Policy: Restraint Minimisation and Safe Practice

Purpose

Counties Manukau Health (CM Health) is dedicated to serving our patients and communities by ensuring quality focussed health care.

CM Health takes the health, safety and welfare of all patients and staff extremely seriously.

Staff will ensure that patients receive and experience services in the least restrictive manner whilst recognising that all staff have the right to perform their duties without tolerating abuse or acts of aggression.

Note: This Policy must be read in conjunction with Procedure: Restraint Minimisation and Safe Practice for Restraint and Enabler Use. Or Procedure: Restraint Minimisation – Personal Restraint Mental Health Inpatient Services and the Safe and Appropriate Use of Bedrails Guideline.

Philosophy

It is the philosophy of CM Health, in line with the values of the organisation, to support health professionals and support staff to achieve the intent of the Health and Disability Services (Restraint Minimisation) Standard NZS 8134. 2008: which is that Restraint and/or Enablers should only be used in the context of ensuring, maintaining, or enhancing the safety of the patient, service providers, or others.

Scope

This policy is applicable to:

- All CM Health employees and visiting health professionals working in any CM Health Facility (note: students and contractors are excluded from performing restraint).
- Specific clinical areas must have procedures/guidelines, consistent with this policy, that reflect the contextual issues in a particular setting.

Approval of Restraints and Enablers

- All Restraints and Enablers used at CM Health must be approved by the Restraint Minimisation and Safe Practice Group (RMSPG).

Policy

- Restraint is a serious intervention that requires clinical rationale and oversight. It is based on sound clinical judgement with clear justification for use.
- Restraint shall be perceived in the wider context of risk management; it is not a treatment within itself but one of a number of strategies used by service providers to limit or eliminate a clinical risk.
- Restraint should only be used as a last resort after alternative less restrictive interventions have been attempted. e.g. de-escalation, interpreters, cultural support. It will be used for the shortest time possible.
- CM Health does not support the use of Chemical Restraint.
- CM Health does not support the use of bed rails as a method of Restraint.
- Enablers can only be used voluntarily for positioning, mobility or comfort.
- Incidents resulting from Restraint/Enablers will be reported in the Incident Reporting System (IRS).
- Audits of restraint and enabler use will be tabled at the Restraint Minimisation and Safe Practice Group quarterly meetings as well as discussed within Services as appropriate.

Documentation

- Restraint use must be recorded in the IRS. The exception to this is the use of soft wrist restraints e.g. Critical Care Complex, however, an auditable record of its use must be current and available.
- An e-version of the information required in the folder is available on SouthNet by clicking on this link: http://southnet/RestraintMinimisation

Education

- All CM Health employees with patient contact will receive information/training related to Restraint Minimisation and Safe Practice at a level that supports safe practice in their role, discipline and service.

Definitions

Terms and abbreviations used or are relevant for this document are described below:

Term	Definition
Restraint	The use of any intervention by a service provider that limits a patient's normal freedom of movement.
Type of Restraint:	Where a service provider uses their own body to intentionally limit the movement of a consumer e.g.

