do you encourage independence and autonomy?
- Do you promote a sense of security and provide for enough rest periods?
- Is there a way to make a resident feel needed and loved?

Family members often want to contribute to the quality of life of their loved ones. They can play a role in the care, daily activities or supervision.

Advantage

Problem behaviour can be reduced by reducing pressure and force and increasing attention. As a result, the use of restraining measures is needed less often.

Disadvantage

Sometimes requires adjustments in logistics and planning.

Tips

- If necessary, refer a client to social services, a counsellor, a psychologist or a psychiatrist.
- Making a life book is a suitable tool for improving daily care and treatment.
- Force can be avoided in showering by working with special impregnated washcloths or flannels and with a Swash hair cap, with which a client's hair can be washed without water.

Clear communication

RM score 0

Synonyms/similar alternatives/products
Use of images, puzzle system

Description

Volumes have already been written about communication. Here we mention a number of matters that are important in preventing aggression and problem behaviour:

- Approach clients calmly and quietly.
- Avoid confrontations and loud communication.
- Give feedback on the client's noise volume.
- Listen carefully, summarise and paraphrase.
- Use images to support communication.
- Respect personal space.
- Provide for one-to-one conversations.
- Develop trust through consistent reactions [including by different employees: so there must be clear agreements on this and the same employees should be deployed as far as possible].
- Touch a resident if this is acceptable [and also bear personal space in mind]. Sometimes a touch works better than words. This is also possible in the form of a [hand] massage.
- Offer comradeship.
- Respond to the client's positive sides and conduct conversations on their interests or work.

General tips:

- Leave these at home [more often]: judgments, opinions, advice
- Listen, summarise, ask more questions
- Always ask more, never assume
- Don't finish other people's sentences!
- Be open, honest, interested
- Stay calm - think in terms of qualities

Tip

A puzzle system, an object communication system or matching pictures can support communication. It is important to consider the level of the user when making a choice between puzzles and matching.

Good to know

Special guidelines have been drawn up for communication with elderly persons suffering from dementia.

Medical examination

RM score 0

Description

The risk of falling and aggression are the two most common reasons from restricting people's freedom. There may be medical or physical reasons for this. It is important to investigate this with care. Then the client can receive the right treatment or the right medication, which can reduce the risk of falling or problem behaviour and, therefore, the use of restraint.

It is important to consider the following matters, with an expert:

- Evaluate medication that can cause lethargy or drowsiness.
- Evaluate medication that can hamper walking.
- Evaluate physical needs [use of toilets, comfort, need for change of posture].
- Evaluate experience of pain.
- Evaluate sleeping pattern.
- Evaluate eating and drinking pattern [hunger, thirst].
- Test orthostatic hypertension and blood pressure changes.
- Test eyesight and the correctness of visual aids.
- Test hearing and the correctness of hearing aids.
- Test the balance organ for sub-clinical disorders such as ear infections.
- Test blood sugar levels.
- Test for acute medical problems such as infections.

Adjustments of physical space

Street name

RM score 0

Synonyms/similar alternatives/products

Orientation support, low-stimulus area, daylight lamp

Description

The living environment influences the client's condition. Agitation arises partly because the client does not understand the world around them properly. The use of images makes clear where the toilets are, how aids should be used and how to operate the alarm bell. A large clock can be calming, as it enables clients to orient themselves in time. Combined with a clear daily schedule, this gives something to hold on to.

Making the home, the room or the kitchen identifiable with e.g. colours or images improves orientation and reduces agitation. For example, hallways can be given street names to support orientation. Recognition of sitting rooms and bedrooms can be increased by hanging up small showcases next to all sitting room or bedroom doors, filled with the clients' own ornaments, photographs or appropriate objects. A homely atmosphere makes clients feel safer and consequently calmer.

A surfeit of stimuli should be avoided. This can be achieved by reducing external stimuli [TV, radio, noise, posters] or by e.g. providing a stimulus-free area, possibly linked to the sitting room, so that the clients can choose for themselves to go to a quieter environment.

A lava lamp, mobile or music box may have a calming effect.

Warning plan

RM score 0

Synonyms/similar alternatives/products

Warning cards, dealing with aggression, traffic signal method, ABC method

Description

The purpose of a warning plan is to ensure that the occurrence of problem behaviour, aggression or a mental crisis is avoided in the future. The point of departure is the phasing in the crisis. The aim is to prevent the client from moving on to a subsequent phase, and to bring them back to Phase 0, through interventions. The signals that a client gives and the way in which supervisors and carers respond to this are recorded in the care or treatment plan.

The traffic light method is a method for increasing self-control. The client can notify a certain mood or approach themselves, with green, red or orange lights. The traffic light can also be used as an observation model in order to define certain behaviour.

The ABC method is aimed at avoiding and dealing with aggression through communicative interventions. 'ABC' refers to aggression vision [early warning], professional attitude and communication [clarity, transparency and consistency]. Physical interventions should be used only in dangerous situations.

An important aspect of the method is the involvement of the client in the treatment. A treatment plan for crises is drawn up jointly, with the client contributing ideas on the causes of aggression and how this can be avoided.

Advantage

Working on the basis of warnings is a good way to respond effectively and in good time to an escalation in aggression. 'Working methodically contributes towards professional handling of aggressive behaviour. It makes dealing with aggressive behaviour of clients, clearer, more transparent, communicable and evaluable, which benefits the quality of care'. [Sentener, p 7, 2008].

Disadvantage

It is sometimes difficult to assess when a conversation creates a connection for a client and when limits are appropriate.

Good to know

The ABC method works with a practical action model, the ABC pyramid. This provides a guide to dealing methodically with aggressive behaviour.

Supervision

RM score 0

Synonyms/similar alternatives/products

Monitoring, guarding, surveillance, watching

Description

If supervision is well-organised and the possibility of monitoring clients is increased, less restraint is often needed. How is supervision regulated in the care organisation? Are clients restrained [including by table-tops, restraining chair, straps in chairs] because there is too little supervision?

In supervision work, employees can use the support of domotics, such as cameras, sensor poles, sensor mats below or next to a bed, acoustic monitoring, motion sensors in chairs, door alarms, sound monitors, GPS chips, activity monitoring systems or an infrared sensor [see later in this compilation]. Sometimes, a beaker on a door handle, which falls if the client leaves the room, alerting the carer, is enough.

After an alarm, the employee goes to check. To avoid unrest through frequent entry, a peephole in or next to the door can offer a solution.

It is not always necessary to go to the client in order to maintain supervision. The client can also go to the staff. A client can be close to an employee if he is not performing any activities – not only to operational staff, but also, for example, to administrative staff or paramedics.

Disadvantages

Supervision involves a breach of privacy. In the organisation of good supervision, it is important to devote attention to privacy. Thus installing a camera in every room as a standard measure is not a well-considered decision. The decision to use camera supervision must be considered for each individual client and must be the most appropriate measure for the risk that exists.

Tip

The family can provide for supervision. Inform the family and limit restraint and supervision by the organisation when the family is there. Volunteers can also be deployed to improve supervision.

Sleeping

In the bed

Around the bed

General tips for sleeping without restraint

Synonyms/similar alternatives/products

Low-stimulus area, bed-time routine, bed-time rituals, permitting bed-time preferences, monitoring sleeping and waking patterns

Description

A low-stimulus bedroom is important. Here a client can relax. The removal of e.g. toys, a coat or other stimuli can reduce the temptation to get out of bed.

A clock or a calendar on the nightstand helps to orient the client in time. A favourite object, cards, photographs or an item of clothing close by can give the client a sense of familiarity.

Identify the usual sleeping and waking pattern. At what time did the client usually go to bed? With major changes, clients will not remain quietly in bed. There are late sleepers and there are early risers. Taking account of this reduces agitation and there will be less need for force.

A repeated bed-time ritual eases the transition from the activities of the day to rest at night for the client. The regularity of a fixed bed-time routine offers the client a safe structure. What he experiences is familiar, and familiar things are good.

Make clear agreements with the clients about when employees will enter their rooms. Do not enter if it is not necessary. If you do enter, it is pleasant for the client to announce your entry by knocking or with a voice announcement.

Advantage

The client experiences peace and feels at ease.

Tip

Ask a family member what the bed-time ritual was when the client still lived at home. Follow this and discover how much this puts the client at ease.

At night: leave sleeping clients to sleep! Avoid unnecessary checking rounds by a night shift.

Can be used: **always**

Alternatives in bed

Ball blanket

RM score 0

Provided that the weight of the blanket is well-matched to the client's body weight

Synonyms/similar alternatives/products

Pressure blanket, weighted blanket, positioning element

Description

A ball blanket consists of low-noise plastic balls, which stimulate the body point-by-point. The blanket weight 6 or 7 kilograms. It has a relaxing effect and gives a sense of security. Both the sense of touch [surface sensibility] and the sensibility of muscles and joints [deep sensibility] are stimulated. You become more aware of your own body. Clients fall asleep more easily and physical and mental unrest and stress are reduced.

Ball blankets are available with different ball fillings. Plastic balls are the heaviest and provide the greatest stimulation and pressure. Lighter blankets are also available, filled with e.g. polystyrene grains [4 kg]. A lighter blanket primarily folds around the body, giving a sense of safety and security, a feeling of 'wrapping up'.

Tip

For clients who quickly feel too hot, cover the body halfway with the blanket. There are also ball blankets that cover the legs only.

Can be used in cases including: **agitation**

Epilepsy alarm

RM score 0

VBM score 1 when the epilepsy alarm is used in combination with a bed alarm.

Synonyms/similar alternatives/products

Epimat, epilepsy alarms, epicare

Description

An alarm system that observes sleeping persons with epilepsy. This is an alarm that detects the tonic-clonic [= cramping and jerking] seizures that take place in bed, via a sensor. It gives an alarm when the person is in the clonic phase [twitching as the body relaxes and tenses in succession] or has a tonic-clonic attack. It is possible to give an audible alarm with adjustable volume and/or to connect the system to a call-up system or alarm telephone.

There is also a version on the market that detects when the client leaves the bed, as well as the tonic-clonic seizures. An alarm is then also raised if the person leaves the bed and does not return within the set time.

Good to know

The epilepsy alarm has no weight limits and is sensitive enough for use with small children.

Can be used in cases including: **epilepsy**

Bed guards

RM score 0

Not restraining with an ordinary bed, but in combination with bed guards or a safety bed, there is a double restriction, from the bed guards or box and because the line of vision is blocked.

