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PURPOSE

"Restraint is a serious intervention that requires clinical rationale and oversight. It is not a treatment in itself but is one of a number of strategies used by service providers to limit or eliminate clinical risk. Restraint should only be used in the context of ensuring, maintaining, or enhancing the safety of the consumer, service providers, or others." NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards (The Standard)

SCOPE

Hawke's Bay District Health Board (HBDHB) supports the reduction in the use of restraint in all its forms and encourages the use of least restrictive practices as supported by NZS 8134.1:2008, Health and Disability Services (Core Standards).

HBDHB considers that restraint minimisation and safe practice in Mental Health and Addiction Services is underpinned by 'Recovery Principles' and 'Recovery' orientated service delivery.

This policy applies to ALL employees of HBDHB. It sets out HBDHB standards in relation to the use of restraint. The aim is to minimise the use of restraint and to ensure that, when practised, it occurs in a safe and respectful manner.

For the purpose of this policy the words "patient/client" will include reference to all patients, clients, service users, consumers and Tangata Whaiora.

EXCLUSIONS

This policy does not apply to:

- Technical Positioning: safe holding which may be part of usual clinical procedures or clinical interventions or to briefly manage clinical symptoms
- Domestic Security: the practice of locking external doors at night for general security.
- 'Locked Units': where a locked exit is a permanent aspect of service delivery to meet the safety needs of the patient/client's who have been assessed as needing that level of containment.
- Use of restraint recommended and applied by police/prison officers for reasons other than clinical treatment, is not covered by this policy as it does not fall under the Standard Any restraint implemented on HBDHB grounds by an outside agency i.e. police, corrections, etc., is the responsibility of the agency implementing the restraint. HBDHB staff will need to continue to coordinate the provision of care with the service providing the restraint.

POLICY

This policy sets out HBDHB's standards in relation to the use of restraint. The aim is to minimise the use of restraint and to ensure that, when practised, it occurs in a safe and respectful manner.

- Authorised restraint is an approved, skilled intervention that may be used to prevent individuals from harming themselves, endangering others or seriously compromising the therapeutic environment.

- HBDHB expect that restraint to be used only after **all** less restrictive interventions have been attempted and found inadequate.

- Any form of restraint, along with outcomes must be documented in the health record and an event report completed for each type of restraint used.

- Use of medication as a form of 'chemical restraint' is in breach of the policy and the Standards.

- Use of hand cuffs by DHB staff is in breach of the policy and the Standards, If a situation arises where there is a need for such a high level of restraint then the police must be called to execute the use of hand cuffs and are responsible for their continued use and monitoring.

- The use of restraint shall:
  - Promote safety of all involved
  - Be based on effective risk assessment and decision making
  - Focus on de-escalation and minimising the need for restraint
  - Reflect best practice to the individual
  - Respect the specific cultural needs of the patient/client
  - Where possible not compromise the patient/clients dignity, privacy, confidentiality and self respect

- Communication with the patient/client and their family/whanāu of all decisions relating to restraint will occur in a timely manner

- Monitoring processes will be implemented to evaluate the effect/impact and patient/client response (both physical and psychological) to the restraint techniques applied to ensure that the identified outcome is achieved in the least restrictive/intrusive manner without unduly escalating the situation. Monitoring also requires Clinical Nurse Managers to be responsible for implementing changes as a result of event reviews and recommendations of the Restraint Approval Group. *(See page 8).*

- Any unauthorised use of restriction of a patient/client's movement could be seen as false imprisonment and could result in an action for assault.

MANDATORY REQUIREMENTS

- HBDHB staff will work safely within the requirements of this policy and be provided with the appropriate level the training to assist them in this regard. Refreshers will be offered on a regular basis thereafter. A training register will be maintained by the HBDHB Restraint Trainer.

- Identified staff will complete the required HBDHB Calming and Restraint Training and refresher courses thereafter (e.g. Mental Health Inpatient Service, Emergency Department, Assessment, Treatment & Rehabilitation, Intensive Care).

- A register of staff who are authorised to apply the approved restraint techniques will be maintained by the HBDHB Restraint Trainer.

LEGISLATIVE REGULATIONS

HBDHB must comply with the following legislation (this list is not exclusive):

- Health and Disability Services (Restraint Minimisation and Safe Practice) Standards
- NZS 8134.2: 2008
- Health and Safety In Employment Act (1992)
- Health and Safety In Employment Amendment Act (2002)
- Health and Disability Services (Safety) Act (2001)
- Protection of Personal and Property Rights Act (1998)
- Health and Disability Commissioner (Code of Health & Disability Services Consumers' Rights) Regulation 1996
- Health Practitioners Competence Assurance Act (2003)
- Health Information Privacy Code (1994)
- Human Rights Act (1993)
- Privacy Act (1993)
- Mental Health (Compulsory Assessment & Treatment) Act – (1992)
- Mental Health Amendment Act (1999)
- Care of Children Act (2004)
- New Zealand Bill of Rights Act (1990)
- Crimes Act (1961)
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Intellectual Disability (Compulsory Care and Rehabilitation) Act (2003)
- Treaty of Waitangi Act (1992)

