ORGANISATIONAL GUIDELINE:

ENABLER USE

AUTHORITIVE SOURCE:

NZS 8134. 2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

AUTHOR:

Restraint Minimisation and Safe Practice Committee

SCOPE:

All clinical areas in Clinical Care Groups

- To inform clinical staff of the organisations definition of an enabler, the differences between an enabler and restraint, and when to implement an enabler.
- To ensure that enabler use practice at Hauora Tairawhiti meets the required standard (NZS 8134.2:2008

DEFINITIONS:

- An enabler is defined as any equipment, device or furniture, voluntarily used by a patient/consumer following appropriate assessment that limits normal freedom of movement. The intent or purpose of the use of an enabler is to promote and/or maintain independence, comfort and safety.
- Restraint is the use of any intervention by a service provider that limits a patients/ consumers normal freedom of movement. This includes personal restraint, physical restraint, environmental restraint and seclusion. (Seclusion is restricted to Adult Mental Health and Addiction Services only). The use of restraint is a clinical decision and has significant legal and ethical implications.

POLICY STATEMENT:

- The use of an enabler should be the least restrictive option to meet the consumer's needs.
- The difference between enabler use and restraint is that the use of the an enabler is voluntary i.e. there is informed consent involving effective communication, full information and freely given competent consent (Rights 5, 6 & 7 of the Code of Health and Disability Services Consumers' Rights 1996).
- The use of an enabler may be initiated by either the consumer who is competently able to, or the clinical staff responsible for the care of the patient, and be implemented following consensus between the two parties. Family may support the decision, but cannot approve (or request) the use of an enabler without the consent of the consumer.
- In situations where the consumer is not competent to consent, and the use of a device, equipment or furniture is clinically justified to prevent injury or harm to patient, then in this case family can give informed consent, if not this constitutes restraint and an incident form **must be completed.**
- The list of the approved devices, equipment and furniture that can be used as enablers at Hauora Tairāwhiti is attached (Appendix 1). It is not the equipment itself that defines its purpose, but

the intention for its use e.g. bedrails used voluntarily by a patient to assist bed mobility or prevent falls is an enabler.

- Hauora Tairawhiti enabler use practices comply with the requirements of New Zealand Standard 8134.2:2008 – Health and Disability Services (Restraint Minimisation and Safe Practice) Standards.

PROCEDURE:

IDENTIFYING

On admission or following any decline in condition and always in collaboration with patient.

PHYSICAL FACTORS TO CONSIDER

- Following anaesthesia or sedation e.g. bedrails to maintain safety
- Assistance with body balance e.g. walking frame, pillows/pads to promote/maintain safety & independence
- Assistance with bed mobility e.g. bedrails to promote independence
- Assistance with positioning or alignment e.g. foot-strap to keep foot on wheelchair footplate, securing straps used for CT scanning or lithotomy positioning, traction equipment to promote/maintain safety & comfort
- Assistance with activities of daily living e.g. fixed food tray on chairs to promote independence
- When transporting consumers e.g. Bedrails/cot sides to maintain safety

PSYCHOLOGICAL FACTORS TO CONSIDER

- Consumer has fear of falling out of bed or chair e.g. bedrails, lap belt to promote/maintain safety
- Consumer has concerns about maintaining independence e.g. use of Bedrails/cot sides to change position in bed

INFORMED CONSENT

Discuss and agree Enabler strategy with consumer/whanau & multidisciplinary team.

DOCUMENTATION

Document agreement and consent in the consumers care plan. Include monitoring and evaluation processes to be used while enabler in use.

EVALUATION:

Audit will be undertaken six monthly by the ward/department Quality Co-ordinator using the Enabler Audit forms. (Appendix 2) This will be presented to the Restraint Committee and recorded in the minutes of the meeting.

REFERENCE DOCUMENTS:

- Health and Safety in Employment Act 1992
- Health and Disability Services (Safety) Act 2001
- Human Rights Act 1993
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Privacy Act 1993
- Treaty of Waitangi Act 1975
- Code of Health and Disability Services Consumer's Rights 1996
- Criminal Procedures (Mentally Impaired Person) Act 2003
- Protection of Personal and Property Rights Act 1988 (PPPR Act)
- Crimes Act 1991
- Employee Relations Act 2000
- Care of Children Act 2004
- The New Zealand Bill of Rights 1990

RELATED DOCUMENTS:

- Hauora Tairāwhiti Informed Consent Policy
- Hauora Tairawhiti Restraint Minimisation Policy and Procedures
- Hauora Tairawhiti Use of Bedrails/cot sides Guidelines
- Hauora Tairawhiti Approved Enabler Equipment (Appendix 1)
- Enabler Audit form and supporting information document (Appendix 2)

REFERENCES:

- NZS 8134. 2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards
- Restraint Minimisation and Safe Practice http://www.cdhb.govt.nz/quality/documents/restraints.pdf
- Lippincott Procedures and Skills Website http://procedures.lww.com/lnp/procedureSelect.do#/all

Date of Approval: March 2016
Next Review Date: **March 2019**

APPENDIX 1:

ENABLERS USED WITHIN HAUORA TAIRAWHITI

Enablers used within Hauora Tairawhiti include but not limited to:

- Paediatric Splints
- Mittens / Boxing Glove bandaging
- IV splints
- Bedrails/ Cot sides
- Specialist Chair
- Leg Straps
- Lap Belt

APPENDIX 2:

ENABLER AUDIT TOOL AND RELATION TO STANDARD

Q 1 -**Reason for Enabler use identified**: Nursing assessment including falls risk assessment and care plan completed; information from allied health, information from family members considered.

Q2- **Type of enabler identified**: this can relate to bedrails, chair tables, lap belts, pillows etc, also consider cot side use for securing bells within easy reach.

Q3 -**Informed consent**: this should be completed in line with TDH policy; it is required and should be documented.

Patient request for enabler eg bedrails in this case is regarded as consent

It can be received verbally (documented as such) or indicated by patient signature with validation by nursing staff.
In some case family/whanau provide consent and are made aware of reasons and can provide information relating to reasons for enabler use eg avoiding harm. At all times promote and protect the interest, safety and well being of all involved and aware of cultural values and beliefs.

Any unauthorised restriction is regarded as restraint

Q4- **Date enabler use initiated is documented**; date noted in care plan/ on-going review in progress notes, aware of protecting the dignity of the patient at all times

Q5 -**Care plan is completed on a daily basis**: Objective assessment identified within care plan document, appropriate review and referral

***appendix 2 and data collection sheet reviewed Oct 2016**

Data Collection Sheet

Date: Department: Auditor(s):

Standard: Restraint Minimisation & Safe Practice

Enabler Use

Methodology: Patients will be selected for Enabler audit activity based on visualisation of an enabler in use within the ward/unit setting **Criteria:**	Insert NHIs below ✓ = Met **X** = Not Met															**Totals** ✓ **x**		
Reason for the use of identified																		
Type of enabler is identified																		
Informed Consent documented																		
Date of enabler initiation is documented																		
Care plan is completed on a daily basis																		

Auditors Comment:

***appendix 2 and data collection sheet reviewed Oct 2016**