Synonyms/similar alternatives/products

Bed guards, bed rail protectors, bed rail saddles, head and foot end protectors, safespace, artificial leather covering, edge protectors, partial enclosures, full enclosures

Description

Soft coverings on the inside and top edge of the bed guards or safety bed can prevent injury or crushing of the client's limbs.

The covering can be fastened with hook-and-loop fasteners, ties or can be screwed or glued onto plates in the bed.

Disadvantage

The guard walls of e.g. a safety bed can block the line of vision, which can be oppressive.

Can be used in cases including: **self-harming, banging, epilepsy**

Extra low bed

RM score 1

It is more difficult to get out of a bed alone if the bed is very low

Synonyms/similar alternatives/products

High low bed extra low, lowered bed, extra low [nursing] bed

Description

There are lowered beds and extra low beds.

With a lowered bed, the client's feet reach the floor when he sits on the edge of the bed. This makes it easier for the client to get in and out of bed.

An extra low bed can be lowered all the way to the ground once the client is in the bed. As a result, a client is less likely to injure himself if he falls out of the bed. Care can be provided with the bed at working height.

Note:

Some beds cannot be raised to normal working height. When a client needs bedside care, such a bed is not ergonomically sound for the carers.

Tip

For safety's sake, a protective mat can be placed next to an extra low bed to protect the client from injury if he rolls out of bed.

The bed can also be used in combination with an optiscan. The carers are then alerted if the pressure on the mattress disappears and the client is therefore out of bed.

Can be used in cases including: **risk of falling**

Bed alarm

RM score 1

A bed alarm can be a lighter alternative to a bed rail or a bed strap, but at the same time, is a restraining measure according to the regulations. The use of a bed alarm should also be discussed in a multidisciplinary meeting.

Synonyms/similar alternatives/products

Alarm mat on the bed, bed alarm, bed mat, mattress alarm, alarm signals in bed, bed sensor

Description

A warning aid for clients who can get out of bed independently, but who have a risk of falling or a tendency to wander

A bed alarm is a pressure sensor that can be used in two ways:

- Under the mattress: an alarm signal is given if the pressure is lost when the client gets out of bed
- Next to the bed: an alarm signal is given if someone steps [out of bed] onto the mat.

In both cases, the alarm goes off as soon as the client steps out of bed and thus warns the care staff.

The bed alarm should be activated when the client goes to bed and deactivated when he gets up in the morning.

Tip

An alternative is an alarm when the client leaves the bed, with the alarm signal being triggered at a later moment in time. See pg. 50.

Advantage

It is a fairly low-cost measure.

Disadvantages

- . An alarm mat below the mattress works less well with people of a low weight or people who are restless in their sleep.
- . If the alarm mat shifts beneath the mattress, the plug can be pulled out of the socket by accident.
- . It takes time to respond to an alarm. The risk of falling is a point for discussion in a multidisciplinary meeting and in talks with the client [or the client's representative]. Are the risks acceptable?

Good to know

Most mats are adjustable from a number of seconds to more than an hour. The alarm gives a warning as soon as the bed is left, or after the set time.

Can be used in cases including: risk of falling, wandering

Bolster

RM score 3

The client can move in bed, but cannot get out of bed on his own.

Synonyms/similar alternatives/products

Bed wedges, rolled up towel under mattress, bed positioning pillow

Description

A bolster prevents a client from rolling out of bed. Bed wedges are fixed to the sheets and kept in place with hook-and-loop fastenings.

Good to know

Bolsters and bed wedges are supplied with washable covers.

Disadvantage

If the client can climb over the bolster, the risk of falling and of injury after falling is higher.

Can be used in cases including: **risk of falling**

More freedom keeps him calm

Jochem de Raat

Lying in your favourite position

When you are young and active, and also enjoy climbing, you need space. But if you are also partially sighted and, moreover, have a mental handicap and epilepsy, then you have a problem. Like Jochem the Raat, aged 20. The institution where Jochem lives wants to offer him safe care and decides to place him in a safety strap at night. But every time that the strap has to be put on, Jochem sits down. It's his way of resisting. The institution decides to phase out the measure. First he is only strapped in when the supervisors are away [between 11.00 p.m. and 7.00 a.m.]. After a month, the strap is left off all night. Now Jochem can decide for himself whether he gets out of bed or not. That happens occasionally, but far less often than expected. More freedom keeps him calm. He can at last sleep in his favourite position and no longer sits down when he has to go to bed.

Into bed without undressing

Sietske van der Zee has helped to bring countless children into the world. For more than 30 years, she worked as a midwife. Now she is 75 and has been placed in the psycho-geriatric ward of a nursing home. The night shift nurses complained that they had a battle with her every night to get her into her pyjamas and into bed.

At the multidisciplinary meeting, a decision was made to involve the family. It was then discovered that in the past, Sietske always went to bed with her clothes on. After all, she could have been called out to a delivery at any time and then often had to leave home in a great hurry. Together with the family, a decision was made not to force her to put on pyjamas, but to simply lay her on her bed in her clothes. And that worked. She now lies down quietly and sleeps well. The battles are a thing of the past.

Restraint mittens

RM score 3

The client can move his arm and hand, but cannot hold onto any objects any longer.

Synonyms/similar alternatives/products

Mesh restraint mitts, hand control mittens, restraint mitts, finger-control mitts

Description

Mittens that are padded at least on the side of the palm. These are attached at the wrist with hook and loop fastenings or ties. This prevents clients from harming themselves with their fingers, fingertips or nails and running the risk of skin infections.

Disadvantage

Clients may experience wearing restraint mitts as extremely restrictive and unpleasant.

Note

The client can now no longer hold onto objects. This measure must not restrict the client in the use of e.g. the call system.

Can be used in cases including: **self-harming, scratching, pulling apart diapers, other forms of obsessive touching**

Arm splint

RM score 3

Varies sharply by client

Description

Arm splints are a way to prevent clients from bending their arms. Among other things, the splint helps to prevent patients from pulling out tubes, catheters or drips.

Disadvantage

Clients may experience arm splints as extremely restrictive and unpleasant.

Good to know

Arm splints are available in different sizes. A personalised approach creates greater comfort for the client.

Can be used in cases including: **pulling out catheters**

Bed tent

RM score 4

The client can move in bed, but cannot get out of bed unaided.

Synonyms/similar alternatives/products

Bed tent, Posey bed, stay-safe bed

Description

A bed with a tent structure that can be zipped shut.

This gives a sense of safety and security. The client can move, but runs no risk of injury through falling or getting out of bed unaided.

The tent can be zipped open on four sides, to give access to the care staff.

Tip

Bed tents are available in combination with beds with adjustable heights.

Can be used in cases including: **restlessness and risk of falling**

A step further every time
Erwin de Ridder

Reversed circadian rhythm

If you are 40 and have slept in a safety strap at night for as long as 32 years, you actually do not know any better. This is what happened to Erwin the Ridder, a man with a severe mental handicap. Erwin suffers from a reversed circadian rhythm. The safety strap does provide for more rest at night, but also represents a major restriction on his freedom. There is no possibility of getting up for a drink or to use the toilet. Phasing out the restraint takes place in small steps. First, the strap remains lying loose in the bed. Then Edwin puts it in the cupboard at night himself. And so he continually takes a step further, but only once the last step has been completely successful. The bedroom door remains locked to prevent Erwin from wandering. A next step is to unlock the door and switch to a monitoring system. So Erwin slowly regains his freedom.

Safety bed

RM score 4

The client can move in bed, but cannot get out of bed unaided.

Synonyms/similar alternatives/products

Bed with extra high sides, bed with doors, bed with plexiglass sides, bedstead, closet bed

Description

A bed with fixed sides, with or without a top, to give the client a safe sleeping environment and sometimes also a living environment. A safety bed can be made to different materials.

Using non-scratch plexiglass offers the client to maintain more [eye] contact with the surroundings in order to receive important.

Tip

There are safety beds with adjustable heights. The mattress moves up and down inside the fixed side-walls.

Note

Safety beds without a fixed top-beam are less suitable for very energetic clients.

Can be used in cases including: **agitation and risk of falling**

Alternatives around the bed

Sleeping Around the bed Safety mat next to the bed

Safety mat next to the bed

RM score 0

The score is higher if an alarm is incorporated in or under the safety mat.

Synonyms/similar alternatives/products

Roll prevention mattress, mattress next to the bed, two beds moved together, floor mat

Description

Placing a fall mat or roll prevention mattress next to a long side of the bed protects the client from injury if he falls or rolls out of bed. A good safety mat absorbs the fall well but also provides stability when getting up.

Tips

Make sure that the bottom of the mat is fitted with anti-slip material.

Move any loose furniture away from the bed. Then a client cannot use this to pull themselves up and then still fall or pull the furniture on top of them.

Note

Prevent tripping over a safety mat. Report that there is a mat on the floor on a sign/note on the door of the room. Remove the mat when the client is not in bed.

Can be used in cases including: **risk of falling**

Grab handle

RM score 0

The client can get out of bed independently and more safely

Synonyms/similar alternatives/products

Transfer pole, grab handles, lifting pole, bed lift, swivel arm, bed trapeze, half bed-rail

Description

A bed rail supports clients who have difficulty getting in and out of bed, standing and sitting and turning around. The bed rail then gives a sense of security.

Most bed rails are placed under the mattress and fixed to the bed. There are also transfer poles, which stand on the ground on two legs. The height of the poles is adjustable.

A grab rail, fixed to the edge of the bed, consists of an upright plank with a grip on the top, which makes it easier for the client to sit up.

There are electrically operated lifting aids such as a swivel arm or simple bed lifting systems such as a lifting pole.

Note

The maximum user weight varies by bed rail and by manufacturer.

Can be used in cases including: **risk of falling**

Blue light

RM score 0

Synonyms/similar alternatives/products

Restoring the biological clock, light therapy, daylight lamp, daylight system, dynamic light

Description

Exposure to blue light with a strength of more than 1,000 lux can restore the biological clock of elderly persons (suffering from dementia) and so reduce restlessness at night. The biological clock of elderly persons is disrupted because the ageing of the eyes means that natural blue light is less well absorbed. As a result, the biological clock can no longer be controlled effectively. With elderly persons suffering from dementia, the direct links between the cells in the eye and the biological clock are also damaged, so that ultimately, the biological clock does not know when it is day and when it is night.