Personal Restraint	holding a patient.
Type of Restraint: **Physical Restraint**	Where a service provider uses equipment, devices or furniture that limits a patients normal freedom of movement e.g. fixed trays, lap belts or specialised seating.
Type of Restraint: **Environmental**	Where a service provider intentionally restricts a patients normal access to their environment. e.g. locking devices on doors, removing mobility aids e.g. wheelchair.
Seclusion	Where a patient is placed alone in a designated room or area, at any time and for any duration, from which they cannot freely exit. Seclusion only occurs in the inpatient Mental Health Services at CM Health.
Enabler	Equipment, devices or furniture, voluntarily used by a patient following appropriate assessment by a health professional, that limits normal freedom of movement. The least restrictive option is used with the intent of promoting independence, comfort and or safety (consented to by the patient or their legal representative).
Chemical Restraint	**CM Health does not support the use of Chemical Restraint** NZS 8134: 2008 Health & Disability Standard. "All Medicines should be prescribed and used for valid therapeutic indications. Appropriate health professional advice is important to ensure that the relevant intervention is appropriately used for therapeutic purposes only." Chemical restraint is defined as the intentional use of medication to control a person's behaviour when no medically identified condition is being treated, **or** where the treatment is not necessary for the identified condition **or** amounts to excessive treatment for the identified condition **or** where the intended effect of the drug is to sedate the person for convenience sake or purposes of punishment Use of medication as a form of 'chemical restraint' is in breach of this standard.
Bed rails	**CM Health does not support the use of bed rails as a Restraint.** Bed rails can be used as an Enabler in specific circumstances. The inappropriate use of bed rails is associated with significant risks to the patient. Staff must be familiar with the Safe and Appropriate Use of Bed Rails Guideline before using this equipment as an enabler.
Transportation of patients	The temporary use of bed rails or safety belts for patient safety when a patient is in transit from one place to another is not considered restraint as long as a staff member is present. When transporting a patient by vehicle land transport requirements must be met e.g. the wearing of seat belts.

	If the bed rail remains in use once on a ward, then an assessment must be completed and documented in the clinical record.
Technical positioning and planned safe holding	**Is not considered to be Restraint** Adults, children and young persons are often held or their ability to move is limited while an investigation or procedure occurs. This is referred to as technical positioning and planned safe holding. It is expected that the need for this will be essential to the procedure, included in the relevant procedure along with safety requirements, education needed to ensure patient safety and informed consent requirements will be met.
Family	Members of a patient's close or extended family or whaanau; partners; friends; health advocates; guardian or other representatives nominated by the patient.
Non Clinical Intervention	Use of restraint recommended and applied by law enforcement officers i.e. police/prison officers, for reasons other than clinical treatment, is not covered by this policy. Police/prison officer have full responsibility for safe law enforcement Restraint. These situations are governed by Criminal Law including the Trespass Act 1980 and the NZ Crimes Act 1961.
Locked Units:	In a locked unit the locked exit is a permanent aspect of service delivery to meet the safety needs of patients who have been assessed as needing that level of containment. Although by definition the locking of exits constitutes Environmental Restraint the requirements of NZS8134.2 are not intended to apply to designated locked units that have entry and exit criteria and can ensure any patient who does not meet the criteria has the means to independently exit at any time.
SPEC	Safe Practice, Effective Communication (SPEC) is a four day training course focusing on effective Communication de-escalation and approved Restraint techniques.
CALM	Facilitated course in effective communications and de-escalation principles.
Restraint Minimisation E-Learning Package	E-learning session accessed online by health professionals.

Associated Documents

NZ Legislation	NZ Crimes Act 1961 NZ Bill of Right Act , 1990 Health and Disability Act 2001 Code of Health and Disability Services Rights 1996 Protection of Personal and Property Right Act 1988 Mental Health (Compulsory Assessment and Treatment) Act 1992. Human Rights Acts 1993 Health and Safety in Employment Act 1992
CM Health Policies and Procedures	Policy: Tikanga Best Practice Policy: Informed Consent Policy: Management of aggressive behaviour in the workplace Policy: Visitors Policy: Security CM Health Vision and Values Procedure: Restraint Minimisation and Safe Practice for Restraint and Enabler Use Procedure: Restraint Minimisation – Personal Restraint Mental Health Inpatient Services Policy: Incident Management and Reporting Procedure: Incident Management and Reporting Policy: Management of Consumer Complaints and Feedback Procedure: Management of Consumer Complaints and Feedback
NZ Standards	Restraint Minimisation and Safe Practice Standard NZS 8134.2 :2008 Health and Disability Services (general) Standard NZS 8134. 0: 2008. Health and Disability Services (core) Standards NZS 8134.1: 2008. Restraint of Children with Disabilities, or Medical Conditions, in Motor Vehicles NZS 4370:2013
Organisational Procedures	Safe and Appropriate use of Bedrails Guideline Assessment and Care of Patients Presenting to EC at risk of Suicide or in an Agitated State (Procedure) Restraint Minimisation – Personal Restraint Mental Health Inpatient Services
Other related documents	Management of Adults with Severe Behavioural Disturbance (Guideline) Restraints - Critical Care Complex (Guideline) Dealing with Violent and/or Abusive Patient (Guideline) Management of Challenging Behaviour in Pukekohe and Franklin Memorial Hospitals (Guideline)

