Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Restraint Minimisation and Safe Practice

Type: Policy	**HDSS Certification Standard**: 8134.2.1
Issued by: Restraint Advisory Group	
Applicable to: All Staff	**Document Owner:** Executive Leader Quality, Risk and Innovation

Purpose

To ensure that in all Wairarapa District Health Board (WrDHB) services:

- Any use of restraint is s minimised, planned and managed
- Any use of enablers is authorised by the organisation, in line with best practice, appropriately assessed and evaluated with regard for the safety, personal dignity, cultural, ethical and legal issues for health consumers

Scope

This policy is for all WrDHB staff involved in situations where restraint of any type may be required or where approved enablers are in use. It is intended to be used in conjunction with the *Using Restraint and Enablers Safe Practice* Procedure document.

Policy

WrDHB will meet the Restraint Minimisation and Safe Practice Standard NZS 8134.2:2008 and all other relevant legislation. Restraint is a serious clinical intervention used only as a last resort to protect patients/consumers, others, or property from harm and WrDHB is committed to:

1. Using **restraint** only:
    - as a last resort when other interventions have been unsuccessful
    - employing the least restrictive options
    - employing approved methods of restraint
    - as a short-term safety measure
    - in appropriate circumstances and by appropriately trained staff members
    - in ways that minimise adverse outcomes for the consumer, while protecting the safety, dignity, cultural needs and legal rights of all persons involved.

**NB Restraint should never be commenced if there is a significant risk for staff safety. In such cases the POLICE should be called.*

2. That its services only use **enablers**:
    - Following appropriate assessment and those that have been approved by the Restraint Advisory Group (RAG) implemented with the intention of promoting or maintaining consumer independence and safety
    - That are the least restrictive option to meet the needs of the consumer

- That have been approved by the Restraint Advisory Group
- In approved circumstances
- With the informed consent of the consumer (refer to WrDHB Informed Consent Policy)

Please note that this policy does not apply:

- where restraint is required by law for general safety reasons (e.g. the use of seat belts in cars and vans).
- to standard clinical procedures that required the holding of a limb or the person, and in some cases sedation, to ensure the clinical procedures can be carried out safely and effectively e.g. cannulations, injections, traction etc. these clinical interventions include safe/best practice procedures and are not determined to be restraint events.

Restraint is a short-term technique used to safely *manage*, rather than *modify* safety issues, related to behavior and is used in a non-aversive manner in ways that minimise distress, pain, or any sense of being penalised in the person whose behaviour is being managed. It should not be used as a threat to manage behaviour.

All episodes of restraint will be documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration and outcome of the restraint.

Definitions

Enablers - devices, environmental features, furniture or items of equipment voluntarily used by a consumer following appropriate assessment and approval, that limit the normal freedom of movement with the intent of promoting independence, comfort and or safety.

Restraint – an intervention that requires a clinical rationale and is regarded as the last intervention when all other clinical interventions and calming/defusing strategies have been unsuccessful. There are several types of restraint:

Environmental restraint – where a service provider intentionally restricts a consumer's normal access to their environment, e.g. where a consumer's normal access to their environment is intentionally restricted by locking devices on doors or by having their normal means of independent mobility such as a wheelchair denied.

Personal restraint – where a service provider uses their own body to intentionally limit the movement of a consumer e.g. where a consumer is held by a service provider.

Physical restraint – where a service provider uses equipment, devices or furniture that limits the consumer's normal freedom of movement e.g. where a consumer is unable to independently get out of a chair due to the design of the chair, the use of the a belt, the position of a table or fixed tray.

Psychosocial/social restraint – where a service provider uses 'power control' strategies to manage a consumers behavior e.g. service user being told to stay in their bedroom until they are told they can leave or where a service provider withdraws 'privileges' such as activities and items as a consequences for non-compliance or threatens to do so.

Seclusion - where a consumer is placed alone in a room or area; at any time and for any durations, from which they cannot feely exit. It is a specific type of environmental restraint and can only be legally implemented for consumers who are under the Mental Health (Assessment and Treatment) Act (1992) or the Intellectual Disability Care and Rehabilitation Act (2002). Seclusion can only occur in approved and designated seclusion rooms. Seclusion is not to be used as a component of a consumer's care plan, to modify unwanted behavior. Seclusion my

only be used to manage safety. WrDHB does not have facilities that are designed for the use of seclusion.

Restraint Episode – refers to a single event or, where restraint is used as a planned regular intervention and is identified in the consumers' service delivery plan, to a grouping of restraint events.

Chemical Restraint – the use of medication solely to ensure compliance and to render a person incapable of resistance. Such use of medication without a treatment objective is not supported by the HDSS and is not approved in WrDHB services.

Least Restrictive Option – that which keeps a consumer safe while restricting their rights and freedoms as little as possible.