Advantages

Because night-time unrest diminishes, the use of bed rails and straps is also reduced, or becomes unnecessary:

- people sleep for longer;
- less depression and slower loss of cognitive function [in the case of dementia];
- less fragmented sleep.

Tip

Make sure that clients go out of doors often. Provide for enough windows, so that there is enough light indoors. Place furniture in common living rooms as close to windows as possible. In the dark times of the year, when there is little daylight indoors and the weather is too bad to go outside, artificial lighting is useful. Pay attention to the following here:

- Arrange for clients to take a place beneath blue lighting for at least two hours between 9.00 a.m. and 18.00 p.m. This need not be consecutively, but can take place during meals and tea and coffee breaks, for example. The clients do not need to look at the light directly. A light above the table is sufficient.
- Use blue lighting of at least 1,000 lux.
- Make sure that clients receive blue light every day. If this is interrupted for even a day, that can already lead to a disruption of the biological clock.
- Do not expose clients to blue light after 6.00 p.m. This will be counterproductive, since it will then disrupt the biological clock.

Can be used in cases including: **agitation, sleeplessness, dementia**

Night lights

RM score 0

The score is higher if the client does not like to [have] to sleep with continuous lighting at night or if the client is startled by light with the use of a motion sensor.

Synonyms/similar alternatives/products

Light switch within reach, night light, night lighting, continual lighting, emergency lighting, motion controlled night lighting, night orientation lighting, night light with sensor, night light with motion alert

Description

Good lighting at night is necessary in order to avoid unsafe situations. Fit a light switch in the bedroom next to the door and close to the bed, so that clients can switch on the lights themselves.

Continual night lighting: Lights are on in the evenings and at night, less bright than by day.

Night lighting with a motion sensor: A night light with a sensor system. When the client moves, [e.g. when walking, or getting out of bed], the light switches on automatically. The client need not search for the light switch and switch on the light themselves, and they can orient themselves more easily.

Night orientation lighting: the route to e.g. the bathrooms is lit, for example along skirting boards, on the walls or in the floor. The orientation lighting can be kept on permanently or can respond to motion. In this way, clients can see clearly where they are walking.

Advantages

Lighting reduces the risk of accidents and disorientation, with less unrest at night, and is reassuring.

Disadvantages

Some clients do not like to sleep with lights on. This can affect circadian rhythms.

Tip

There are light switches on the market that require only a light touch or hand clapping, or for which the required pressure is adjustable. This is useful for clients with motor limitations. These switches are also available with suction fixings, so that they can be attached to smooth surfaces.

Note

Clients must not be obstructed or startled by bright lights, for example with a motion sensor.

Bright lights can give a client the idea that it is already daytime.

Can be used in cases including: **unrest, risk of falling, wandering, disorientation, anxiety**

Chris's wife was so enthusiastic

Chris Verpaalen

A mattress in front of the bed

Chris Verpaalen is 82 and suffers from Alzheimer's. He is agitated and moves a great deal and as a result, there is a high risk of falling. Chris sleeps in a safety strap, partly because otherwise, he does not get enough rest. But he is even more restless in the strap, which is why the institution wants to investigate whether they can phase out this measure. This takes place step-by-step. An action plan is drawn up and talks between the team and the family follow. A number of alternatives are agreed and the team observes how Chris responds to these. Chris now sleeps in an extra low bed [so that if he falls, he will not fall hard] and there is a sensor-controlled bell in his room. The team, the family and the client are happy. Chris's wife was so enthusiastic that she took part in a family evening at the institution at which she told her story.

Jet no longer empties cupboards

Jet Breuker

No reason, but still a link

She has already slept in a safety strap for 25 years. Jet Breuker has said herself that she likes this, first in the home situation and for the past five years, also in the institution.

Jet is 32 and has a serious mental handicap. In the time when the safety strap was first used for Jet, she was very agitated. For example, she regularly emptied all the cupboards. Ultimately, the team decided to address phasing out the strap step-by-step. For example, the strap was still put on, but was not tied. Then an infrared sensor was installed, so that supervisors knew when she got out of bed.

Phasing out the strap step-by-step also enabled Jet herself to get used to the changes. After two months, the strap was no longer used at all, while the infrared sensor was always used. The strap is also no longer used at home. Jet no longer empties cupboards, perhaps because she is now older. Actually, the reason for using the strap had disappeared long ago.

Padding in the bedroom

RM score 1

The room cannot be decorated to the client's own taste.

Synonyms/similar alternatives/products

Cushions, artificial leather padding, floor mat, wall mat, soft walls and floors, wall coverings

Description

Padding walls, floors, doors and/or heating elements means that clients cannot hurt themselves. It reduces the risk of injury.

Tip

Padding with removable material improves hygiene.

Disadvantage

Substantial investment and not transferable

Note

Provide for soft but strong material on the floor. There needs to be stability to enable clients to stand firmly.

Can be used in cases including: **self-harming, such as banging, epilepsy, risk of falling, smearing**

Motion sensor

RM score 1

According to the regulations, a motion sensor is a restraining measure. The use of motion sensors should therefore be discussed in a multi-disciplinary meeting.

Synonyms/similar alternatives/products

Optiscan, top scan, motion alarm, motion sensor, sensor, sensor bell, sensor pole, call pole, getting out of bed alert, infrared sensor

Description

A motion sensor that responds to the movement of a heat source; the heat of the human body. The sensor is installed at a low level on the wall next to the bed or on a movable standard next to the bed.

The motion sensor is activated when the client goes to bed and is deactivated when the client gets up. The motion sensor is connected to a call-up system. The sensor sends an alarm as soon as the client's limbs move into the detection field.

Advantages

- The motion sensor is far less subject to wear and tear than an alarm mat and has a larger detection field.
- Regular night-time controls can be reduced, avoiding disturbance of the client.

Disadvantages

In general, motion sensors appear to cause a relatively high number of false alarms. It is known from research [Free University Medical Centre, 2010] and practical experience that there are situations where 'it is no longer possible to keep up with the number of alarm calls'.

Incorrect alarms can arise if nursing staff accidentally walk through the detection field. These alarms can then be suppressed by pressing the telephone handset.

Blankets hanging from the bed can also cause incorrect alarms, because these reach the same temperature as the human body during sleep.

Can be used in cases including: **agitation, risk of falling, wandering**

Room occupancy sensor

RM score 1

According to the regulations, these constitute a restraining measure. The use of room occupancy sensors should therefore be discussed in a multi-disciplinary meeting.

Synonyms/similar alternatives/products

Door position signalling, magnetic contact door or window frame, motion sensor above the door, door contact, window alarm, room occupancy sensor

Description

The room occupancy alarm takes the form of a magnetic contact or motion sensor immediately above the door. If the client opens the door [or the window], an alarm is sent via the call-up system. The measure does not, therefore, send an alarm if the client gets out of bed, but only when they open a window or door.

The room occupancy sensor is used with clients who are not directly at risk of falling when they get out of bed, but if they leave the room, staff must be notified.

Disadvantage

A disadvantage of magnetic contact is that an alarm is also raised in an employee enters the room. In a situation with night-time control rounds, this system cannot be used. A solution for this could be to automatically switch off the alarm with an electronic key if an employee enters the room. Another option is automatic switching off via a motion sensor aimed downward on the outside of the door.

Tips

Combining a room occupancy sensor with a camera system means that the situation can be verified at a distance right away. There are clients who want to sleep with the door of their room open. In that case, the room occupancy sensor can only be used with a 'stable door', a door consisting of two parts.

The door position alarm can also be set in reverse, to avoid unwanted visitors.

Can be used in cases including: **agitation, risk of falling, wandering, boundary-crossing behaviour**

Acoustic monitoring

RM score 2

Acoustic monitoring involves a greater breach of privacy than a motion sensor or occupancy sensor.

Synonyms/similar alternatives/products

Audio monitor,

Description

For acoustic monitoring, a microphone is placed in the bedroom. If noise levels exceed a certain threshold limit, the system gives an alert. The threshold limit can be set for each client. This concerns the duration, volume and tone of the sound. If the noise level exceeds the threshold set, it could indicate agitation and activity by the client. In order to check whether anything is really the matter, the switchboard employee can play back a sound recording or listen to the sound in the room direct.

The aim is to warn of a potential emergency situation, for example for clients who cannot operate an alarm button.

Alarms can be passed on to a switchboard that receives alarms and assesses whether the alarm will be passed through directly to the telephone handsets of the staff.

Advantage

This is a reliable technology that has already been in use in the care of the handicapped for some time. Potential emergency situations can be notified without the client needing to take any action. Listening in can also be fragmented, so that there is less invasion of privacy.

Disadvantages

Practice shows that the use of acoustic monitoring leads to about 10 notices per client per night. A manned night-time switchboard that assesses these notices and filters out the 'false alarms' is therefore in fact a necessity. These switchboards are in use in care of the handicapped, but are often not available in care of the elderly. This can lead to overload for night staff. Acoustic monitoring in care of the elderly [care of clients suffering from dementia] is only possible if, for example, there is cooperation with a night-time switchboard for care of the handicapped.

Can be used in cases including: **agitation, risk of falling, wandering**

Camera

RM score 3

The use of a camera leads to a major breach of privacy.

Synonyms/similar alternatives/products

Camera with image interpretation

Description

Cameras are used in order to assess the situation at a distance on the basis of images, but only after an alarm call has been received. An alarm call is sent if there is movement within a particular image field.

The cameras are not only installed in the clients' rooms – to the extent that there is permission for this – but also in hallways. If nothing is visible in the camera images from the client's room, a switch can be made to these hallway cameras in order to search for the client.

Cameras with 'image interpretation' are an alternative for alarms sent when a client gets out of bed using a motion sensor. The camera is directed at the bed. Image fields are programmed on both sides of the bed, in order to send an alarm if there is motion in these fields.

It is possible to give night staff a personal digital assistant [PDA]. When a camera sends an alarm, the PDA monitor automatically shows the floor plan of the relevant ward or home. The positions of the cameras are visible on this floor plan, with the camera sending the alarm lighting up. The image can be called up by touching the camera with a pen on the touch screen.

Advantage

A good impression of the current situation can be obtained at a distance. Behaviour can be observed. This avoids unnecessary walking by the staff.

Disadvantages

This involves a serious breach of privacy. In order to respect privacy as far as possible, it is a good idea to deploy the camera only after a sensor or the camera itself has sent an alarm signal.