RELEVANT POLICIES

HBDHB/CPG/038 – Informed Consent Policy
HBDHB/CPG/006 – Patient Watching/1:1 Nursing/Specialling - Behaviour Observation Levels
HBDHB/IVTG/163 – Medicine – Legislation and Principles
HBDHB/IVTG/117 – Medicines – Administering and Monitoring of
HBDHB/OPM/002 – Event Management Policy
HBDHB/OPM/019 – Health and Safety Policy
HBDHB/OPM/006 – Tikanga Maori Policy
HBDHB/OPM/097 – Working Safely in the Community Policy
HBDHB/OPM/001 – Consumer Feedback Policy
HBDHB/OPM/005 – Code of Health and Disability Services Consumers' Rights Policy
HBDHB/PPM/054 – Debriefing Policy Following a Critical Incident
MH&APPM/8501 – Seclusion Policy

MEASUREMENT CRITERIA

There is an annual audit undertaken to measure compliance with this policy.
This policy will be revised in 3 years or sooner if required.

KEYWORDS

Containment
Restraint
Technical positioning

For further information, please contact the HBDHB Restraint Co-ordinator.

PROCEDURES

Important Consideration Prior to the Application of Restraint Techniques

Use of restraint must be considered as the option of last resort, after alternative interventions have been considered and attempted (though this may be very brief) and determined inadequate. Services shall ensure rigorous comprehensive assessment of patient/clients is undertaken; and care processes reflect the intent of ensuring patient safety and wellbeing which actively minimises the use of restraint. The following factors should be considered prior to the use of restraint:

- The patient/client's physical and psychological health and intellectual capability
- The patient/client gender and culture;
- The degree of risk to the individual, others and the environment;
- The patient/client service delivery plan; which should include the views of the family, any legal representative or identified support person
- Experience of the individual and possible compromise to the future therapeutic relationship;
- Legal status and implication

Restraint must always be used in a manner that maximises the safety of the client and others.

It must involve the use of the minimum level of force necessary to achieve and maintain safe control.

De-escalation techniques or other alternative interventions or strategies must be considered and applied except in cases where immediate action is required to prevent serious harm.

Indications for Restraint Use

Restraint should be perceived in the wider context of risk management. Restraint should only be used in the context of ensuring, maintaining or enhancing the safety of the patient/client, service providers or others. Restraint may be appropriate when:

- There is a legal basis for restraint and:
  - An individual's behaviour indicates that she/he is an imminent danger to self or others
  - An individual makes a serious attempt or act of self harm
  - An individual seriously compromises the therapeutic environment
  - An individual is making a serious or sustained attack on another person
  - It is necessary to give a planned, prescribed, **essential** treatment to an individual who is resisting.
  - Where there is legal support to carry out prescribed treatment against the patient/client's will

When the individual is in the possession of a weapon, consideration must be given to the intent and capability of the individual to use the weapon. Staff and patient safety is paramount. Restraint should never commence if there is a risk to staff safety. In cases like this, don't hesitate - **CALL THE POLICE.**

Note: When restraining a patient everybody should use universal precautions relating to infection.

Assessment

In assessing whether restraint will be used, appropriate factors need to be taken into consideration by a suitably skilled service provider.

- Possible alternative intervention/strategies;
- Any risks in relation to the use of restraint;
- Clinical conditions that may cause behavioural changes must be considered prior to the use of restraint e.g. pyrexia, pain levels, dehydration, continence, etc.
- Existing advance directives the patient/client may have made;
- Past history of restraint and evaluation of episodes
- Any history of trauma or abuse which may have involved the patient/client being held against their will
- Maintaining culturally safe practice
- Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the patient/client).

In assessing whether restraint will be used, the patient/client and/or the family/whanāu are informed and their input is sought as soon as practical.

Initiating Restraint

- Restraint is initiated **only** when adequate resources are assembled to ensure safe initiation and use. A clear plan of the roles and responsibilities of each person to be involved in the restraint shall be made and discussed before the restraint commences;
- The order to use restraint must be made by a registered health professional, and documented in the patient/client's health record.
- Each restraint episode and type of restraint requires an Event report to be completed
- Medical staff shall be informed that the restraint has been applied and the rationale for this as soon as practicable.
- Only techniques of restraint approved by the HBDHB Restraint Approval Committee may be applied.
- Family and / or client advocate may be consulted to advocate for the client.
- Use of seclusion must not occur outside Mental Health Inpatient Services
- Where a client requires one-to-one supervision or constant observation, the requirements of the HBDHB 'Special/Watch/1:1 Nursing Care for Clients with Mental Health Diagnosis Policy and Patient Watching Policy must be complied with.
- In an emergency situation, any person may apply approved restraints as an exception but as soon as practicable a registered health professional takes responsibility for the decision to continue or discontinue the restraint.

Monitoring Restraint

HBDHB Restraint Policy and procedures inform and guide services in ensuring adequate and appropriate observation, care, dignity, respect and on-going assessment occurs to minimise the risk of physical and psychological harm to patients/clients during restraint.

The frequency and level of observation and assessment should be appropriate to the level of risk – the greater the risk associated with the use of restraint; the greater the degree of monitoring will be required.

