

Restraint Minimisation and Safe Practice Policy (District)

This policy acknowledges that restraint minimisation and safe practice is a mandatory standard for staff to meet. All clinical staff are required to have a working knowledge and appropriate training, and be able to implement the policy and related procedures in the workplace.

Policy Applies to

This policy applies to all Southern District Health Board (Southern DHB) staff, including honorary or unpaid employees, temporary employees, students, volunteers, and contractors working at any of the Southern DHB's hospital sites.

Policy Summary

This policy aims to:

- Minimise the use of restraint in all forms within the hospital environment through the use of verbal and non-verbal de-escalation skills.
- Ensure a comprehensive assessment is completed that recognises patient / service user / consumer / tangata whaiora needs and potential risk that may affect the patient and / or staff / visitor safety.

This policy is designed to minimise the use of restraint and, if used, to maximise the safety of the person being restrained and ensure the safety of:

- The staff involved in the restraint process
- Family (whānau)
- Other patients or persons

Departmental procedures will support the implementation of this policy to ensure that restraint is provided in a safe, respectful and culturally sensitive manner by appropriately trained staff, within legal and ethical constraints, and to minimise adverse outcomes for the patient whilst their health needs are met.

The use of restraint should be consistent with patient rights and provider obligations under the [Code of Health & Disability Services Consumers' Rights 1996](#) and the [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#).

Definitions

Patient

For the purposes of this document, the term patient includes service user, consumer, tangata whaiora.

De-escalation

This is a complex interactive process in which the highly aroused patient is redirected from an unsafe course of action towards a supported and calmer emotional state. This usually occurs through timely, appropriate, and effective interventions and is achieved by service providers using skills and practical alternatives.

Enablers

These are equipment, devices, or furniture voluntarily used by a patient (following appropriate assessment that limits normal freedom of movement) with the intention of promoting independence, comfort and/or safety. Refer to the [Enabler Guidelines \(District\) \(70343\)](#).

The following are some examples of enablers:

- **Example 1:** A patient voluntarily uses raised bedsidesto assist their mobility in bed, to aid in the positioning of pillows for comfort or to prevent them falling from the bed.
- **Example 2:** A patient voluntarily uses a fixed tray in front of their chair to assist them in independently having a meal.
- **Example 3:** Equipment, devices or furniture is/are used, following appropriate assessment, to assist in the physical positioning of a patient without limiting their normal freedom of movement. These interventions are not considered a form of restraint but, rather, are a normal component of the patient's day-to-day life.

Restraint

This is use of any intervention by a service provider that limits a patient's normal freedom of movement.

Restraint episode

For the purposes of restraint documentation and evaluation, a restraint episode refers to a single restraint event or, where restraint is used as a planned regular intervention and is identified in the patient's service delivery plan, may refer to a grouping of restraint events.

Types of Restraint

Personal restraint

Where a service provider uses their own body to intentionally limit the movement of a patient, e.g. where a patient is held in place by the service provider.

Physical restraint

Where a service provider uses equipment, devices or furniture that limits the patient's normal freedom of movement, e.g. a patient is unable to independently get out of a chair due to (for example) the design of the chair, use of a belt, or position of a table or fixed tray.

Environmental

Where a service provider intentionally restricts a patient's normal access to their environment, e.g. by locking devices on doors or by having their normal means of independent mobility (such as a wheelchair) denied.

Seclusion

Where a patient is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

Seclusion can only be legally implemented subject to the conditions specified in the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Intellectual Disability Compulsory Care and Rehabilitation Act 2003.

Key Aims

1. To reduce the incidence of restraint in all forms whilst providing a safe environment for patients, staff and visitors. Southern DHB is committed to service provision that ensures restraint in all forms, when utilised:
 - Is reported via the Restraint Register (housed in Safety1st) by a relevant staff member.
 - Meets legal, ethical and cultural standards.
 - Is within NZS 8134.2:2008 New Zealand Standard: Restraint Minimisation and Safe Practice.
 - Is a short-term measure.
2. To minimise adverse outcomes for the patient and staff whilst ensuring health needs are met.
3. To promote effective communication and informed consent to ensure the safety of the patient, service providers and others during restraint implementation - refer to Southern DHB informed consent documentation.