Note

A camera is not a good alternative for very young children or clients at the level of a young child. Physical closeness is important.

Can be used in cases including: **agitation, risk of falling, wandering, boundary-crossing behaviour**

Sitting

General tips for sitting without restraints

Clients in care institutions sit a great deal. It is important to devote attention to sitting correctly, to sufficient movement and to avoidance of unnecessary use of restraints. A number of points to consider are presented below:

- Do not leave clients sitting in a wheelchair all day, but consider a [comfortable] chair without wheels.
- Do not put wheelchairs on a brake as a standard action. This is also a form of restraint. For clients with a risk of the wheelchair rolling away, there is a wheelchair on the market that brakes automatically if the client stands up and that automatically releases the brake when the client sits down again.
- Tipping a wheelchair is also a form of restraint. After all, the clients cannot stand up by themselves.
- If a strap is necessary in the chair, choose one that the client can undo themselves if possible.
- Make sure that a drink is available within reach. This avoids people standing up or becoming agitated.
- The same applies for the alarm bell. Make sure that the client can reach it.
- Encourage clients to change position regularly.
- Make sure that the chair is the right size for good sitting posture.
- Use supports [back cushion, side cushion, shaped toilet brush] for good sitting posture. Every client has their own preferred posture.
- Observe and regularly ask the client if these supports are comfortable.

Recliner

RM score 0

Synonyms/similar alternatives/products

Glider chair, recliner, swing chair, water chair, swivel armchair

Description

Recliners provide for a more comfortable and calmer sit.

Glider chairs are chairs that can move forward and backward on rails. The motion influences the balance organ and calms the body. As a result, clients are less likely to get up and walk.

Water chairs shape themselves completely to the body.

Tips

Recliners are also available in moisture resistant materials that are easy to clean.

The right seat height is important in relation to standing up without the risk of falling.

Can be used in cases including: **agitation**

She is more at ease

Marina de Jager

A cuddly toy instead of a strap

Marina de Jager is 34 and has a serious mental handicap. She can barely stand and is very agitated. By day, she is usually strapped into her chair. After consultation, the group leaders decided to phase out the strap in small steps. The first step is to place the strap in the chair, but to leave it unfastened. At the same time, Marina is given a cuddly toy attached to the chair by a string. And what happens? Marina becomes calmer. She is more at ease, holds the cuddly toy firmly and no longer attempts to get up.

Chair alarm

RM score 1

According to the regulations, a chair alarm is a restraining measure. The use of chair alarms should therefore be discussed in a multi-disciplinary meeting.

Synonyms/similar alternatives/products

Sensor with pressure alarm, optiseat, chair alarm, exit alarm

Description

Chair alarms are pads for in a wheelchair, fitted with a sensor that registers pressure. If the client gets out of the chair, the pad gives a beep signal. If the client does not sit down again within the set time, an alarm is sent to a receiver [e.g. the telephone set of the carer or supervisor]. Several chair alarms can be programmed for each receiver.

Advantage

Chair alarms give care staff extra 'eyes and ears', so that clients with e.g. a high risk of falling do not need to be continually monitored.

Disadvantages

The beep signal is given as soon as the client gets out of the chair. Depending on the client's physical condition, this can act as a restraint to moving in the chair.

Can be used in cases including: **risk of falling, wandering**

Bean bag chair

RM score 2

The client cannot get out of the chair unaided. Sometimes, clients cannot remove the side flaps unaided.

Synonyms/similar alternatives/products

Bean bag with side flaps, stimulation chair

Description

The bean bag chair is a bean bag with grains and balls in the seat. It is a bean bag with a hardboard back, so that it retains the function of a chair. The seat, the back and the loose side flaps are covered and filled with plastic balls. These have a stimulating effect and create a sense of wellbeing and relaxation. The side flaps are used to enclose the entire body, reinforcing this feeling still further.

The stimulation chair is filled with positioning seating grains. The chair has stimulating sections where extra pressure is created through plastic grains, creating pressure points that are relaxing and give a sense of security.

Advantages

A bean bag chair is calming, stimulates the senses, surrounds the body and improves bodily feeling.

Disadvantage

The bean bag is low.

Tip

Keep a watch that the balls do not obstruct or irritate the user, for example through excess heat or a pressure point in the back.

Good to know

There are also bean bag blankets and bean bag cushions

Can be used in cases including: **agitation**

Half lap tray for wheelchairs

RM score 0

Description

Many wheelchairs have a lap tray. This is often handy for clients, as they can keep the thing that they are working with within easy reach, and the tray gives support. However, it can also be a form of restraint. If the tray is fixed, clients cannot get out of their wheelchairs unaided. Even if the tray is not fixed, it can be perceived as a restraint by both the client and the outside world. An alternative is a half tray that is attached to the left or right-hand arm of the wheelchair. Half lap trays are used primarily in rehabilitation work for people who are paralysed on one side. It gives the convenience of a wheelchair tray but does not restrict freedom. Clients can get up from behind it or fold the tray aside. Clients can also reach or cross their legs more easily, or change their sitting position. This is more difficult, or even impossible with a full lap tray.

Note

Discuss the use of a half lap tray with the ergotherapist.

Mobility

Safe exercise

Freedom indoors

Freedom out of doors

General tips for safe exercise

Exercise is healthy

Exercise is important for health. With too little exercise, muscle strength diminishes and as a result, the risk of falling increases. Confining someone to a chair or bed in order to prevent falling is not an appropriate preventive measure. The question also arises here of whether confinement can be regarded as quality of life. Is sitting safely in a chair better than being able to move, with the accompanying risk of falling? Naturally, attention must be paid to making exercise as safe as possible.

Reduce obstacles

Obstacles inhibit safe movement for clients. Take note here of:

- Physical obstacles in the walking route: too many objects in the living room, a door that is hard to open: a living room chair that cannot roll.
- Restrictive clothing: ill-fitting clothing, wrong sizes of (night-time) clothing, excessively long (night-time) clothing or badly-fitting footwear can inhibit walking.
- Non-physical obstacles: lack of information, shortage of time.

For a safe environment, it is also important that the alarm bell is within the client's reach and that there is good lighting, including in the night-time situation.

Well-fitting clothing

Standing firmly on your feet is important in order to prevent falling. Not all footwear contributes towards stable standing and walking. Poor footwear can be identified by the following features: high heels, soft soles, slippery soles, worn and crooked soles, too little support at the heel, poor or no support, badly-fitting footwear or shoes that pinch or are loose.

Proper footwear has the following features: low solid heel with continuous sole, firm sole with relief, lace-up shoes, good fit.

Good vision

In addition to good footwear, good vision is important for safe exercise. For example, does the client have spectacles of the correct strength?

Exercise together

If the client has a one-to-one visit, the client can walk together with someone.

Exercise programme

Muscle strength is essential in order to preserve balance and for an adequate response if a falling accident is threatened. Problems with balance may be the result of a reduced sense of balance, dizziness through a drop in blood pressure or poor muscle control. Disorders in the walking pattern, such as walking very slowly or taking small steps can also give rise to falling accidents.

Exercise programmes are aimed at balance, muscle strength and stamina. A physiotherapist can provide more information.

By exercising efficiently and emphasising enjoyment of exercise, the motivation to exercise and physical and mental condition will improve.

Reducing agitation

Some clients wander and therefore move a great deal. Wandering and excessive motion [compulsive walking] result mainly from agitation. Check whether there is a pattern in wandering behaviour and/or medication or daily routine. Wandering behaviour can also be influenced by fellow residents or the weather. Observation often leads to a direction for a solution. Together with the family, associates and colleagues, consider ways to create more calm. Observe whether a measure taken does actually create more calm.

Tip

- Safe exercise required good orientation. The use of symbols as directions and signs for walking routes [including a nights, see page 44] improve orientation.
- Hanging items that remind a resident of going home [coats, hats etc.] out of sight can avoid a great deal of agitation.

Standing and walking aids

RM score 0

Non-restraining

Synonyms/similar alternatives/products

Stick/walking stick, crutches, walking frames, rollator

Description

A walking aid improves support and balance during walking, rising and standing, thus reducing the risk of falls. There are various types of walking aids, such as rollators, walking frames [with one, three or four legs] or elbow crutches.

A stick is a light form of support which is used mainly if there is a problem on one side [leg or foot]. A stick can also be a solution if a client needs a greater feeling of safety, without having serious problems with balance.

A rollator provides a great deal of support and at the same time, poses little restriction during walking. Furthermore, the client can sit down on it for a moment.

Note

Walking aids must be in good condition. Use an aid only for as long as this is necessary. Observe the client and consider whether the walking aid is still the best aid for that client.

Good to know

If a standing and/or walking aid no longer provides support, or sufficient support, there are other aids for continued mobility, such as mobile seating or a mobility scooter.

Tip

Consult the physiotherapist or ergotherapist.

Can be used in cases including: **risk of falling**

Mobile chair

RM score 0

Non-restraining if used without a strap or belt that the client cannot open themselves.

Synonyms/similar alternatives/products

Mobility chair, mobile swivel chair, 'trippelstoel'

Description

A mobile chair is an aid for sitting stably and relocating yourself indoors. It looks like a luxury office chair with a brake.

A 'trippelstoel' chair is height adjustable, with [fold-up] arms and an adjustable back. The height of the chair can be adjusted so that you can push yourself up or around in an almost standing position.

Straps, seat belts or retractable seat belts are often used with these mobile chairs, for fear that the chair will roll away if the client stands up or wants to sit down again.

If clients cannot open these belts themselves, this still involves a severe restraining measure. Use belts that the client can open themselves or use a mobile chair that brakes automatically if the client stands up [and releases the brake again when the client sits down].

Advantages

Clients can move around with little risk of falling. The seat can swivel while the wheels remain in the same position. Turning therefore requires little or no strength in the legs.

Disadvantages

Complex system for people with dementia or mental handicaps. Gives freedom of movement but can also cause high-risk situations with some target groups, partly due to bumping into things.

Tip

An anti-slip mat or anti-slip stickers can prevent someone from sliding out of the chair.

Can be used in cases including: **risk of falling**

Hip protector

RM score 0

Non-restraining

Synonyms/similar alternatives/products

Hip protection pants, hipster, SafeHip, hip shield

Description

A hip protector provides effective protection against hip fractures. A hip protector consists of two pads in a pair of pants resembling underpants. The pads are situated at the sides, at the top of the thigh. Naturally, they cannot prevent a fall, but they do absorb the impact of a fall and so prevent a hip fracture.