The frequency and extent of monitoring of a patient/client during restraint is documented in the patient/client health record.

They should reflect current accepted good practice and the requirements of the Standard.

Monitoring requirements need to consider all aspects of restraint use, including:

- The physical needs of the patient/client, for example, health, nutrition, hygiene, comfort and safety. This includes pressure area checks, circulation to restrained limbs, colour, breathing, posture. A complete physical examination must occur within each 24 hour period following physical restraint;
- The psychological needs of the patient/client, for example, support, reassurance, company, privacy, respect and dignity, orientation to time and place, and communication;
- The cultural needs of the patient/client, for example, access to culturally appropriate support, access to family/whanāu, peers, advocate, legal representative and respectful removal of cultural objects.

The above observations shall be in addition to any other monitoring requirements in response to other health conditions.

The monitoring process should also be used to evaluate the effect/impact and patient/client response (both physical and psychological) to the restraint.

The monitoring process must include re-evaluation of the initial indication for use, desired outcomes and duration of the restraint episode.

Communication

During the use of the personal restraint continuously communicate with the patient/client, the team members and significant others present.
Communications with the restrained patient/client should include explaining to the individual:

- What is happening throughout the procedure:
  - Why the restraint is required, and
  - The options available for the individual in the current circumstances.

Communication with physical restraint team members should include:

- Checking the well-being of members, and
- Checking with each member that their holds are applied safely.

Communication with other staff and significant individuals e.g. patients, visitors directly affected, etc., should be done by a staff member not involved in the personal include advising them of the chosen course of action, the need for that action, and how they might assist.

Rotate designated staff to alleviate fatigue.

If restraint needs to be maintained over a prolonged period of time (longer than sixty minutes), safe removal to a suitable designated area may be required. Consideration must be given to involving family and whanāu in the management of the patient.

Ending Restraint

- Ending restraint is the responsibility of a registered health professional or the person who is trained and certified in Calming & Restraint and is facilitating the restraint process.
- Ending restraint occurs following assessment of the client and a decision that restraint is no longer required.
- Ending restraint must be managed in a manner that ensures the safety and dignity of the client and the safety of staff.
- However, and notwithstanding the above requirements in an emergency situation any staff member may remove a client from their restraint.

Documentation of Restraint

All use of restraint must be reported in the Event Reporting System. It is the responsibility of the clinical staff directing the restraint to ensure that they complete all required documentation.

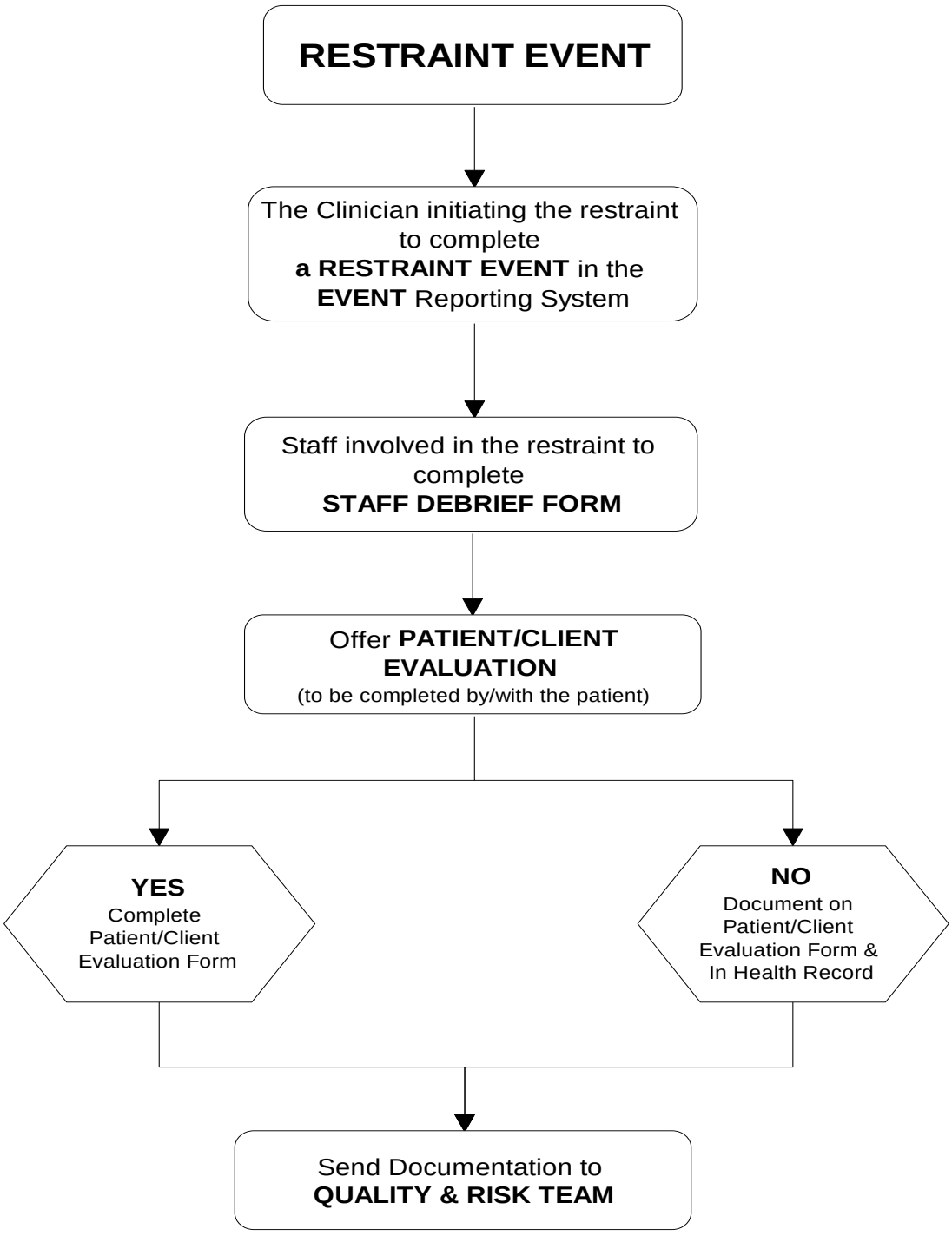
All use of restraint (personal, physical, or environmental) must be also documented in the patient/client health record and shall include:

- The reasons for the restraint
- The alternatives tried or attempted prior to restraint use
- The type of restraint and equipment used
- Time and duration of the restraint
- Risks associated with the use of restraint and strategies to minimise these
- The names of all staff, patient/clients and others involved in the restraint process
- A record of restraint monitoring
- Notification of family / whanāu / significant others of the need for restraint
- Evaluation of restraint use and patient/client/family/whanau response to use of restraint
- The alternatives implemented / attempted prior to restraint
- The observations made.
- Patient/client assessments, treatment provided and outcomes relating to use of restraint

Evaluating and review of restraint (at ward/unit level)

- Each episode of restraint shall be evaluated in collaboration with the patient/client, and where appropriate their family/whanāu. This shall be completed on the Patient/Client Evaluation Form *(see Form 1)*.
- The staff involved in the restraint process are responsible for completing a Staff Debrief of the Restraint *(see Form 2)*.
- It is the CNM's responsibility to ensure overall restraint use is evaluated, including:
  - Progress with reducing restraint use,
  - Adverse outcomes,
  - Staff compliance with policies and procedures,
  - Whether an approved restraint is necessary, safe, of an appropriate duration and appropriate in light of patient/client feedback and current accepted practice,
  - Whether changes to the procedure are required,
  - Whether additional training or education is needed,
  - Whether changes to existing training are required.
- It is the CNM's responsibility to ensure an audit of restraint use is completed as per the audit schedule. A summary report and action plan on use of restraint emerges from the audit cycle.
- If the staff involved in the restraint require an additional debrief then Critical Incident Stress Management De-briefers can be contacted via the call centre.

RESTRAINT EVENT DOCUMENTATION FLOWCHART



APPROVED METHODS OF RESTRAINT

Type of Restraint	Associated Best Practice	Potential Risks associated with restraint method	Interventions to reduce potential risk and monitoring	Potential Risk if restraint method not used	Evaluation
PERSONAL					
Holding Limbs	First assess patient/client for triggers of agitation and treat appropriately. Use alternative strategies when appropriate e.g. supervision by staff or family members. Offer appropriate activities or tasks to distract from mental disorder. Involve and include family as appropriate.	Injury to patient/client Risk to staff due to use of inappropriate holds.	**Restraint must only be used as a last resort** Limbs of patient/client to be held using approved techniques. (a) Figure of Four (b) Leg Holds Above techniques cover the 3 principles to ensure that the limbs are secure and don't cause damage to joints or bones. Limbs of patient/client to be held using approved techniques to provide secure and safe holds. Approach to restraint needs to be coordinated and only used after de-escalation has failed. All involved are clear on coordinated plan.	The patient/client can seriously compromise the therapeutic environment Behaviour may escalate to level that the service user is a danger to self or others. The patient/client has made and may continue to make a serious attempt or act of self-harm. The patient/client has made and may continue to make a sustained or serious attack on another person. It was necessary to give planned prescribed essential treatment to a patient/client who is resisting treatment when legal requirements for treating against patients wishes are fulfilled.	Reassurance and explanations to patient/ client and family as appropriate Patient/client evaluation to be completed after restraint use Staff debrief to be completed after restraint use
3 Person Team Full Restraint	First assess patient/client for triggers of agitation and treat appropriately.	Injury to patient/ client.	**Restraint to be use as a last resort.** De-escalation must be attempted prior to restraint.	The patient/client behaviour can is seriously compromising the therapeutic environment.	Reassurance and explanations to patient/ client and family as appropriate