4. To promote dignity, privacy and cultural safety of the patient during restraint procedure and ensuring the principles of the Treaty of Waitangi are honoured.
5. To ensure the requirements of legislation, patient rights and current standards of best practice are met throughout the restraint episode.

Exclusions

The following situations are exclusions from this policy:

- Standard practices that include limitation of mobility related to clinical procedures and the related post-procedural care processes or prescribed devices.
- Enablers as exclusions: defined in the [Enabler Guidelines \(District\)](#) (70343).
- Forensic and correction restrictions used for security.
- General environmental security, restricted devices for law enforcement.

Staff Responsibilities

Staff are required to:

- Adhere to Southern DHB policies, guidelines and procedures relating to restraint minimisation and safe practice.
- Maintain current best practice in restraint minimisation.
- Complete the appropriate documentation and appropriate monitoring of the patient's clinical outcomes in a timely manner.

Associated Documents:

- [Adding a Restraint to the Southern DHB Approved Restraint Product List \[Flowchart\] \(District\)](#) (41867)
- [Cultural Safety for Ethnic and Social Groups Policy \(Southland\)](#) (60632)
- [Enabler Guidelines \(District\)](#) (70343)
- [Health and Safety Policy \(District\)](#) (15851)
- [Informed Consent for Health Care Procedures Policy \(District\)](#) (21638)
- [Interpreters Policy \(Southland\)](#) (80045)
- [Interpreter Policy \(Otago\)](#) (21256)

- [Prisoner Inpatient Policy \(Southland\) \(63203\)](#)
- [Restraint Minimisation and Seclusion Guidelines - MHAID Service \(District\) \(80039\)](#)
- [Safety1st on Pulse \(Southern DHB intranet\)](#)
- [Violence Intervention and Child Protection Policy \(District\) \(59374\)](#)
- [Visitors Policy \(Otago\) \(23354\)](#)

- Emergency Management Manual and action cards (Southland)
- General Staff Emergency Management action cards (Southland)

References:

Legislation

- [Health and Disability Services Act 2001](#)
- [Mental Health \(Compulsory Treatment and Assessment\) Act 1992](#)
- [Intellectual Disability \(Compulsory Care and Rehabilitation\) Act 2003](#)
- [Human Rights Act 1993](#)
- [Privacy Act 1993](#)

- [Public Records Act 2005](#)
- [Health Information Privacy Code 1994](#)
- [Health & Safety at Work Act 2015](#)
- [New Zealand Bill of Rights Act 1990](#)
- [Crimes Act 1961](#)
- [Protection of Personal and Property Rights Act 1988](#)
- [Health and Disability Services Act 2001](#)

Standards

- Health and Disability Commissioner. 1996. *Code of Health and Disability Services Consumers' Rights Regulation*; Wellington, Author
- Standards New Zealand. 2008. *NZS 8134.2:2008 Health and Disability Services (Restraint) Standards*; Wellington, Author
- Standards New Zealand. 2008. *NZS 8134.0:2008 Health and Disability Services (General) Standards*; Wellington, Author

Note: Printed copies of the code and standards are available from the Southern DHB Library Service

General Notes

Scope of Practice: Ensure you are fully qualified to perform the role specified in any document.

Deviations: If you need to deviate from any procedure, policy, or guideline, make notes and follow up.

Caution - Printed Copies: Printed copies of this document cannot be relied on after the date at the bottom of the page. Check issue date and version number against the electronic version on MIDAS to ensure that they are current.

Disclaimer: This document meets the Southern District Health Board's specific requirements. The Southern DHB makes no representations as to its suitability for use by others, and accepts no responsibility for the consequences of such use.

Document Data for 68818 V3