Advantage

Putting on a hip protector is easy and costs little time.

Disadvantage

Soft hip protectors are the most comfortable, but research has shown that hard hip protectors work best.

Note

A great deal of scientific research has been conducted into hip protectors. It appears that they do reduce the risk of a hip fracture, but only if there is 'compliance', i.e. if they are worn consistently. There must be good support for these, among both clients and employees.

Can be used in cases including: **risk of falling**

Protective helmet

RM score 4

The measure fits very close to the body. The client can move independently, but wearing a helmet is perceived as a burden.

Synonyms/similar alternatives/products

Head and face protector, calf protector, helmet, Perdaen helmet, skull protection cap, head orthosis

Description

A protective helmet is a custom-made helmet to prevent skull injuries that can arise as a result of e.g. falling [epilepsy], self-harming [banging], scratching or other forms of self-harm to the head.

Disadvantages

Clients may find it very unpleasant to wear a helmet every day.

Good to know

Helmets are available in different models, sizes, colours, materials and types. A separate face mask can often also be attached to the helmet.

Can be used in cases including: **head banging, epilepsy, self-harming, serious risk of falling**

Pressure vest

RM score 0

Clients determine the pressure themselves

Synonyms/similar alternatives/products

Squeeze vest

Description

The pressure vest places deep pressure on the upper body through air pressure. This provides a sense of security and protection for people who have difficulty in processing and integrating stimuli. This may include people with ADHD or a disorder in the autistic spectrum.

You experience surface pressure if somebody holds or strokes you. Sensors in the skin send signals to the brain which register the touch. Such sensors are also located deeper in the body, for examples in muscles and joints. Deep pressure is also registered by these sensors, which has a different effect on the brain that can be reassuring to some people.

The pressure vest looks like a compact body warmer. The client can wear it under ordinary clothes without it being seen. The client can pump up the vest to create deep pressure using a small pump. Clients can determine the amount of pressure and thus the intensity for themselves. The calming effect can prevent panic attacks or problem behaviour.

Note

For a good effect, it is important to know how to use the vest. For example, pressure must not be retained for long consecutive periods. Make sure that the client knows how to use the pressure vest properly.

Can be used in cases including: **agitation**

Freedom indoors

Open doors

RM score 0

Synonyms/similar alternatives/products

Access to all rooms in the care institution at all times, free movement through the institution

Description

Closed doors can cause clients to become upset and agitated. The presence of a door alone invites opening it. In care institutions, clients sometimes gather at a closed door, for example when the staff go home at the end of the day.

What actually happens when the doors open? Do the clients actually go out of the door?

Experience shows that people often take only two steps outside the door and then go back inside.

And why is it so bad if clients walk freely around the entire building? Accept compulsive motion and walking by clients.

If a recognisable photograph and/or the client's name or an important object [identifiable property] is hung next to the door, the client knows whether he or she may enter the room. This avoids unnecessary restraints for clients who walk into every room, but also for other clients. Clients with dementia may not recognise recent photographs. A photograph from somewhat further away in the past then works better.

Clients will be less likely to want to go out of the door if objects that remind them of going home [coats, hats, etc.] are removed. Good receptionists who know the clients are worth their weight in gold.

Advantage

An open door policy is appropriate in experience-oriented care and leads to less agitation in the department. Residents can give in to compulsions to walk and to restlessness. They do not have the idea that they are locked up and do not have to rely solely on their living room. They can go to the area that pleases them at that particular moment, whether it is busy or quiet.

Disadvantage

Employees and family members often have to get used to the idea that they may meet clients anywhere in the building.

Tip

Concealing doors and door handles to unsafe exits can be a solution for a safe and pleasant living environment. If an unsafe door does not seem like a door, the client will not have the feeling that they are not allowed to pass through it. One way to do this is 'to disguise' a door as a bookcase. Other ways are e.g. to give the door the same colour or the same wallpaper as the wall, or to hang a mirror on the door.

Making unsafe exits unidentifiable removes the unpleasant feeling that a closed door evokes. Place hazardous substances and materials in a safe place that is inaccessible to clients.

Can be used in cases including: **always, agitation, compulsive walking**

She is soon sleeping peacefully through the night
Ida Scheringa**‘Are you locking me up again?’**

When someone in the MDO asked why Ida Scheringa had a Bratex strap in bed and a tray in her wheelchair, no-one actually knew the answer. After some thinking and searching, the reason proved to be a fall in which she had broken her upper arm. The team immediately decided to phase out the measures. The first step was to omit the strap in bed. Some employees were worried about falling, but Ida regularly said that she regarded the strap as very distressing. ‘Are you locking me up again?’ she would ask. The next step was the wheelchair tray. Ida had walked very little for 18 months, so need to practice every day. Her walking quickly improved. The wheelchair is now used only for long distances and the tray has gone. Ida goes to the bathroom on her own, dresses and undresses herself, helps with the washing up and lays the table!

There is still a risk of falling
Gerdi Schoenmakers**Enough supervision with infrared sensor**

Gerdi Schoenmakers sometimes walks so much that she almost becomes exhausted. She suffers from Alzheimer’s and has lived in a nursing home for two years. Because she has also had a stroke and a hip operation, she is somewhat unsteady. After the operation, Gerdi soon wants to walk again. Her carers do not think that this is responsible. She now walks even less well than before the fall. Before the institution took part in Ban the Band, Gerdi Schoenmakers would have been strapped into bed and in her chair. Now the staff opt for a different approach. The space around her has been cleared of obstacles. To reduce stimuli, she spends more time in her own room. An infrared sensor has been installed there, which often goes off in the first few weeks. That requires a fair amount of effort from the staff. But after a few weeks, Gerdi’s walking pattern has improved enormously (through physiotherapy and practice). There is still a risk of falling, but this is outweighed by her sense of wellbeing.

Walking circuit

RM score 0

Synonyms/similar alternatives/products

Pathways, walking route, safe wandering route

Description

In long corridors or complex hallway systems in care institutions, clients, have difficulty with orientation and rest times. In long corridors, two or more colours can be used to break up the length and support orientation. It is important to make the safe walking areas visually identifiable. If necessary, 'stop' and 'walk' signals can be used.

Walking routes should stimulate interest, encourage socialisation and provide sitting points for rest.

Giving corridors a [familiar] street name supports orientation.

Activities at the end of a corridor or seating half-way invite residents to interrupt a monotonous walking pattern [see also 'Relaxation points in corridors', pg. 79].

A good walking route is large enough [see 'Open doors', pg. 74] and has an open connection with the garden, so that clients can walk indoors and out of doors freely. An open connection with e.g. the restaurant or other departments can also improve a walking route.

Tip

Surplus furniture and messy corridors make safe movement more difficult. It is also better to avoid wheeled furniture standing in the walking routes. This might be used for support.

Can be used in cases including: **always, agitation, compulsive walking**

Relaxation points in hallways

RM score 0

Synonyms/similar alternatives/products

Corridor systems, corners, seating

Description

Many clients spend time in the corridors of care institutions, often walking ‘with their hearts on their sleeve’, seeking, difficult to influence or to motivate for various activities. It is extremely important to devote attention to the fittings and furnishings of the corridors. Excellent use can be made of this extra space to expand the living environment of the residents.

Interesting corners with seating mean that clients will take a seat for a moment occasionally, and experience a moment of rest. There are many possibilities, such as an aquarium with fish or a museum corner with items from the past, a train seat with a poster or a beautiful landscape, an imitation woodland with sound and a bench, interactive art, a bird cage, a 'cinema', a baby corner.

Advantage

Less agitation

Tip

Care institutions regularly manage to find financing for an experience corridor outside the fixed budgets, for instance through general collections, actions among family and ‘friends of’ or subsidy applications.

Can be used in cases including: **always, agitation, compulsive walking, risk of falling**

He can now go where he likes
Leo van der Bosch

Falling occasionally is permitted

Leo van der Bosch is 72 and suffers from dementia. He is easily irritated and cannot make clear what he wants effectively. He does want to walk continually, which results in him becoming exhausted. He has therefore sat in a mobile chair with a strap for years. Leo does not agree with this at all. He shows this by sometimes suddenly becoming aggressive. Although the situation has become safer for him and for the staff, it is clear that he is unhappy. A first step in reducing the restraint is to see what happens when the strap is loosened. Leo then immediately stands up. That sometimes leads to dangerous situations, but it is also clear that he can still walk well.

Leo is given an ordinary chair so that he can get up easily. Sometimes, his knees give way and he falls, but so far, this has been without hurting himself. He can now go where he wants and the agitation and irritations have lessened considerably as a result.

Orientation lighting

RM score 0

Synonyms/similar alternatives/products

Signal lighting, marker

Description

Normally speaking, we use lighting to improve visibility in a room. But it can also be used to emphasise things, for example when there is a store next to a bathroom. With extra lighting directed at the bathroom and not at the other door, people will be more likely to choose the right door and not lose their way. Other applications are lighting of walkways or stairways. If clients can find their way more easily as a result, there will be less need for restraints.

There are special lighting elements on the market for orientation lighting, such as lights that can be incorporated in a wall and provide extra light on the floor. However, this is also possible with regular light sources.

Note

Although there are a number of ready-made products for orientation lighting, it will often be difficult to find something for your specific situation. This alternative does call for some creativity. You should therefore ask for the assistance of e.g. an ergotherapist, behavioural expert or the technical service.

Can be used in cases including: **always, wandering**

Living circles

RM score 3

This is a severe restraint for clients for whom it is used and for whom the door therefore remains shut.

Synonyms/similar alternatives/products

Client monitoring, chip with loop

Description

With the aid of a chip, doors can remain closed for some clients and open for others. For clients who really cannot be permitted to leave a department or [cluster of] group homes, an alarm signal is sent if they approach a strategic door. That door can then be kept locked for that client.

Clients who are permitted to go through a certain door then gain more freedom of movement. This is mostly used to prevent clients with explicit running away behaviour from being able to leave a care building unobserved.

The client monitoring system consists of a wrist cuff with a chip and a battery for sufficient transmission range, plus a receiver post near the strategic doors. An alternative is a chip in the client's shoe, with no battery, and a detection loop under the floor [covering] in front of the strategic door. Such a chip with no battery has a short range, but with walking on the floor [covering] with a detection loop, the distance is short enough for the signal from the chip to be received.