Procedure: Restraint Minimisation and Safe Practice for Restraint and Enabler Use.

Definition/Description

The purpose of this procedure is to describe the process of Restraint Minimisation and Safe Practice for Restraint and Enabler use within Counties Manukau Health (CM Health).

This document is to be read in conjunction with CM Health Restraint Minimisation and Safe Practice Policy.

Note: This Policy must be read in conjunction with Policy: Restraint Minimisation and Safe Practice, and Safe and Appropriate Use of Bedrails Guideline

People involved and Responsibilities

This applies to all CM Health employees with patient contact (full-time, part-time and casual) including visiting health professionals working in any CM Health facility (note: Students and contractors are excluded from performing restraint).

Security staff trained in the Safe Practice Effective Communication (SPEC) course (with annual updates) can be called to assist for Personal and Environmental Restraint under the Registered Health Professionals instructions.

The Restraint Minimisation and Safe Practice Group (RMSPG) authorises the use of restraints and enablers in CM Health and meets regularly to review the use of restraints and enablers to ensure their appropriate use and identify improvement opportunities.

Note: Personal Restraint for Mental Health Inpatient Services will refer to Procedure: Restraint Minimisation – Personal Restraint Mental Health Inpatient Services.

Objectives

To ensure enablers are only used voluntarily and not for restraint.

To ensure restraint is used as a last resort after alternative less restrictive interventions have been attempted.

Procedure <u>Enabler Use</u>

Initiation

- When requested by patient, family/whaanau or registered health professional for providing comfort, positioning or mobility. The assessment

for the enabler use will be documented in the clinical record and state the reason, type of enabler and intended benefit.

- The correct equipment will be ordered through Task Manager or an Occupational Therapist. A Physiotherapist will assist with correct positioning.

Monitoring

- Regular visual checks of the patient are to be maintained. The call bell must be within the patient's reach or in a supervised area.
- Monitoring times will be documented in the care plan/daily intervention.

Documentation

- The assessment supporting enabler use will be documented in the clinical record and will include the name of the patient, family/whaanau who was informed.

Evaluation

- An evaluation of the effectiveness of the use of enablers will be undertaken and documented in the patient clinical record.

Procedure Physical Restraint Use

Initiation

- Restraint use will be initiated after assessment and discussion by the clinical team.
- The decision making process will be clearly documented in the clinical notes and an individualised care plan developed to ensure all the patient's needs are met whilst restraint is being used.
- A patient-centred goal will be developed in the patient's plan of care outlining the use, monitoring and evaluation of restraint use.
- Wherever possible discussion and consent process will include the patient and family/whaanau. Continuation of restraint will be discussed at any family/whaanau meetings.
- Restraint will be initiated only when the environment is safe and appropriate for initiation and when adequate resources are in place.

Monitoring

- Patient checks are to be maintained at a minimum of every 30 minutes unless more or less frequent checks are clinically indicated (e.g. mental health area).
- The call bell must in reach of the patient or the patient must be in a supervised area.
- Monitoring requirements will be documented in the care plan/daily intervention.

Documentation

- Restraint to be logged in the Incident Reporting System (IRS).

- Documentation in the patient clinical record or care plan/daily intervention is required including monitoring times.
- Monitoring form for physical restraint must be completed.

Evaluation

- An evaluation of the effectiveness of the use of restraint will be undertaken and documented in the patient's clinical record.
- Audits to assess the effectiveness and relevance of restraint use will be undertaken regularly to facilitate professional development of practice and appropriate use.

