



## Understanding Responsive Behaviours and Prevention of Restraints Information Sheet

WACHS aims to support staff in understanding and responding to changes that may occur for people who are living with dementia or experiencing a delirium while in hospital or whilst receiving aged care services.

**Definition:** *Responsive Behaviours is a term, preferred by persons with dementia, representing how their actions, words and gestures are a response, often intentional, that express something important about their personal, social or physical environment.*

### Recognition and assessment

When a behaviour change occurs consider the following assessments to understand the causes of the responsive behaviours and prevent the use of restraints:

- Screening and assessment for delirium (refer to WACHS [Cognitive Impairment Clinical Practice Standard](#) and use of the [MR66.17 - 4AT](#))
- Cognitive assessments ([MR66 series](#))
- Medical review, including medications and assessment of pain
- A history of their responsive behaviours from family / care partners
- Identifying the person's usual routines, likes, dislikes, preferences and communication abilities
- Assessment of the person's physical environment to decrease sensory overload.

Develop an individualised care plan and/or falls prevention plan based on the outcome of assessments.

### Interventions

- If at any time the person exhibits responsive behaviours, ensure the safety of the person, other clients and staff.
- After conducting the assessments above, aim to identify the reason for the responsive behaviour by using the strategies indicated in the flowchart below in consultation with family and care recipient.
- Implement appropriate alternative strategies to restraint.
- Referral, as required:
  - Medical team - Reversible causes of behaviours including delirium, medication review, pain management, infections. Refer to [WACHS Management of Agitation in Older Adults with Dementia or Delirium flowchart](#)
  - Geriatrician / Psychiatrist (if available).

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## Alternative Strategies to Restraint

### Communication strategies

- On every contact with the person:
  - Introduce yourself and provide a brief explanation of who you are and why you are there
  - Keep sentences short and simple, giving time for the person to respond
- Reassure the person that everything will be 'OK' if they look anxious or concerned
- Consider how you present yourself to the person:
  - Your approach sets the tone for the interaction between you and the person
  - Facial expressions, body language, tone and pitch of voice
  - Be a patient and sensitive listener
- Reduce distractions e.g. turn down radio/ TV
- Provide physical/visual prompts
- Use familiar, common words
- Repeat yourself if you feel you have not been understood while also allowing time for processing
- Remain calm and talk in a matter of fact way
- If English is their second language consider the use of family, interpreters, gestures, visual cards and liaise with Speech Pathologist / Occupational Therapist
- Ensure person is wearing hearing aid and glasses as applicable.

### Physical environmental strategies

- Best practice falls prevention strategies (refer to [MR521 FRAMP](#))
- Provide familiar objects from the person's home
- Initiate an appropriate 'alarm' system to alert staff of movement as required
- Display appropriate signage and other visual reminders to aid orientation
- Provide safe areas for the person to move about
- Provide quiet areas and, where possible, reduce overstimulation due to environmental noise.

### Social and emotional strategies

- Ensure person-centred care (get to know the individual using best practice tools eg The [sunflower tool](#) or [Focus on the Person tool](#)) and support their usual routines as much as practical.
- Encourage family/friends to visit (staggered if indicated)
- Promote continuity of staff
- Offer relaxation activities such as therapeutic touch and massage if available
- Decrease sensory overload.
- Physical, occupational and recreational therapies that are meaningful to person.

Also refer to:

- [Management of Cognitive Impairment and Prevention of Delirium](#) guidelines

- [Management of Agitation in Older Adults with Dementia or Delirium](#) which provides guidelines for use of antipsychotic medications as a last resort.