Living circles form an alternative for a closed department.

Advantage

Client monitoring makes it possible to deal more selectively with the closure of a department or group home. Not all clients need to remain behind closed doors.

Disadvantages

For chips in shoes, the client's shoes must be processed. It is then not certain that the client will always wear those shoes. Furthermore, the system depends very heavily on how the detection loop is applied.

Can be used in cases including: **agitation, wandering**

Freedom out of doors

Open doors

RM score 0

Synonyms/similar alternatives/products

Open doors, always access to the garden, walking freely in and out

Description

Gives the client the freedom to go out of doors. What happens if the front door, the back door and the garden door are left unlocked? Trying this out and observing may be an idea.

A garden that clients can go into themselves whenever they want already affords clients considerable freedom. Access, safety and the sensory experience of the garden are important. The greater the client's room to move, the better. Try to realise the locked door or fence as far as possible from the client. An enclosed garden that is freely accessible is already a step forward. But also consider the access to the building. Can the client walk in and out freely?

Disadvantages

Clients may lose their way, but this can be solved with e.g. a GPS chip [see pg. 89]. And a mobile phone offers a solution for clients who can still make a call themselves.

Can be used in cases including: **always, agitation, compulsive walking**

It goes well from the first day
Guntur Yilmaz

No straps, with extra supervision

Guntur Yilmaz has already lived in an institution for as long as 58 years. He is 65 and severely mentally handicapped. As soon as he is allowed outside, he climbs over the gate and runs away. To prevent this, he always has a strap around his waist in the garden. Guntur has no problem with this. He is completely used to it. Nevertheless, the institution wants to see whether things can be done differently. A multi-disciplinary team (GP, supervisors, educational specialist, manager and physiotherapist) analyse the situation and regard the risks as acceptable, partly because, due to his age, climbing is becoming increasingly difficult. The main risk now is eating grass or sand. The strap is taken away and there is extra supervision in the garden. This goes well from the first day. Guntur enjoys his freedom enormously and feels much better. He proves to be able to deal with the freedom far better than everyone expected.

Sensory garden

RM score 0

Synonyms/similar alternatives/products

Sense-oriented garden, therapeutic garden, sensory garden, Alzheimer's garden

Description

It is wonderful to be able to touch or smell plants, or even to eat them. A sensory garden is a garden that is tailored to the characteristics, feelings, capacities and limitations of clients. Clients will go out of doors more often if the garden is made into a safe, attractive and freely accessible place that matches their needs, in order to find peace and quiet, reflect or have social contacts with others. There may be clients who can garden by themselves. Clients who gardened a great deal in the past can find a great deal of enjoyment in life and peace if they can take up this former hobby again.

A good garden:

- Is freely accessible
- Has clear direction signs, so that everyone can find the garden
- Has open spaces for picnics [and gardening].
- Makes provision for clients to garden
- Provides enough shade and shelter from the wind
- Has pathways for wheelchairs and railings that clients can hold on to
- Has coloured pathways, in order to support orientation
- Has raised flower beds
- Has non-toxic plants

Staff and volunteers can visit the garden with the clients. Regularly evaluate whether the gardens still meet expectations satisfactorily.

Quotation

‘A garden that is well laid-out for our clients is a good garden for everyone.’

Can be used in cases including: **always, agitation, compulsive walking**

Biometrics

RM score 2

Doors are still kept locked at fixed times

Synonyms/similar alternatives/products

Biometric security, finger print recognition, finger scan, access management solutions

Description

By means of a finger print, clients can go in and out of their homes. The appliance identifies the user of the system and immediately grants or refuses access. It is also possible to allow clients to go in and out freely between set times.

Disadvantages

Clients may lose their way, but this can be solved with e.g. a GPS chip [see pg. 89]. And a mobile phone offers a solution for clients who can still make a call themselves.

Can be used in cases including: **always, agitation, compulsive walking**

GPS

RM score 2

Provides freedom of movement that is otherwise unavailable, but is sensitive in terms of privacy. Big brother is watching you.

Synonyms/similar alternatives/products

Chips in shoes, chips in clothing, GPS monitoring, alarm watch with GPS, care belt, client monitoring

Description

The client wears a transmitter with a Global Positioning System [GPS] plus a battery, incorporated into a watch, around a belt, etc. Via the mobile GSM network, locations are sent via a secured data centre or direct to the manual computer of an employee or carer word. The GPS transmitter is then localised via the internet and is displayed on a digital map. Clients can quickly be localised or traced.

The product in the form of a watch also requires a hand computer. Apart from the digital map with the position of the search subject, there is also a map image with the position of the hand computer [= the position of the person conducting the search] plus an arrow showing the direction in which the search must be made.

Advantages

The client gains more freedom of movement.

Disadvantages

With daily use, the care belt or watch must be charged every night. The watch must be secured.

Localisation via GPS only works out of doors, not if a person goes into a shopping centre.

Only the product in the form of a watch therefore also has localisation via the GSM network. This gives an address only. It is not very accurate, but the person making the search will then know whether the wandering client has got on a train or not.

Tips

For each use and after every alarm signal, it is necessary to check that the GPS monitoring system is on and that the response is adequate. Use a list in order to check off these controls.

The GPS chip can also be used indoors, so that the client can make the best possible use of a large walking circuit [including other departments, the restaurant, the garden etc.].

Can be used in cases including: **always, agitation, compulsive walking**

Daytime activities

Daytime activities: General

Synonyms/similar alternatives/products

Day-time activities, activities, activity programme [voluntary] work

Description

Clients regard daytime activities [work, unpaid work, voluntary work or 'something to do' as very important. It provides structure in their lives, contributes towards social contacts and creates a sense that they are contributing to society.

Adjustments in the daytime activities and the activity programme can work wonders for a client's mental condition and the reduced use of restraints. Investigate the client's need for a programme of daytime activities. Observe how much energy a client has, how much stimulus he or she can cope with and how many and which activities are perceived as enjoyable.

If the client is asked too many questions, this can cause agitation. But asking too few questions has the same effect. Too little stimulation gives rise to boredom, and too much stimulation creates stress. With the right amount of stimulation, a client feels good.

There are many forms of daytime activities, in groups or individually, from work to creative or relaxing activities. Not everything is suitable for everyone.

Apart from freely accessible 'walk-in' activities, personalised service and client-orientation in daily activities are very important. Do the daytime activities adequately match the client's level and skills, their future plans and their interests? A good programme matches the wishes of the client. The activities should be supervised and offered at times when there is demand for them, such as in the evenings and at weekends, not only during 'office hours'.

Various activities are described in the remainder of this section, aimed primarily at reducing agitation. These are examples only. Many other activities can be conceived.

Tips

Municipal authorities also often have an activities programme. Clients may find an enjoyable, challenging or socially-related form of daytime activity outside the care institution via this route.

Volunteers can play an important role in the organisation of a client-oriented programme of activities, which fits less well within the tasks of the employees in terms of activity and time.

Sufficient rest is just as important as sufficient activity. Match the rest times more closely to the client's current mood. Take clients to bed if they are tired. Sometimes a client will sit in a chair in a strap all day because they threaten to slide out. With a timely switch between sitting and resting in bed, the strap in the chair may no longer be necessary.

Can be used in cases including: **always, risk of falling, agitation**

Music

RM score 0

Description

Music can have an influence on clients in many different ways. Music can create atmosphere and relaxation, bring back memories, offer security and encourage communication. Music is suitable for both group and individual activities. This may include singing, listening to music, playing musical instruments and moving to music.

Is the client fond of music? Can they make music themselves? What kind of music do they enjoy? Let the musical activity match the client's preferences.

Advantage

Relaxation leads to less agitation and reduced use of restraint.

Disadvantage

Tastes differ. Some people prefer silence, others enjoy singing themselves, while yet others like listening. Don't impose other people's preferences on the client, as this will precisely cause more irritation and agitation.

Tip

The Squeeze is a hooded vest that the client can use to calm themselves and that can reduce stress through the application of 'deep pressure' to the upper body. Earphones are incorporated into the collar, which temper high frequency sound levels. When the client folds his hands, the built-in MP3 player plays calming or favourite music. The Squeeze can offer a solution for people with an autism spectrum disorder or people who self-harm.

Can be used in cases including: **agitation, self-harming**

Clowns

RM score 0

Synonyms/similar alternatives/products

Cliniclowns, clowning

Description

Clowns can sometimes reach clients who often can no longer be reached by anyone else. They work on the basis of improvisation, always aimed at contact and interaction with the clients. There is no 'performance', but a 'surprise visit'. The star is the client.

The clown matches actions to the client's perceptions, registers the client's signals and responses and takes these seriously.

Depending on the situation, contact is made e.g. through a conversation, a touch, a doll or a song. In this way, the clowns give the clients a moment of living attention and a good feeling. The cheerful, happy and relaxed feeling stays for some time.

Advantage

Clowns create a safe environment within which everything is possible. This makes the client curious and in that way, the client comes back to the here and now for a moment, as a result of which contact is often still possible.

Tip

It is not always necessary to hire real clowns. Specially trained activity supervisors can also create contact and interaction through their attitude, mimicry, etc.

Can be used in cases including: **agitation**

Activity timer

RM score 0

Synonym

Action watch/time timer

Description

An activity timer is a clock that shows how much time you can still spend on an activity. Instead of hands [as with a normal clock], you see a circle that shrinks like a pie chart as time passes. As a result, you can see at a glance how much time has passed and how much time you still have to spend. An activity timer is also useful for people who have difficulty in telling the time. In this way, it becomes easier for clients to follow time-bound activities. Problem behaviour diminishes or can be avoided.

Tip

Activity timers are available in different types and sizes, from a large clock to a watch or even as an app for tablets and smart phones.

Can be used in cases including: **Always, problem behaviour**

Melle has changed out of all recognition
Melle Hofstad

Meaningful daytime activity creates calm

Melle Hofstad is 25, with the mental capacity of an eight-year-old. He has strong motion compulsions and is very agitated. He never actually wants to go to bed. He does not cooperate and scratches and pinches the staff. He sleeps in a strap, because otherwise he gets out of bed and does not get enough sleep. The supervisors have made a search for more activities for Melle. Through more exercise, he may be more tired at night and so go to sleep more easily. The supervisors hear about a dog-walking service by handicapped people and inquire about whether this would be a possibility. Melle has changed out of all recognition. He takes his work very seriously. He feels a sense of responsibility, is out of doors a great deal and exercises more. He feels useful and comes home in the afternoons tired and satisfied. He is keen to go to bed, because duty calls tomorrow too!