Type of Restraint	Associated Best Practice	Potential Risks associated with restraint method	Interventions to reduce potential risk and monitoring	Potential Risk if restraint method not used	Evaluation
3 Person Team Full Restraint	Use alternative strategies when appropriate e.g. supervision by staff or family members. Offer appropriate activities or tasks to distract from mental disorder. Involve and include family as appropriate.	Positional asphyxiation. Staff injury due to aggressive individual	Only approved restraint holds to be utilised Staff to attend regular refreshers on restraint holds to ensure knowledge remains current. Education on positional asphyxiation is provided to all staff, including risk factors and prevention. Leg hold use to exit a room to be use as a last resort. Staff to remain on legs for the least possible amount of time Safe stance and distance to be maintained during de-escalation. If staff have access to alarms these must be carried on them at all times. **Restraint must only be used as a last resort.** Restraint process to be coordinated with a clearly designated person in the number one role. Staff to attend regular refreshers and mandatory training days	Behaviour may escalate to level that the patient/client is a danger to self or others. The patient/client has made and may continue to make a serious attempt or act of self-harm. The patient/client has made and may continue to make a sustained or serious attack on another person. It was necessary to give planned prescribed essential treatment to a patient/client who is resisting treatment	Patient/client evaluation to be completed after restraint use Staff debrief to be completed after restraint use

Type of Restraint	Associated Best Practice	Potential Risks associated with restraint method	Interventions to reduce potential risk and monitoring	Potential Risk if restraint method not used	Evaluation
3 Person Team Full Restraint					
PHYSICAL					
Mittens/Hand Restraints **(this does not include handcuffs)**	Assess patient for triggers of agitation and or confusion Use alternative strategies when appropriate e.g. supervision by staff or family members. Offer appropriate activities or tasks to distract from behaviour. Involve and include family as appropriate. To minimise or eliminate harm to self or others.	May escalate patient/ client sense of lack of control resulting in anger and aggressiveness. Risk of injury to patient/client	Safety assessment takes place on each shift which includes mobility, cognition, potential for harm to others or self, level of supervision required Increased need for supervision would require a watch to be employed 15-30 minute checks Reassurance and explanations to patient and family as required Minimum of 2hrly checks which includes − Removal of mittens and further assessment of their need at this time − Assessment of redness on pressure areas − Offering food and fluids as appropriate − Mouth and eye cares − Toileting	The patient/client can seriously compromise the therapeutic environment. Behaviour may escalate to level that the patient/client is a danger to self or others. The patient/client has made and may continue to make a serious attempt or act of self-harm. The patient/client has made and may continue to make a sustained or serious attack on another person. It was necessary to give planned prescribed essential treatment to a patient/client who is resisting treatment	Reassurance and explanations to patient/ client and family as appropriate Patient/client evaluation to be completed after restraint use Staff debrief to be completed after restraint use

Type of Restraint	Associated Best Practice	Potential Risks associated with restraint method	Interventions to reduce potential risk and monitoring	Potential Risk if restraint method not used	Evaluation
ENVIRONMENTAL					
Seclusion Mental Health Inpatient Unit Only	To reduce: Violent behaviour (or the immediate threat of it), imminent or unacceptable level of risk to others or injury to self during the course of a mental illness that cannot be controlled with alternative nursing approaches (psycho-social-cultural techniques) and or appropriate chemical restraint. Disturbance of behaviour as a result of marked agitation, hyperactivity or grossly impaired judgement/reality testing. The disruptive effects of external stimuli in a patient/client who is highly aroused due to their mental illness. Deterioration in mental state due to patient/client inability to	Inability to leave room of own accord Risk of injury to patient/client by hitting and kicking of door and walls. Inability to call for assistance for seclusion bedroom Increased risk of dehydration Inappropriate increase of medication use.	Staff to enter as much as possible at a minimum of 2-hour intervals. Inform patient/client of risk of injury and approximate time staff will return. Staff to advise patient that they will regularly check at interval of no longer than 10 minutes. Audio monitoring of seclusion rooms available. Fluids to be provided every time room entered. Access to water via ensuite can be provided dependant on presentation Fluid Balance Chart to be maintained if concern around fluid intake Full and timely assessment for indication of rapid tranquillisation as per protocol Rapid Tranquillisation protocol to be followed when required.	Violent behaviour (or the immediate threat of it), imminent or unacceptable level of risk to others or injury to self during the course of a mental illness that cannot be controlled with alternative nursing approaches (psycho-social-cultural techniques) and or appropriate chemical restraint. Increased disturbance of behaviour as a result of marked agitation, hyperactivity or grossly impaired judgement/reality testing. Increase in the disruptive effects of external stimuli in a patient/client who is highly aroused due to their mental illness. Deterioration in mental state due to patient/client inability to filter external stimuli Violence to others Escalation of illness with subsequent physical risk To prevent violent or	Reassurance and explanations to patient/ client and family as appropriate Patient/client evaluation to be completed after restraint use Staff debrief to be completed after restraint use

Type of Restraint	Associated Best Practice	Potential Risks associated with restraint method	Interventions to reduce potential risk and monitoring	Potential Risk if restraint method not used	Evaluation
Seclusion Mental Health Inpatient Unit Only	filter external stimuli Violence to others Escalation of illness with subsequent physical risk Violent or destructive behaviour, using specific indicators of impending disturbance which may be identified by either the patient/client or the staff, and which should wherever possible be part of an agreed management plan.	Risk of injury to staff and patient/ client when entering the seclusion room Potential for dangerous or harmful objects to be on the patient/ client placed in seclusion.	Frequency of monitoring pulse, temperature and vital signs are determined as clinically indicated. Observations of colour, breathing, position, activity and behaviours must be recorded every 10 minutes. A minimum of 3 Calming and Restraint trained staff to enter seclusion room. Use of culturally and gender appropriate staff if possible. Patient/client to be asked to sit on the bed or to move away from the door. If restraint required then only approved holds to be utilised. Patient/client to be checked for dangerous or harmful objects. Sheets and other items to be removed from the seclusion if risk indicated. Seclusion blankets to be used in this case.	destructive behaviour, using specific indicators of impending disturbance which may be identified by either the patient/client or the staff, and which should wherever possible be part of an agreed management plan.	

