

26 January 2018

Health Sector Workers Network Email: fyi-request-6985-aa78d596@requests.fyi.org.nz

Dear Health Sector Workers Network

Official information request W17-148

I refer to your official information request dated 11 December 2017

Request:

Can you please provide all policy documents relating to restraint practices at Wairarapa DHB?

Are there instances in the last year (June 2016 to June 2017) of the use of mechanical restraints? (i.e. strapping arms to bed) this is also referred to as physical restraint.

Can you please provide this data for both physical and mental health services and identify the service associated with this data?

This data should be recorded in a Restraint Register and specify the type of restraint used (ie wrist strap) and the start and finish times of each individual mechanical/physical restraint. Obviously the presentation of this data should be anonymised for the protection of privacy.

Response:

The policy relating to restraint practices is attached and is in draft form. It has been approved by the Restraints Committee and is currently going before the board for final approval.

During the time period specified there has been one case of physical restraint recorded within Wairarapa District Health Board.

Others Health and Safety") or (General Event Type is equal to "Safety / Security") or (General Event Type is equal to "Good Carch"))))) File ID Event Date (dd/mm/yyyyy) Describe the Event		
File ID	Event Date (dd/mm/yyyy)	Describe the Event
17245	19/03/2017	DNM called to MSW at 0620 approx to help watch a wandering patient. The ward had no floor HCA on that shift (gap had been unable to be filled), staff on shift 4 RNs and 1 HCA already doing watch. This a busy time for the ward with meds, obs and reports to finalised.
		DNM, attended. This lady known to be paranoid, ?suffering auditory hallucinations and confused. She appeared to initially accept DNMs input, who followed her for safety reasons as she went about the ward. She became angry and annoyed when prevented from entering other patients rooms. She then wanded through to Rehab. The doors are unlocked overnight so thoroughfare is accessible as support for rehab if needed.
		While in rehab she again tried to enter a patients room. DNM gently stood in front of her to bar access. She then slapped DNM across R) cheek, and moved away to try and entered another room, she made to disturb a sleeping patient. Again DNM stood in her way. At this point she put both hands around DNMs throat and squeezed. The HCA in rehab pulled her away from DNM and then it took both DNM and HCA to restrain her by her arms and waist and move her out of patients room. She then allowed the HCA to lead her back to MSW.
		Upon getting her back toher room it was discovered that she had somehow managed to jam her door and access was not possible.

Please note that this response, or an edited version of this response, may be published on the Wairarapa District Health Board website.

If you wish to discuss this response with us, please feel free to contact:

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Yours sincerely

Adri Isbister

Chief Executive

Encl Draft Restraint Minimisation and Safe Practice Policy
Draft Restraint and Enabler Safe Practice