Animal stroking project

RM score 0

Synonyms/similar alternatives/products

Animal rescue centre, stroking projects, Pets for Seniors Foundation [Huvor], animals in care, dog stroking project, care animals project

Description

Many care institutions do not allow pets. Following the US and the UK, animal stroking projects have also been set up in the Netherlands. In these projects, volunteers or e.g. staff of a children's farm visit care institutions with their animal(s). Clients can cuddle or stroke the animals or hold them on their laps.

Various scientific studies have shown that having pets has a positive effect on people's quality of life. Dogs and cats have particularly high scores. People love animals and animals also often love people. Used in care, animals may even prove to have a therapeutic value.

Advantage

Stroking or cuddling an animal has a healing effect on clients: they become calmer and revive if they have an animal around them. Agitation and problem behaviour diminish.

Disadvantage

Animals remain animals and clients are vulnerable, so those wishing to work with live animals must know what they are doing. Consider the behaviour of animals and the ability to assess this well, rules concerning hygiene within institutions and the welfare of all concerned, both animals and people. Furthermore, not all pets, pet owners or clients are suitable for activities of this kind, however good their intentions. Activities with animals are certainly to be welcomed, but care is always called for.

Note

Dogs for stroking must meet various criteria. They must be healthy and clean, must not show dominant behaviour and must have a quiet and stable character. Furthermore, they must enjoy being stroked by strangers and being taken onto people's laps.

Tips

- Clients have sometimes had to get rid of their pets because they moved into the care institution. That creates considerable sorrow. An animal stroking project will remind them of their own pets.
- Clients may be permitted to have an aquarium in their rooms. This can be very calming.
- The therapeutic robot seal Paro is a good alternative if real animals are undesirable for any reason.

Can be used in cases including: **agitation, grief, loneliness**

More exercise

RM score 0

Synonyms/similar alternatives/products

Exercise, daily walk, housework, exercise chairs and recliners, [outdoor] fitness training, exercise garden, exercise programme, training programme

Description

Exercise is good for the body and mind. With more exercise, agitation and the risk of falling diminish. More exercise can be achieved by creating possibilities to do exercises, in hallways or waiting rooms, [poster with exercises, home trainer, boxing ball], by organising both individual and group activities and by considering the possibilities for exercising in the open air.

In choosing certain exercise activities, it is important that clients enjoy the activities. Consider forms of sports and games such as swimming, dancing or gymnastic exercises, possibly to music. A daily walk and if possible, a bike ride are good forms of open-air exercise. Supervision or GPS [see page 89] may be necessary for this.

Exercise can also be arranged by having clients help with housework: helping with cooking and cleaning, gardening or perhaps the client can be taken to do the shopping?

Placing exercise machines out of doors can encourage clients to go outside more and thus also increase mutual social contacts. The machines can be placed anywhere. Exercise and fresh air are a good combination. Special training and exercise programmes [individual or in groups] have been developed by ergotherapists and physiotherapists for different target groups. Consider referral to a physiotherapist or ergotherapist.

Advantages

If you don't use it, you lose it. Exercise keeps the muscles trained and gives clients greater self-confidence and better balance. As a result, the risk of falling is reduced.

Tip

A duo-cycle can be a solution for a client who needs to exercise more. Unlike a tandem, on a duo-cycle, the cyclists sit next to each other rather than one behind the other. As a result, the client has a better view and direct contact with the supervisor or volunteer. Duo-cycles are available with a number of special facilities. A swivelling passenger seat makes it relatively easy for the elderly and disabled to get on and off the cycle. With the aid of an auxiliary engine, greater distances can be travelled.

Can be used in cases including: **agitation, risk of falling**

Reminiscences

RM score 0

Synonyms/similar alternatives/products

Theme training, memory training, theme boxes, stimulus box, story kitchen

Description

With seniors, reminiscence can be calming. Reminiscence is a method of deliberately and specifically recalling memories. Through stories, photographs, film fragments, documents and objects, seniors are encouraged to talk about their past.

Reminiscence can be used in groups to prevent loneliness, but also on an individual basis. It is an enjoyable and meaningful activity that calms the client and creates recognition and self-confidence.

Theme boxes are available, full of reminiscence materials. For example, there is a farm box with farm animals, a bag of fleece, hay and a film, music and a quiz. Or there is a toolbox with various familiar and less well-known tools, photographs and a game.

Stimulus boxes are also available. These are boxes with [regional] products in the areas of touching, smelling, tasting, hearing, seeing and a virtual walk through the client's own village, town or district [DVD]. It provides a basis for individual reminiscences. Spontaneous discussions arise between clients. They join in the walks and sing along with the familiar music and songs.

A story kitchen is a kitchen in an old familiar style in which cooking, eating and reading take place with clients [suffering from dementia]. This [re-]activates the client's interest in cooking and eating and also improves communication.

Disadvantage

Reminiscence is not suitable for clients who are obsessed with the past. This may involve a flight into a past that has been glorified or being unable to move on from a traumatic past that evokes fear, feelings of guilt, etc.

Can be used in cases including: **agitation**

Sensory chair

RM score 0

It is intended as a temporary 'treat'. Clients cannot get out of the chair unaided, so in that sense it offers no freedom. But if the client can state [verbally or non-verbally] when they have had enough, there is no objection to its use.

Synonyms/similar alternatives/products

Vibrating chair, stimulation chair, Physio Acoustic Sound [PAS] therapy in the chair, wobble chair, exercise chair

Description

In a sensory chair, the client can sit in complete comfort. The chair encloses the body. Most sensory chairs have built-in effects that can be adjusted to the client. There are various options, such as sound, light, wind and vibration effects.

These effects address different senses. With PAS therapy, body and mind are positively influenced through acoustic vibrations.

Advantage

Sensory chairs have a relaxing and calming effect and give the client more bodily sensation. This can be a real treat for the client.

Good to know

Sensory swing chairs are also available. The speed is adjustable.

Can be used in cases including: **agitation**

Relaxing beds

RM score 0

Non-restraining. Intended as a temporary 'treat'. Clients cannot get out of these beds unaided, so in that sense they offer no freedom. But if the client can state [verbally or non-verbally] when they have had enough, there is no objection to their use.

Synonyms/similar alternatives/products

PAS therapy, music bed, waterbed, vibrating music and waterbed

Description

With Physio Acoustic Sound [PAS] therapy, body and mind are positively influenced through acoustic vibrations. This therapy is used to treat physical complaints, promotes relaxation and reduces stress. With PAS therapy, a special chair or bed is used. An interchange occurs between the sound and the muscle groups and organic tissue, as a result of which they start to vibrate. This vibration, alternated with rest, is experienced as pleasant. Clients may even fall asleep during the treatment. The treatment reduces agitation in clients.

With the music bed, a mattress filled with memory foam combined with a music vibrating support structure provides for optimal relaxation.

The music vibration waterbed is a waterbed with a special support structure, fitted with a loudspeaker system in combination with a music vibration amplifier. The water conducts the music vibrations.

Advantage

The advantage of a music bed over a version with a waterbed is that it is simpler to transfer to a different location.

Can be used in cases including: **agitation, self-harming, aggression**

Mindfulness for employees

Employees

RM score 0

Synonyms/similar alternatives/products

Focus, attention training, Zen

Description

Mindfulness is an attitude to life and a form of meditation directed at awareness of the 'here and now'. This means, for example, that in a negative situation you do not think about what happened in the past or what it means for later, but look at how you can solve the situation as effectively as possible in the present.

Example: Your client needs to go to the doctor but refuses to come. A logical thought is then 'We're going to be late and the whole schedule will be messed up'. If you look at the situation with mindfulness, those thoughts are not relevant for the moment. You accept the situation and look at how you can best deal with it. In this case, try to calm the client and ask what the matter is. With a calm client, it will be far easier to make the appointment after all.

A pitfall here is to think that the past and the future are not relevant. In the above example, for instance, you could consider what went wrong after the visit to the doctor. You could discuss this with the client. If you are calm, you can assess the situation much more effectively.

Research has shown that care workers who have received mindfulness training use restraints far less often. They feel more secure and can analyse situations better. As a result, it is easier to find appropriate solutions.

Note

Mindfulness is a broad term and not every course will be a good match with the day-to-day practice of employees and clients. If you deploy mindfulness, discuss this thoroughly with the various professionals involved.

Tip

Mindfulness training for clients can also be a good alternative for restraint. See page 108 for this.

Can be used in cases including: **always, aggression, agitation, problem behaviour**

Mindfulness for clients

Clients

RM score 0

Synonyms/similar alternatives/products

Focus, attention training, Zen

Description

Mindfulness is an attitude to life and a form of meditation directed at awareness of the 'here and now'. This means, for example, that in a negative situation you do not think about what happened in the past or what it means for later, but look at how you can solve the situation as effectively as possible in the present.

Research shows that certain mindfulness techniques can work well with people with mild mental handicaps. They learn to recognise tense situations for themselves and to deal with these well. This can be done, for example, through the 'focus on the feet' exercise. When there is tension, for instance if you are angry, you do not respond to that anger with action but focus inwards. Feel what the anger does to you and let it run its course. Focus on the anger. At a certain point, you shift that focus to your feet. No longer think about the anger, but feel where your feet are. Can you feel your shoes? Your socks? What is on the ground? Are your feet hot or cold? Because you are focusing on something completely different, the tension falls and you lose the angry feeling. You feel calm and as a result, you can deal better with the situation.

This method has various **Advantages:**

- The situation no longer escalates, but is nipped in the bud. This gives the client self-confidence; he has negative experiences less often.
- The situation is solved in a better way. If you are calm, you are better able to look back at what happened.

Clients who have practiced and who master the technique can apply it with increasing ease. As a result, problem behaviour diminishes and the use of restraints is needed less often.

Note:

Mindfulness is a broad term and not every course will be a good match with the day-to-day practice of employees and clients. If you deploy mindfulness, discuss this thoroughly with the various professionals involved.

Tip:

Mindfulness training for employees can also be a good alternative for the use of restraint. See page 106 for this.

