



## HELP US STAY COVID SAFE

According to the update from the Health Department on July 29, there is a resurgence of COVID-19 in Victoria and in several hotspots in Sydney, including: Fairfield, Bankstown, Campbelltown, Potts Point and Parramatta etc. To reduce the risk of infection, we have asked all of our staff and contractors to comply with the following measures:

- Staff should complete their daily self-check declaration before commencing work. Any staff with fever or respiratory symptoms, even mild, should **NOT** go to work. They are to **self-isolate** at home, contact their GP and **get COVID-19 testing**. Staff is required to immediately report to the supervisor for replacement or cancellation of the services if necessary.
- Any staff who have been in Victoria in the last two weeks should be excluded from providing home care services.
- Any staff must wear a surgical mask while providing services until further notice, please follow the proper procedures for infection control, including **good hand hygiene, apply PPE, and maintain social distances**.
- Staff are required to ask consumers and their household about symptoms on arrival. If staff become aware of a consumer or their household displaying any symptoms, that consumer or and household should be isolated from others, and arrangement made for COVID-19 testing. Staff should report to Home Care Advisor for further instruction.

Meanwhile, consumers are encouraged to reduce the risk of coronavirus exposure because they may be at high risk of COVID-19 infection. They should maintain COVID-safe practices of physical distancing of 1.5 metres, cough or sneeze into their elbow, and regularly wash the hands. If feeling unwell, please consult GP, get a COVID-19 test and inform your home care advisor for further arrangement.

We urge everyone to regularly check the NSW Government website for information and updates, declared hotspots and follow their advice.

<https://www.nsw.gov.au/covid-19/latest-news-and-updates#current-news-and-media-releases>

At ANHF, your health and welfare are important to us. Thank you for your cooperation and assistance to promote COVIDSafe practice in your home and in the community. For further information, please contact your Care Advisor or call Home Care office on 9784 0840.

**Alison Wong**  
Home Care Manager



**Minimizing restraint is one of the major concerns of the Aged Care Quality and Safety Commission. This article is to explain what is restraint and why it must only be used as a last resort.**

## Restraint

Restraint is any type of intervention that has the effect of restricting the rights or freedom of movement of the person.



### Types of Restraint:

- **Seclusion** – confining or isolating an individual in a room or home alone, where they are unable to leave.
- **Physical restraint**- Physical force is used to prevent or restrict a person's movement, including bed rails, lap belts or seat belts, chairs with a table attached, removal of mobility aids such as walking frames, chairs or beds that are hard to get out of or using furniture to block paths.
- **Chemical restraint** – The use of medical drugs to restrict movement or put the person into a state of sedation in order to influence the person's behaviour, such as the medication of Benzodiazepines, antipsychotics, or combination of the two. The medication is not for treatment of a diagnosed mental disorder, physical illness or physical condition. For that reason, they are not considered to be a form of medical treatment under the Guardianship Act 1987 (NSW). Please consult your GP for related review.

### Risks of using physical restraint

Physical restraint often causes problems, including:

- loss of strength and falls
- pain
- constipation or incontinence
- pressure injuries (sores)
- panic, fear and anger
- isolation and loneliness
- loss of dignity
- injury and death



### When might physical restraint be considered?

- Physical restraint is a last resort and only for extreme emergencies or when no less restrictive options are available.
- It can only be used for a short period when everything else has been tried.
- Before a restraint is applied, it is important to ensure it is not being used to deal with boredom, discomfort, anxiety or illness of a consumer. It should never be used because of staff shortages.
- It can only be used after discussing it with the consumer and their family. This discussion must include the risks of restraint.
- It must be closely monitored and reviewed by care staff and your GP.



### Who can authorise restraint?

- Physical restraint should always be regularly discussed and reviewed with you, your family or legal guardian and allied health team such as GP, geriatrician, physiotherapist etc.
- You or your legal guardian needs to give consent for the use of restraint. In an emergency, this may not be possible. However, consent should be obtained as soon as possible.

### Working together

You and your family understand what your needs are.

Work together with ANHF home care advisor and the registered nurse to share information that could help in developing and tailoring a care plan and clinical care plan, based on your needs and preferences, taking into consideration your life history and wish as well.