Procedure Personal and Environmental Restraint Use

Initiation

- Restraint use will be initiated after assessment and discussion by the clinical team.
- Exceptional circumstances will require emergency restraint. This must be initiated by a Registered Health Professional.
- The decision making process will be clearly documented in the clinical notes and an individualised care plan developed to ensure all the patient's needs are met whilst restraint is being used.
- A patient-centred goal will be developed in the patient's plan of care outlining the use, monitoring and evaluation of restraint use.
- Wherever possible discussion and consent process will include the patient and family/whaanau.
- Restraint will be initiated only when the environment is safe and appropriate for initiation and when adequate resources are in place.

Monitoring

- Staff will remain with the patient at all times.
- Security Guards will follow the direction of a Registered Health Professional.

Documentation

- Personal and environmental restraints must be reported on the IRS including the type and position of restraint.
- The decision making process will be clearly documented in the patient clinical notes or care plan/daily intervention is required including the rationale, goal, process and evaluation of the restraint.

Evaluation

- An evaluation of the effectiveness of the use of restraint will be undertaken and documented in the patient's clinical record.
- Audits to assess the effectiveness and relevance of restraint use will be undertaken regularly to facilitate professional development of practice and appropriate use.

Resources

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Bed rails	**CM Health does not support the use of bed rails as a Restraint.** Bed rails can be used as an enabler in specific circumstances. The inappropriate use of bed rails is associated with significant risks to the patient. Staff must be familiar with the Safe and Appropriate Use of Bed Rail Guideline before using this equipment as an enabler.
Transportation of patients	The temporary use of bed rails or safety belts for patient safety when a patient is in transit from one place to another is not considered restraint as long as a staff member is present. When transporting a patient by vehicle land transport requirements must be met e.g. the wearing of seat belts. If the bed rail remains in when on the ward, then an assessment must be completed and documented in the clinical record.
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Non Clinical Intervention	Use of restraint recommended and applied by law enforcement officers i.e. police/prison officers, for reasons other than clinical treatment, is not covered by this policy. Police/prison officer have full responsibility for safe law enforcement Restraint. These situations are governed by Criminal Law including the Trespass Act 1980 and the NZ Crimes Act 1961.
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Communicating Effectively	Facilitated course in effective communications
Restraint Minimisation E-Learning Package	E-learning session accessed online by health professionals.

Associated Documents

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Approved by:	Clinical Governance Group	**Date First Issued:**	11/12/2012
Counties Manukau Health			

Procedure: RM&SP for Restraint and Enabler Use.

Other documents relevant to this policy are listed below:

NZ Legislation	NZ Crimes Act 1961 Mental Health (Compulsory Assessment and Treatment) Act 1992 Human Rights Act 1993 Health and Safety in Employment Act 1992 Health and Disability Act 2001
CMDHB Clinical Board Policies	Restraint Minimisation and Safe Practice (Policy) Informed Consent (Policy) Security Department (Policy)
NZ Standards	Restraint Minimisation and Safe Practice Standard NZS 8134:2; 2008 Health and Disability Services (General) Standard NZS 8134, 0; 2008 Health and Disability Services (Corel) Standard NZS 8134, 1; 2008
Organisational Procedures	Safe and Appropriate Use of Bed Rails Guideline Assessment and Care of Patients Presenting to EC at risk of Suicide or in a Agitated State (Procedure) Restraint Minimisation – Personal Restraint Mental Health Inpatient Services
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Guideline: Safe and Appropriate Use of Bedrails

Purpose

The purpose of this guideline is to ensure bedrail use is appropriate. Following an individual patient risk/benefit assessment, a bedrail may be used for the following purposes:

- To prevent the patient from rolling out of the bed where there is an assessed risk of this occurring.
- To assist the patient to mobilise more independently in the bed.
- To promote patient comfort in bed by allowing the positioning of pillows.