APPENDIX I

ENABLERS

Both enablers and restraint limit the normal freedom of movement of the patient/client. It is not the properties of the equipment, device or furniture that determine whether or not it is an enabler or restraint but rather the intent of the intervention. Where the intent is to promote independence, comfort and safety, and the intervention is voluntary, this constitutes an enabler.

The use of enablers should also follow the least restrictive option to safely meet the needs of the patient/client.

HBDHB recognises that while a number of routine procedures require the patient/client to be positioned or held in a certain way, these are done with the person's consent as part of the procedure and are explained prior to the procedure(refer to technical positioning definition), these are covered under separate policies for the specific intervention. These are not to be confused with enablers which focus on equipment, devices or furniture.

HBDHB has approved the following as enablers when used in the stated manner, any deviation outside of this could constitute the equipment, device or furniture being used as a restraint.

Enabler	Associated Best Practice	Interventions to reduce potential risk and monitoring	Assessment of enabler use	Evaluation
Bed Rails • Patient request • Promote independence	Obtain patient consent for the use of bed rails with a clear explanation of the reason for use as a means to promote independence, comfort and safety Advise the patient that the bed rails will be lowered immediately upon request. Before using bed rails assess the suitability and look at alternative strategies to meet the patient's needs. Bed rails are not to be used as the first option for falls prevention, see falls risk assessment strategies for alternative options.	Reassurance and explanations to patient/client and family as required. If the patient presentation changes the use of bed rails must be reviewed as these can have a high potential to increase the risk of injury rather than reduce the risk. Half hourly checks of patient/client while beside rails in place which includes visual sightings 2 hourly checks which includes: – Offering food and fluids – Toileting – Change of position – Assessment of skin integrity and pressure points	The need for use of enablers must be documented on the patient's flowchart / NADP or appropriate place in the patient's heath record.	Explanations to patient/ client and family as appropriate Constant reassessment of the need for continued use Feedback from patient/client Review of event reports related to the specific patient/client

Enabler	Associated Best Practice	Interventions to reduce potential risk and monitoring	Assessment of enabler use	Evaluation
	Bed rails are not an approved restraint within this organisation and staff need to be clear about their use as an enabler and clearly document same. Assess staffing levels and where possible appoint someone to closely monitor the patient/client	To be documented in health record.		
Table tops – when placed in front of the patient/client • To provide stable surface for objects being used • At the patient/clients request for stability while sitting	Obtain patient consent for the use of table tops with a clear explanation of the reason for there use Only to be utilised for a specific task and then removed e.g. remove when meal finished Advise the patient that the table top will be removed at their request Before using table tops assess the suitability – Assess staffing levels and where possible appoint someone to closely monitor the patient/client Document use in health record.	Half hourly checks of patient/client while table in place which includes visual sightings If patient/client becomes requests the table be removed – discontinue use. Maximum of 2 hourly checks which includes: – Offering food and fluids – Toileting and walking (if able, or resting in bed if sitting in chair – Assessment of skin integrity and pressure points	The need for use of enablers must be documented on the patient's flowchart / NADP or appropriate place in the patient's heath record.	Explanations to patient/ client and family as appropriate Feedback from patient/client Review of event reports related to the specific patient/client
Belts – lap belts, walking belts, etc • To provide safety for patient/clients when	Obtain patient consent for the use of the belt with a clear explanation of the reason for there use	Half hourly checks of patient/client while table in place which includes visual sightings	The need for use of enablers must be documented on the patient's flowchart /	Explanations to patient/ client and family as appropriate Feedback from patient/client

Enabler	Associated Best Practice	Interventions to reduce potential risk and monitoring	Assessment of enabler use	Evaluation
standing or sitting in wheelchairs	Advise the patient that the belt will be removed at their request Before using a belt assess the suitability for use Assess staffing levels and where there is a need appoint someone to closely monitor the patient/client Document use in health record.	If patient/client becomes requests the belt be removed – discontinue use, with a clear explanation of risks without the belt in place. Maximum of 2 hourly checks which includes: - Offering food and fluids - Assessment of skin integrity and pressure points	NADP or appropriate place in the patient's heath record. .	Review of event reports related to the specific patient/client

APPENDIX II

DEFINITIONS

Abuse

Physical Abuse
Infliction of physical pain, injury of force.