Restraint Minimisation and Safe Practice Training

WrDHB will ensure staff are educated and appropriately trained in restraint minimisation and safe practice pertaining to their specific area if work.

The Restraint Advisory Group will approve all training packages and instructors.

The WrDHB Restraint Coordinator will maintain staff records (in conjunction with HR) of initial training completed and required updates and will coordinate the delivery of such.

Staff	Restraint Minimisation and Safe Practice Training Level
All Staff	Orientation to WrDHB Restraint Minimisation and Safe Practice policy and procedures, including orientation to approved restraint practices pertaining to work area as defined in the Enabler and Restraint Inventory and Procedures for Use
All Staff who have direct contact with patients and their family/whanau	Challenging Behaviours orientation session
Identified clinical staff such as DNMs and ED staff and orderlies	SPEC training

Restraint Advisory Group

The Restraint Advisory Group (RAG) meets not less than 6 monthly and is responsible for ensuring ongoing compliance with the HDSS, is guided by the Group's agreed Terms of Reference and includes but not limited to:

- Identifying training and education needs related to restraint minimisation and safe practice within the specific areas
- Approving restraint techniques and training which meet the requirements of the HDSS
- Approval of the use of enablers
- Review of summary of all episodes of restraint
- Ensuring all restraint practices are culturally safe – seeking advice from Maori Health and/or consumer groups as required

Restraint and Enabler Inventory

The RAG will review and update annually an Approved Restraint and Enabler Inventory that will identify:

- Restraint training types, methods and techniques approved for use
- Restraint techniques approved for use
- Instructors approved to provide training
- Enablers approved and procedures for use

NO OTHER RESTRAINT TRAINING, TECHNIQUES, INSTRUCTORS, OR ENABLERS will be utilised at WrDHB

Restraint Coordinator

The primary objective of the Restraint Coordinator is to oversee all WrDHB systems and processes associated with the use of restraint and its minimisation (including training), in conjunction with the RAG.

Implementation and monitoring compliance with/effectiveness of document

Compliance with the requirements of the NZ Standard 8134.2:2008, *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards* ('the Standard') and this policy is ensured by the Restraint Advisory Group and the WrDHB Restraint Coordinator and ultimately monitored through the certification programme.

The information in this policy is intended only as a reference to the more detailed requirements of the HDSS.

Relevant Legislation

Mental Health (Compulsory Assessment and Treatment) Act, 1992 and Amendment Act 1999
NZ Bill of Rights 1990
Code of Health and Disability Services Consumers Rights (1996)
Crimes Act 1961
Health & Disability Services (Safety) Act, 2001
Intellectual Disability Compulsory Care and Rehabilitation Act, 2003
Criminal Procedure (Mentally Impaired Persons) Act 2001

Every mentally competent adult has the right to determine what is done to his/her own body. The right to choose is absolute. All patients have the right to refuse medical treatment. That fact justifies the need to obtain consent from the patient. The failure to obtain consent in situations where consent should have been obtained, can result in common law claims of trespass to the person i.e. assault and battery, and sometimes false imprisonment. Restraining the patient without satisfactory justification would amount to false imprisonment and litigation against the hospital for damages could ensue.

Crimes Act 1961, Section 41 Prevention of suicide or certain offences
Everyone is justified in using such force as may be reasonably necessary in order to prevent the commission of suicide or commission of an offence which would be likely to cause immediate and serious injury to the person or property of any one, or in order to prevent any act being done which he believes, on reasonable grounds, would, if committed, amount to suicide or to any such offence.

Crimes Act 1961, Section 48 Self-defence and defence of another
Every one is justified in using, in defence of himself or another, such force as, in the circumstances as he believes them to be, it is reasonable to use.

Crimes Act 1961, Section 151 *Duty to Provide the Necessities of Life and Protect from Injury*
Every one who has actual care or charge of a person who is a vulnerable adult and who is unable to provide himself or herself with necessaries is under a legal duty—
(a) to provide that person with necessaries; and
(b) to take reasonable steps to protect that person from injury

Crimes Act 1961, Section 157 *Duty to Avoid Omissions Dangerous to Life*
Every one who undertakes to do any act, the omission of which may be dangerous to life, is under a legal duty to do that act.

References

We would like to acknowledge Nelson Marlborough DHB for allowing us to use their policy as a reference point.

Related Documents

NZS 8134.2:2008 Restraint Minimisation and Safe Practice Standards

Restraint and Enabler Safe Practice Procedure

Informed Consent Policy

Restraint and Enabler Inventory and Procedures for Use

Restraint Advisory Group Terms of Reference

Enabler Approval Form

Keywords for searching: [up to four words, to assist staff in finding document]

- Restraint
- Enabler