Important:

- Bedrails are not appropriate for a patient who is, or who is likely to become:
  - Mobile and confused
  - Mobile and agitated
  - Mobile and lacking insight
- Bedrails are not to be used as a means of preventing or impeding a patient from intentionally leaving the bed.
- The use of bedrails is a clinical decision made in collaboration with the patient and or whaanau, and requires ongoing assessment of the risks and benefits as they apply individually to the patient.
- The inappropriate use of bedrails poses a significant risk to a patient, including the risk of falling from the bed, entrapment, postural asphyxiation and psychological stress.

Note: This guideline must be read in conjunction with:

Restraint Minimisation and Safe Practice Policy

Scope of Use

This guideline is applicable to all CM Health employees, (full-time, part-time and casual), visiting health professionals and students working in any CM Health facility.

Exclusions

This guideline does not apply to:

- The use of bedrails or cot sides for young children as a normal response to their developmental age.
- The use of bedrails for a patient who is supervised and is:
  - in transit
  - on a narrow trolley (ED)
  - recovering from general anaesthesia

Responsibilities

Nursing:

Assessment

The use of bedrails is a clinical decision which is made in partnership with the patients following an assessment of the risks and benefits as they apply individually to the patient (refer bedrail decision guide, p.3).

Where a patient and/or their whaanau request the use of bedrails the decision remains a clinical decision. The rationale for the decision should be discussed with the patient and whaanau and documented in the clinical notes.

The bedrail decision guide focuses on the likelihood of the patient rolling out of bed, the patient's mobility and the patient's mental state/likely behaviour. There are however other elements that also need to be taken into account when considering the safe and appropriate use of bedrails such as the patient's vulnerability to injury, visual and spatial awareness and the use of special mattresses.

Monitoring

The monitoring of the patient during bedrail use is to be determined at assessment and documented in the patient's plan of care. Staff should be directed to reassess the safety and appropriateness of the bedrail use at each point of contact.

Documentation and Communication

Where bedrails are used the clinical rationale for use and the monitoring requirements are to be documented in the patient's clinical notes and communicated at shift handovers. For ongoing assessment update the plan of care document.

Service:

Assessment

Ensuring bed, mattress and bedrails are compatible so as to avoid gaps that potentially could lead to entrapment.

