

## Restraint Minimisation and Safe Practice Procedure (District)

This procedure 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 procedure and related policy in the workplace.

Associated Policy: [Restraint Minimisation and Safe Practice Policy \(District\) \(68818\)](#)

### Introduction

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In line with the associated policy (listed above), this document is aimed at all Southern DHB clinical staff required to apply patient restraint.

### Definitions

#### Patient

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

#### Advance directive

This is a written or oral directive, by which a patient makes a choice about a possible future procedure, that is intended to be effective only when not competent.

#### Use of medications

The term chemical restraint is often used to mean that rather than using physical methods to restrain a patient at risk of harm to themselves or others, various medicines are used to ensure compliance to render the patient incapable of resistance.

Note: Use of medication as a form of 'chemical restraint' is a breach of the standard.

### Staff Responsibilities

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#### Assessment

This is to be completed by the most appropriate health professional in order to identify:

- Any risks related to the use of restraint.
- Any underlying causes, triggers, or precursors to the relevant behaviour or condition, and to explore alternative strategies.
- Existing advance directives the patient may have.
- Whether the patient has been restrained in the past and, if so, utilise the outcomes of the evaluation of these episodes.

- Any history of trauma or abuse, which may have involved the patient being held against their will.
- Desired outcomes / goals, and to ensure that these are documented.
- The most appropriate and least restrictive method of restraint that will meet objectives, with least impact on the patient.
- The patient's perception of what is going to happen to them.
- ASSESS, i.e:
  - A (airways, breathing and circulation)
  - S (social, cultural)
  - S (psychological)\*
  - E (environmental)
  - S (situation)
  - S (safety) considerations for assessment

*\*The acronym follows the vocal sound of the words, so the silent 'p' is overlooked in this instance.*

- Cultural values and beliefs in consultation with patient and/or family (whānau) at the earliest opportunity.
- Patient requests for access to visitors, family (whānau) and their community.
- If the patient is, or becomes, aggressive or threatening, to allow the staff member to remove themselves from the environment and call for appropriate help.

**Intervention**

Attempt first to achieve the desired outcome with verbal de-escalation strategies. The least restrictive intervention is the primary goal.

Restraint should afford as much dignity to the patient as the situation allows and accommodate patient comfort or special needs, where possible.

**Monitoring**

Regular checks of the patient's physical and emotional well-being must be carried out and documented, as recommended for the type of restraint utilised.

The need for restraint must be reassessed as per area/service or restraint-specific procedures.

Ending of Restraint	This must be done in a planned and controlled manner as soon as the reasons for initiating restraint have resolved, or when patient safety is compromised by the restraint.
Evaluation	Each episode of restraint will be evaluated and will take into account: <ul style="list-style-type: none"><li>▪ Whether the desired outcome was safely achieved.</li><li>▪ Whether the restraint was the least restrictive option to achieve the desired outcome.</li><li>▪ Whether the restraint episode followed all approved procedure requirements</li><li>▪ Future options to avoid the use of restraint</li><li>▪ Feedback regarding the patient's restraint experience, as provided by the patient and, where appropriate, the patient's family (whānau) and/or independent support person.</li></ul>
Debrief	Consider the need for a meeting of all stakeholders, following the incident (depending on the situation).
Documentation	Each stage of the restraint procedure (i.e. assessment, intervention, monitoring, restraint ending, and evaluation) is to be appropriately documented in the clinical notes, on the Restraint Care Plan and in Safety1 <sup>st</sup> .
Note:	The <a href="#">Restraint Minimisation and Safe Practice Flowchart (District) (75879)</a> illustrates the process outlined in this document.

**Associated Documents:**

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- [Aggressive Behaviour Policy \(Southland\) \(80261\) \(under review\)](#)
- [Emergency Action Cards \(Southland\) contact the service](#)
- [Critical Incident Debriefing Policy \(District\) \(15879\)](#)
- [Restraint Manual \(District\)](#)
- [Restraint Minimisation and Safe Practice Flowchart \(District\) \(75879\)](#)
- [Enabler Guidelines \(District\) \(70343\)](#)
- [Restraint Minimisation and Seclusion Guidelines - MHAID Service \(District\) \(80039\)](#)
- [Use of Recommended Mechanical Restraint Methods Guideline \(Otago\) \(58612\)](#)

References:

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- Health and Disability Commissioner. 1996. *Code of Health and Disability Services Consumers' Rights Regulation*. <http://www.hdc.org.nz/the-act--code/the-code-of-rights>
- Standards New Zealand. 2008. *NZS 8134.0:2008 Health and Disability Services (General) Standards*. Wellington: Author Consumer Rights 1.1, 1.3  
<http://www.health.govt.nz/system/files/documents/pages/81340-2008-nzs-health-and-disability-services-general.pdf>
- Standards New Zealand. 2008. *NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation & Safe Practice) Standards*. Wellington: Author  
<http://www.health.govt.nz/system/files/documents/pages/81342-2008-nzs-health-and-disability-services-restraint-minimisation.pdf>
- Taranaki District Health Board. 2010. *Restraint Minimisation and Safe Practice Policy*

Legislation:

- [Health and Disability Services Act 2001](#)
- [Health & Safety at Work Act 2015](#)
- [Human Rights Act 1993](#)
- [Intellectual Disability \(Compulsory Care and Rehabilitation\) Act 2003](#)
- [Mental Health \(Compulsory Treatment and Assessment\) Act 1992](#)
- [New Zealand Bill of Rights Act 1990](#)
- [Protection of Personal and Property Rights Act 1988](#)
- [Public Records Act 2005](#)

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.

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