

## Restraint and Enabler Safe Practice

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| <b>Type:</b> Procedure                     | <b>HDSS Certification Standard:</b> 8134.2:2008                      |
| <b>Issued by:</b> Restraint Advisory Group |  |
| <b>Applicable to:</b> All Staff            | <b>Document Owner:</b> Executive Leader Quality, Risk and Innovation |

### Purpose

To ensure that any use of restraint and/or enablers is consistent with the WrDHB Restraint Minimisation and Safe Practice Policy.

### Scope

All WrDHB staff involved in situations where the use of restraint or enablers may be required

### Procedure

#### Restraint

##### *Indications for use of Restraint*

The use of planned restraint strategies is indicated when:

- An individual's behaviour indicates that they are seriously at risk of harm to self or to others
- All other alternatives have been attempted and proven to be unsuccessful
- It is necessary to give a planned, prescribed treatment to an individual who is resisting and there is a legal 'duty of care' justification, and all other clinical interventions or calming/defusing strategies have failed
- There are sufficient, appropriately trained personnel available to execute a restraint technique safely.

##### *Assessment prior to use of Restraint*

Before any planned or proposed episode of restraint clinical staff should consider the following points:

- Possible alternative interventions/strategies
- Consumer's physical and psychological health, gender, age and culture
- Consumer's legal status and its implications
- Consumer's care plan/recovery plan directives
- Degree of risk to the consumer, staff and the environment
- The experience of the individual undergoing restraint and the possible effects of restraint on the therapeutic relationship
- Possibility of inappropriate behaviours being reinforced by the use of restraint
- Desired outcome and criteria for ending restraint.

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### *During the use of Restraint*

During the restraint episode the psychological and physical safety and wellbeing of both consumer and staff are to be subject to ongoing assessment and observation, the frequency and level of observation and assessment required will be appropriate to the level of risk associated with the restraint procedure and the setting in which it is occurring.

NB. In the event of a third party assisting e.g. HCA, orderly, security or police – the responsibility for this ongoing observation and assessment and the care of the consumer remains with the clinical team caring for the consumer

### *Ending a Restraint episode*

The use of restraint should cease at the earliest safe opportunity and both consumers and staff involved should be debriefed following the event. Debriefing should:

- Be extended to significant others e.g. family, witnesses when indicated – if the consumer is <18 years the family or designated representative needs to be notified of the restraint episode and given an opportunity to be part of the debrief
- Identify any information learned that could prevent a future occurrence of the need for restraint and inform advance directives
- Identify any further training needs or review of procedures if any adverse event or issues identified such as an injury occurring as a result of the restraint.

### *Reporting and recording a Restraint episode*

The clinician responsible for the care of the consumer is required to record the use of restraint, a summary of the debrief and record that it has been reported through SQUARE in the consumer's clinical records.

The use of restraint is considered an adverse event and must be reported on SQUARE (online reportable event system) under 'Safety/Security/Privacy' and all required fields must be completed. The DHBs Restraint Register is maintained via SQUARE.

### *Investigation and review of Restraint episode*

Each reported episode of restraint is investigated and reviewed within the area or team in which it occurred, the review is lead by a coordinator/team leader appointed by the Service Manager and should include all staff members involved.

The review coordinator/team leader is responsible for:

- Completing the restraint review component of the SQUARE report
- Identifying any required actions resulting from the review
- Ensuring open disclosure has occurred

### *Restraint Register*

WrDHB maintains a Restraint Register via SQUARE its online reportable event system and all restraint episodes are:

- Monitored by the Restraint Coordinator and Health and Safety and suggestions and recommendations are communicated to Charge Nurse Manager/Team Leader as necessary

- Summarised and presented to the RAG for review on a quarterly basis

### **Enablers**

Approval is required prior to the use of all general use (e.g. bed rails) and specific enablers (specific to a client). WrDHB will maintain a record of approved enablers for use within the Restraint and Enabler Inventory and Procedures for Use.

#### *Enable approval process*

Approval for use of an enabler is gained by the completion of an Enabler Approval Form that is submitted to the Restraint Advisory Group.

#### *Enabler use*

- These enablers will be reviewed annually by the Restraint Advisory Group
- Use of approved enablers will be in line with current best practice evidence and will include a procedure document providing guidance for use of each specific enabler
- Informed consent for the use of enabler is obtained and will be documented in the consumers clinical record

#### *Reporting and recording enabler use*

- The use of enablers and consent of such will be recorded in the consumer's Care Plan and Clinical Record
- The use of enablers with an individual will be reviewed and evaluated regularly in line with relevant best practice for the particular practice setting
- If the above conditions are met there is no requirement to report the use of enablers as a reportable event

### **Monitoring and compliance**

The Restraint Coordinator and Restraint Advisory Group is responsible for the monitoring and compliance of this procedure

### **Definitions**

Refer to WrDHB Restraint Minimisation and Safe Practice Policy.

### **References**

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

### **Related Documents**

NZS 8134.2:2008 Restraint Minimisation and Safe Practice Standards  
Restraint Minimisation and Enabler Safe Practice Policy  
Informed Consent Policy  
Restraint and Enabler Inventory and Procedures for Use  
RAG Terms of Reference  
Enabler Approval Form

## Restraint Minimisation Decision Making and Documentation