Monitoring

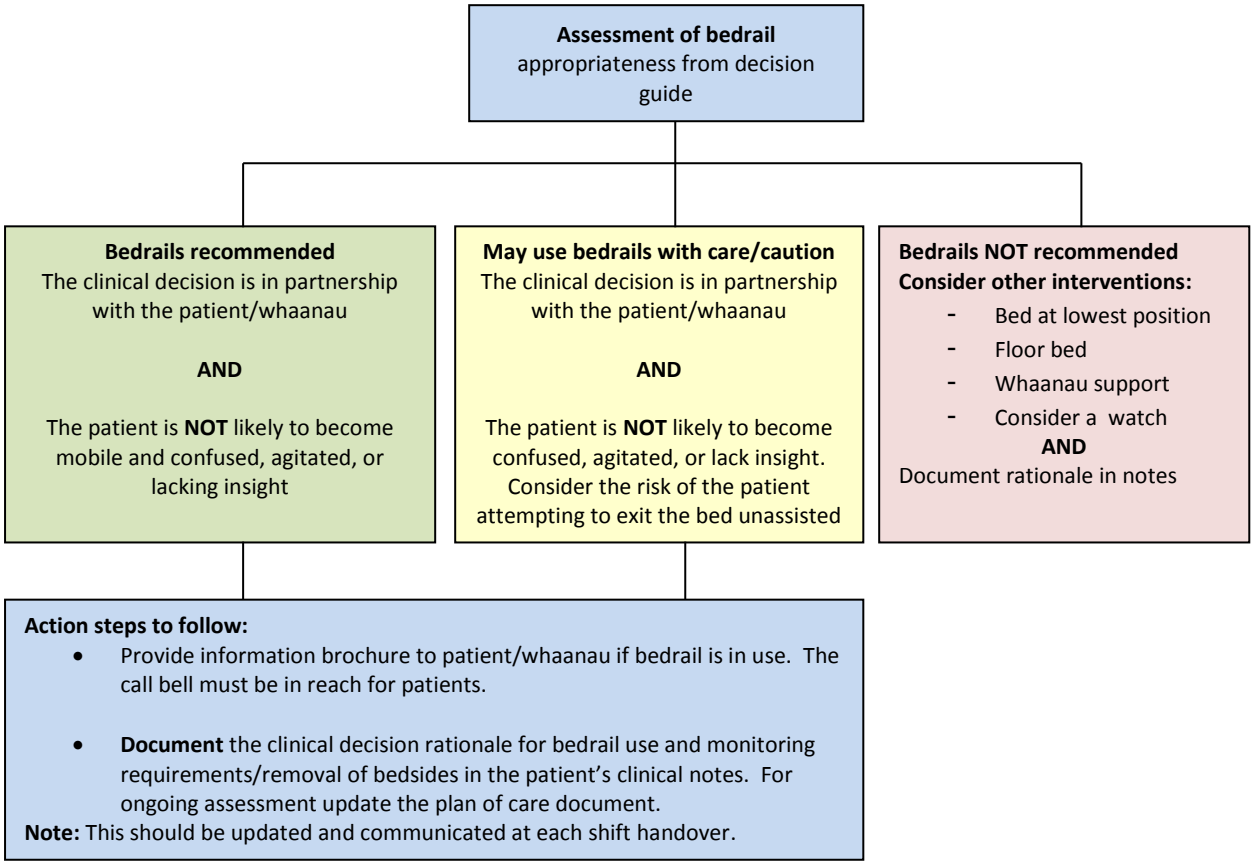
Ensuring bedrails are correctly installed on the bed and maintained as per standards to ensure equipment safety.

Damaged or faulty bedrails must be clearly labelled as faulty and removed from circulation.

BEDRAIL DECISION GUIDE

	Very Immobile (bedrest or hoist transfer)	Neither Independent nor Immobile (requires staff assistance)	Mobilising Independently
Confused and disorientated (refer CAM score)	Bedrails NOT recommended	Bedrails NOT recommended	Bedrails NOT recommended
Drowsy	Bedrails recommended	May use bedrails with care	May use bedrails with caution
Orientated and alert	Bedrails recommended	May use bedrails with care	May use bedrails if requested
Unconscious	Bedrails recommended	Not applicable	Not applicable

BEDRAIL INTERVENTION GUIDE



*This is a guide only and a clinician may make a decision to use bedrails if it is clinically appropriate. This guide has been adapted from the National Patient Safety Agency: Using Bedrails safely and Effectively, London NPSA 2007.

References

National Patient Safety Agency (UK), *Bedrails – Reviewing the evidence, A systematic literature review,* March 2007

ww.nsa.nhs.uk

Thanks to ADHB and CDHB for sharing their bedrail resources.

Definitions/Description

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
Bedrail (enabler)	Equipment that is **voluntarily** used by a patient that limits normal freedom of movement, with the intent of promoting comfort and/or safety.
Family/whaanau	Family includes a patient's extended whaanau, their Partners, friends and advocates, guardian or other representatives nominated by the patient.

Associated Documents

Other documents relevant to this guideline are listed below:

NZ Legislation / Standards	Health and Disability Act 2001 Restraint Minimisation and Safe Practice Standard NZS 8134.2 :2008 Health and Disability Services (general) Standard NZS 8134. 0: 2008. Health and Disability Services (core) standards NZS 8134.1: 2008. Code of Health and Disability Services Rights 1996 Human Rights Acts 1993
CM Health Documents	Policy: Restraint Minimisation and Safe Practice Procedure: Restraint Minimisation and Safe Practice Policy: Informed consent Patient pamphlet: Bedrails
Other related documents	None