Can be used in cases including: **always, aggression, agitation, problem behaviour**

Eating and drinking

Do not disturb

General tips for eating and drinking without restraints

Good atmosphere

As part of 'Better Care', projects relating specifically to eating and drinking in care institutions were carried out. These problems showed that atmosphere is very important when it comes to eating enough, calmly and enjoyably. Some of the principles that arose from this are also important in reducing the use of restraint:

- Make eating times more enjoyable and tastier and provide for more choice and an appealing smell.
- If possible, allow clients to help with cooking. This means that clients will be more interested in the meals and less agitated.
- Devote time and attention to the food and where possible, do more together in relation to meals and snacks.

No medication

Medicines are often handed out during meals. Try to find a different working method in which this is no longer necessary. Meals will then be calmer and there will be more supervision during meals. Medication can also affect taste and feeling nauseous.

Permitting preferences

RM score 0

Synonyms/similar alternatives/products

Abandon eating and drinking rules, free choice

Description

Each client has his or her own requirements and preferences. These can be taken into account by recording eating habits, requirements and preferences of new residents in the care living plan or supervision plan on intake. In this way, pressure and force and the resulting problem behaviour can be reduced. Clients' freedom increases if they can eat and drink when they want, if there is a possibility to pray or if people can choose what is eaten.

Sometimes, sandwiches are routinely made without the client having any choice regarding what is in them. This, too, is a form of restriction of freedom.

Eating and drinking rules [1 alcoholic drink on Sundays, no more than two sandwiches, no sweets in the room] can often be withdrawn. Responsibility can be left with the clients themselves as far as possible. Advice is permissible, but forcing or restricting is not.

Advantages

Less agitation and more choice for clients

Tips

Ask a family member what the client's preferences are, not only in terms of taste [what did he or she like to eat and what not] but also in terms of eating and drinking times etc.].

Discuss in the team if it is necessary for clients to eat in the common dining room. Is it possible for some clients to have their meals in their rooms, or even in bed?

Can be used in cases including: **always, agitation**

Practical dining room adjustments

Do not disturb

RM score 0

Synonyms/similar alternatives/products

Low-stimulus area

Description

Fewer restraints are needed during meals if the room is safe and quiet. Small changes can reduce the need to restrict clients' freedom. Provide for a room with few stimuli. Peace and quiet can be created by removing surplus furniture, reducing external stimuli [TV, radio or other sounds], keeping the door shut during the meal and hanging up a 'Do not disturb during meals' sign.

The need to restrict clients' freedom can be reduced by adapting the kitchen in terms of dangerous appliances. For example, switch to induction heating rather than cooking with electricity.

Advantage

When the room is made safe, it need not be locked and clients can move freely into or out of the kitchen and/or dining room.

Tip

A care institution for the mentally handicapped found that placing a bigger table had a major effect on the amount of restraint needed. Because clients could grab food or objects less easily, hip belts or trays were no longer needed.

Can be used in cases including: **always, agitation, risk of falling**

He often stands up and even walks away
Peter Eliens**Eating on foot**

If you have been a farmer and have lived out of doors your whole life, living in a nursing home is not easy. This is what happened to Peter Eliens, aged 81. It makes him very agitated, particularly at mealtimes. He then often stands up and even walks away. This is not good for the atmosphere at the table and has a negative effect on those sharing his table. During a meeting with the family, it became known that in the past, Peter often ate his sandwiches while walking on the land. He had never sat down to lunch before! Now, just as in the past, he may take a sandwich outside. His agitation, and that of the other residents, has disappeared.

What she wants herself, when she wants it
Renske Bersma**Always a banana**

Renske Bergsma has now lived in an institution for the mentally handicapped for almost ten years. In the past, she was given a banana every Wednesday: always on Wednesdays, and always one banana. This was because they were cheap at the weekly market. Fortunately, she can now take fruit from the fruit bowl whenever she wants; what she wants herself, when she wants it. Everyone is happy with that.

Place settings

RM score 0

Synonyms/similar alternatives/products

Table settings

Description

Who sits next to who at the table can have a major influence on the overall atmosphere at the table, and on individual clients.

In the ideal situation, clients choose for themselves where they sit at the table, and next to whom. If it is necessary to assign places at the table, take the following points into consideration:

- Who sits with their back to the door and has no view of the room. This causes agitation in some clients.
- Is it possible to eat in smaller groups and, for example, to organise two meals in succession?
- The shape of the table can influence the table settings and, therefore, the atmosphere and the individual clients.

Observe the clients closely, use your expertise and human knowledge and take note of developments after adjustments. See whether the measure has had the desired effect. Has the agitated client become quieter? And what effect has the measure had on the team and on you?

Advantages

Big results can be achieved with small adjustments.

Tip

Fixed places at the table create security, structure and predictability.

Can be used in cases including: **agitation**

Mealtime rituals

RM score 0

Synonyms/similar alternatives/products

Routine, fixed habits

Description

Mealtime rituals are important. Their familiar nature make clients feel at ease. With a mealtime ritual, clients know that food is about to arrive. They know what is expected of them and what they can expect. That creates calm. The same applies for a ritual for ending meals.

Parts of a ritual can include:

- Setting the table
- A moment of silence or a prayer before meals
- A joint start, for instance by saying 'bon appetit'
- Singing
- Reading
- Reminiscences
- A joint end to meals, for instance with a reading from the Bible [or the Koran], a prayer and/or a saying

Tip

Consciously or unconsciously, everyone has their own rituals relating to mealtimes. Social agreements that are important when you do something together, such as eating. Find out which customs and rituals clients had at home in the past. Be interested and positive about these customs and enjoy the wealth of customs that exist together.

Can be used in cases including: **agitation**

Risk of falling	VBM score					Page
	0	1	2	3	4	
Practical adjustments to the dining room	•					113
Relaxation points in hallways	•					79
Exercise programme	•					65
More exercise	•					100
Standing and walking aids	•					67
Hip protector	•					70
Lowered bed	•					28
Bed rail	•					41
Safety mat next to the bed	•					40
Mobile seating	•					68
Medical examination	•					16
Adjustable bed extra low		•				28
Bed alarm		•				29
Night-time lighting		•				44
Room occupancy sensor		•				50
Occupancy alarm in/around the bed		•				49
Chair alarm		•				60
Acoustic monitoring			•			52
Bolster				•		31
Camera				•		54
Protective helmet					•	71
Bed tent					•	36
Safety bed					•	38

	VBM score					Page
	0	1	2	3	4	
Agitation or problem behaviour						
Practical adjustments in the dining room	•					113
Permitting preferences	•					112
Mealtime rituals	•					117
Table settings	•					116
Open doors	•					84
Medical examination	•					16
Adjustments to physical space	•					17
Reducing pressure and force	•					12
Relaxation points in hallways	•					79
Senses garden	•					86
Walking circuit	•					78
Recliner	•					58
Ball blanket	•					25
Blue light	•					42
Music	•					94
Clowns	•					95
Animal-stroking project	•					98
Relaxing beds	•					105
More exercise	•					100
Mindfulness of employees	•					106
Mindfulness of clients	•					108
Pressure vest	•					72
Sensory chair	•					104
Bed alarm		•				29
Night-time lighting		•				44
Occupancy alarm in/around the bed		•				49
Chair alarm		•				60
Room occupancy sensor		•				50
Bean bag chair			•			61
Acoustic monitoring			•			52
Biometrics			•			88
Camera				•		54
Bed tent					•	36
Safety bed					•	38

	VBM score					
Wandering	0	1	2	3	4	Page
Open doors	•					84
Medical examination	•					16
Adjustments to physical space	•					17
More exercise	•					100
Reminiscences	•					102
Relaxation points in hallways	•					79
Sensory garden	•					86
Walking circuit	•					78
Recliner	•					58
Ball blanket	•					25
Orientation lighting	•					81
Blue light	•					42
Bed alarm		•				29
Night-time lighting		•				44
Occupancy alarm in/around the bed		•				49
Chair alarm		•				60
Room occupancy sensor		•				50
Bean bag chair			•			61
Acoustic monitoring			•			52
Biometrics			•			88
GPS			•			89
Client monitoring				•		82
Camera				•		54
Sensory chair					•	104
Bed tent					•	36
Safety bed					•	38

	VBM score					
Self-harming	0	1	2	3	4	Page
Alarm plan	•					18
Squeeze	•					94
Music	•					94
Relaxing beds	•					105
Padding the bedroom		•				48
Padding the bed			•			27
Restraint mittens				•		34
Protective helmet					•	71

	VBM score					
Epilepsy	0	1	2	3	4	Page
Epilepsy alarm		•				26
Padding the bedroom		•				48
Padding the bed			•			27
Camera				•		54
Protective helmet					•	71

This is Vilans

Vilans is the knowledge centre for long-term care. We develop innovative and practical knowledge and accelerate the processes needed to successfully implement new knowledge and good examples in practice. We do this together with professionals, managers, clients and policymakers. In this way, we not only keep long-term care efficient, affordable and of good quality together, but also improve quality of life for people who need care and support.

What does Vilans do?

Vilans helps to ensure that:

- people take over more of the management of their health and illnesses themselves
- people remain independent and self-directing for as long as possible
- the quality, effectiveness and safety of long-term care improve
- employees [continue to] do their work with motivation and pleasure.

What expertise does Vilans have in-house?

We work continually to improve long-term care. That generates a great deal of general knowledge, for example on how to arrive at innovations in care, how to strengthen the learning capacity of an organisation and what can be done to embed innovation in your working processes. We also generate a great deal of specialised knowledge, for example on sequenced health care, on the safety of medication and also on subjects such as home care, domotics and self-management. Our strength lies in combining that general knowledge with that specialised knowledge. The two cannot do without each other.

What can be gained at Vilans?

Information and advice, education and training, coaching and supervision courses, practical research, knowledge networks and possibility for co-creation and testing grounds.

More information on reducing restraint?

www.vilans.nl/vrijheidsbeperking

Vilans has designed this special theme page, where all information concerning the subject of restraint is combined.

You can download the Alternatives Guide there free of charge.

Phase out restraints step by step with the Guide to Better Restraint Measures

When reducing restraint measures, an alternative alone is not enough. It calls for a cultural change throughout the organisation. The Guide to Better Restraint Measures was developed for support from start to finish. At this website, in addition to the Alternatives Guide, you will find many tips and instruments for reducing restraints effectively and permanently. The use of the improvement guide is free, voluntary and anonymous.

Go to verbeterwijzer.vilans.nl

Also visit the Vilans Aid Guide: www.vindeenhulpmiddel.nl

With the Aid Guide, professionals and clients can compare more than 10,000 aids.

Colophon:

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