Psychological /emotional Abuse
Behaviour including verbal abuse which causes mental anguish, stress and fear

Sexual Abuse
Sexually abusive and exploitative behaviours involving threats, force or the inability of the person to give consent

Chemical Restraint
The use of medication, solely to ensure compliance or to render the patient/client incapable of resisting

Advance Directive

A written or oral directive:
a. By which a patient/client makes a choice about a possible future health procedure; and
b. That is intended to be effective only when not competent.

Cultural Guidelines

HBDHB recognises the specific cultural needs of Maori. Consideration should be given to cultural requirements whilst restraining Tangata Whaiora (refer to HBDHB Tikanga Best Practice Policy and Guidelines).

Cultural Safety

Practices which ensure that those receiving the service feel that their culture is respected

Culture

Culture includes, but is not limited to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious belief; and disability.

Debrief – Staff

Following each episode of restraint staff involved in the restraint complete a staff debrief form as a means of evaluating the use of restraint and looking at alternatives to using restraint in the future.

De-escalation

A complex interactive process in which the highly aroused patient/client 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.

Domestic Security

Domestic security is the practice of locking external doors at night for general security and is not covered by the Standard.

Enablers Equipment, devices or furniture, voluntarily used by the patient/client following appropriate assessment, that limits the normal freedom of movement, with the intent of promoting independence, comfort and/ safety.

NB: Both enablers and restraint limit the normal freedom of movement of the patient/client. Where the intent is to promote independence, comfort and safety and the intervention is voluntary, this constitutes an enabler. The use of enablers should be the least restrictive option to safely meet the needs of the patient/client.

Evaluation Patient/Client A formal process following each episode of restraint or a defined regular intervals at which the patient/client and where appropriate their family/whanāu, receives support to discuss their views on the restraint episode.

Informed Consent As in the Code of Health and Disability Services Consumers' Rights 1996 (the Code), informed consent is a process rather than a one-off event, involving effective communication, full information, and freely given, competent consent (Rights 5, 6 and 7 respectively). A signature on a consent form is not, of itself, conclusive evidence that informed consent has been obtained.

Locked Units In a locked unit the locked exit is a permanent aspect of service delivery to meet the safety needs of patient/client's who have been assessed as needing that level of containment.

Although by definition the locking of exits constitutes environmental restraint the requirements of the Standard are not intended to apply to the locking of exits in 'locked units', where the unit:

- Is clearly designated a 'locked unit';
- Has clear service entry criteria against which patient/client's are assessed prior to entry;
- Can ensure that patient/client's using the service continue to meet the service criteria following entry; and
- Can ensure any patient/client that does not meet the service criteria has means to independently exit the unit at any time.

In the absence of any of the above points, the locking of exit doors should be treated as environment restraint

Patient/Client A person who uses/receives a health or disability service.

Recovery Recovery is a term used in Mental Health that is defined as the ability to live well in the presence or absences of one's mental illness (or whatever people choose to name their experience). 'Blueprint for Mental Health Services in New Zealand: How things need to be' (Mental Health Commission)

Restraint

The use of any intervention by a service provider that limits the patient/client's normal freedom of movement. (For interventions that limit a patient/client's freedom of movement voluntarily see definition of enabler)

Personal Restraint
Where a service provider uses their own body to intentionally limit the movement of a patient/client. For example: where a patient/client is held by the service provider.

Physical Restraint
Where a service provider uses equipment, devices or furniture that limits the patient/client's normal freedom of movement. For example: where a patient/client is unable to independently get out of a chair due to the design of the chair, or the position of a table or fixed tray.

Environmental
Where the service user intentionally restricts a patient/client's normal access to their environment. For example: where a patient/client's normal access means of independent mobility (such as a wheelchair) denied, or access to their environment is intentionally restricted by locking devices on doors (this includes seclusion in the Mental Health & Addiction Service).

Restraint Approval Committee

The Restraint Approval Committee (HBDHB) reviews the use of and monitors restraint quarterly and reports information to Executive Leadership Team.

The Restraint Approval Committee reviews and approves all proposed changes to restraint use/type across the DHB and this includes systems and processes.

The Restraint Approval Committee shall review any staff or patient/client concerns related to the misuse of restraint.

The Restraint Approval Committee shall review the use of restraint based on data and audits obtained from the Quality and Risk Service.

Restraint Episode

A restraint episode refers to a single restraint event regardless of how many times the patient/client has previously been restrained.

Review

A formal process of updating and amending or re-planning based on evaluation of outcomes.

Technical Positioning

Technical positioning may be part of usual clinical procedures or possible clinical intervention e.g. plaster casts, IV splints, paediatric limb splints, positioning and support during procedures, or to briefly manage clinical symptoms.

Technical positioning, safe holding and supporting of a patient/client so that a procedure can be carried out in a safe and controlled manner with their consent, is not considered a form of restraint.

Technical positioning and safe holding, when the patient/client is not

competent/fully conscious short-term, i.e. emerging from general anaesthetic is acceptable when used for the immediate patient/client safety and therapeutic purposes and is within acceptable clinical practice. Under these circumstances, this is not considered restraint, as this is an expected post-anaesthetic recovery room nursing intervention.

Seclusion Where a proposed patient or patient, under the Mental Health (Compulsory Assessment and Treatment) Act 1992, is placed alone in a room or area, at any time and for any duration, from which they cannot exit freely.

Please refer to the Mental Health & Addiction Services Seclusion Policy.

Whänau/Family The family or extended family/group of people who are important to the person who is receiving the service.

APPENDIX III

EDUCATION AND TRAINING IN RESTRAINT

All staff will have knowledge of "The Code of Health and Disability Service's Consumers Rights 1996", including assisting patients to access the information.

All staff shall have knowledge of scopes of practice, relevant legislation and HBDHB relevant policies and procedures including knowledge of the Tikanga Best Practice Guidelines and other cultural considerations.

Practice and training in use of restraint should ensure that any techniques are firmly grounded in the context of good clinical practice (refer appropriate clinical training manuals).

All employees using restraint must be trained and have completed the appropriate courses and be deemed to be certified as competent in restraint techniques; and specific trainings as appropriate to service area. These resources shall be approved by the HBDHB Restraint Approval Committee.

It is the responsibility of the Learning & Development/ Clinical Nurse Manager (CNM) to ensure that individual records of restraint training and education are held for all staff.

Training and competency is seen as critical, both to the appropriate and safe use of restraint, and to minimize the use of restraint.

APPENDIX IV

RESTRAINT APPROVAL COMMITTEE

The Restraint Approval Committee is responsible for:

- Approval of restraint techniques including new restraint techniques and determining the education and staff training required for type of restraint
- Considering and implementing any recommendations made regarding restraint evaluation
- Auditing and reporting the education and training being undertaken to ensure standards are met
- Maintaining a register of restraint episodes and evaluations
- Trend analysis
- Providing feedback to individuals and units.

Evaluating and Review of Restraint by the Restraint Approval Committee

- The HBDHB Restraint Approval Committee reviews the use and monitoring of restraint at least quarterly and reports on this through the Clinical Board to the Executive Leadership Group.
- The Restraint Approval Committee shall review any staff or client concerns relating to the use or misuse of restraint.
- The Restraint Approval Committee shall review the use of restraint based on data obtained from the Quality and Risk Service and the MH&AS Restraint Co-ordinator. This shall include but not be limited to:
  - Extent of restraint use and trends
  - Reviewing progress towards a restraint free environment
  - Staff compliance with policies and procedures
  - Whether additional training or education needed or changes to existing training are required.
  - Identification of opportunities for improving practice
  - Patient/client feedback
  - Any learning's from evaluations.
  - Ongoing audits of health records in relation to restraint use and reduction

FORM 1

Restraint - Patient/Client Evaluation

Date and Time of Event

Date and Time of Evaluation
(As soon as possible after restraint)

- Persons Involved in Evaluation:

  _____

  _____

- Tell me what was going on for you prior to the staff restraining you?

  _____

  _____

- How did you feel while the staff were restraining you?

  _____

  _____

- Did you understand what the staff talked to you about when they were restraining you?

  _____

  _____

- Were you informed of your right to support from an advocate at any time during or after restraint?

  _____

- Were there any positive outcomes from the restraint process?

  _____

  _____

- Where do you think the restraint process needs to improve?

  _____

  _____

- Did you feel the process took into account your cultural, religious or social needs, values and beliefs? If not; what were your concerns and how might we improve?

  _____

  _____

- Was this Evaluation helpful?

  _____

  _____

Evaluation Facilitated by: _____Title_____

☐ Copy to clinical file
☐ Copy to Quality & Risk

FORM 2

Restraint - Staff Debrief Form

Date and time of event

Date and time of Debrief

Debrief to be completed by: the end of shift ☐ or within 24 hours ☐

- Names of Staff and Job Titles Involved in Debriefing

_____

_____

- Verbal Intervention attempted (please specify de-escalation used)

_____

_____

- Describe Events Preceding Incident

_____

_____

- Staff to Discuss/Clarify Actual Incident

_____

_____

- How Was the Incident Brought to a Conclusion?

_____

_____

- Positive Aspects of Management of Incident

_____

_____

- What was the communication with family/identified support person?

_____

_____

- Areas for Improvement

_____

_____

- Staff Perspectives egg: thoughts/feelings/injuries

_____

_____

- Any other Matters Arising from the Debriefing

_____

_____

Debriefing Facilitated by _____ Job Title _____

FORM 3

Review of Approved Restraints

Date of Review:	Technique:	Comments/Changes:	Reviewed By:	Signature:
	Holding Limbs: • Removing an object • Figure of four • Securing arms/legs for a person lying down		HBDHB Restraint Approval Committee	
	Full Restraint: • Take down to the ground • Arm holds • Leg holds • Room exits • Rolling a person over to their stomach • Take down to the person's back • Take down from a figure of four		HBDHB Restraint Approval Committee	
	Seclusion (MHIPS only): • Meets the Ministry of Health, July 2008: Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992 • Follows the Hawkes Bay District Health Board Seclusion Policy • And complies with the NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards		DAMHS Simon Shaw	
	Mittens/Hand Restraints • Hand mittens/restraints • Hand mittens/restraints attached		HBDHB Restraint Approval Committee	