

- 6 SEP 2018

Peter Samson  
Via Email

Email: [fyi-request-8525-4b3f9864@requests.fyi.org.nz](mailto:fyi-request-8525-4b3f9864@requests.fyi.org.nz)

Dear Mr Samson

Thank you for your request dated 19 August 2018 requesting information under the Official Information Act 1982, regarding restraints. You requested:

*"I would like to request the number of times restraints were used against patients and visitors within the hospital emergency department, wards and Te Whare Ahuru from January 1st 2016- August 2018 I would also like to know what training is provided to hospital security in terms of them being adequately trained in doing restraints on patients and visitors.*

*Furthermore I'd also like to know under what grounds and what section of the law do the hospital security operate under while doing restraints."*

The information pertaining to your request is below.

**Question 1:**

*"I would like to request the number of times restraints were used against patients and visitors within the hospital emergency department, wards and Te Whare Ahuru from January 1st 2016 - August 2018. "*

Below is the data collected for events/restraints attended by Orderlies/Security.

Please Note:

- Data collection has only been collated since November 2016 to current and we are therefore unable to provide the requested data for the period January 2016 to October 2016.
- The methodology of data collection has changed and progressed for better reporting during the time period November 2016 to current. Identified areas have only been collated since June 2017 to current.
- Data totals before June 2017 are not able to be broken down into areas but are hospital totals.
- This data identifies the total number of restraints and not the individuals, e.g., some patients require multiple restraints.
- August reports have not yet been finalised as the month has not finished.

**Hospital totals only**

	<b>Total</b>
<b>Nov-16</b>	6
<b>Dec-16</b>	8
<b>Jan-17</b>	5
<b>Feb-17</b>	3
<b>Mar-17</b>	4
<b>Apr-17</b>	2
<b>May-17</b>	5

**Change in Data Collection methodology from June 2017 to July 2018 split into areas**

	<b>ED</b>	<b>TWA</b>	<b>other wards</b>
<b>Jun-17</b>	7	0	2
<b>Jul-17</b>	6	0	3
<b>Aug-17</b>	4	1	3
<b>Sep-17</b>	5	8	4
<b>Oct-17</b>	2	4	0
<b>Nov-17</b>	3	2	3
<b>Dec-17</b>	4	0	4
<b>Jan-18</b>	2	2	8
<b>Feb-18</b>	2	3	4
<b>Mar-18</b>	3	1	3
<b>Apr-18</b>	1	3	5
<b>May-18</b>	1	11	3
<b>Jun-18</b>	0	5	2
<b>Jul-18</b>	1	2	1

**Total restraints for the period November 2016 to July 2018 is 161**

## Question 2:

*"I would also like to know what training is provided to hospital security in terms of them being adequately trained in doing restraints on patients and visitors."*

There are three levels of training.

<b>Level One</b>	Orientation/education to HVDHB Restraint Minimisation and Safe Practice policy/procedures (will include orientation to approved restraint practices pertaining to the work area)
<b>Level Two</b>	De-escalation –Training (education on a range of interventions that can be used to minimise the likelihood of more intensive intervention).
<b>Level Three</b>	SPEC Training (Intensive response to situations requiring personal restraint methods – specific training and expertise required).

All Orderlies/Security are unable to perform restraints until they have completed and attended the four day course on de-escalation and SPEC training.

All Orderlies/Security are required to undergo 12 monthly updates. This training record is held and updated by the training programme provider who provide monthly updates on those due for training.

All Orderlies/Security are unable to perform any restraints unless acting under instruction from senior medical personnel and must follow the Restraint Minimisation and Safe Practice Policy with the following indications:

- there is a legal basis for treatment (e.g., Crimes Act Provisions, Mental Health Act)
- the use of personal restraint is not possible and is unrealistic
- an individuals' behaviour indicates that s/he is a 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 violent and seriously damages property
- it is necessary to give a planned, prescribed, essential treatment to an individual who is resisting

Restraint of a patient/tangata whaiora is an intervention that requires a clinical rationale, and is regarded as the last intervention when all other clinical interventions or calming/defusing strategies have not worked.

Restraint is a short-term technique used to manage, rather than modify, behaviour, and is used in a non-aversive manner - that is, in ways that minimise distress, pain, or any sense of being penalised, in the person whose behaviour is being managed.

Hutt Valley DHB ensures that its services implement restraint only:

- following approved minimisation procedures/early intervention strategies
- as a short-term measure
- in appropriate circumstances and by appropriately trained staff members
- in ways that minimise adverse outcomes for the patient/tangata whaiora, while protecting the safety, dignity, cultural needs and legal rights of all persons involved
- use restraint methods and techniques approved by the Restraint Approval Group
- trauma informed care is considered within training

At the conclusion of restraint being provided an evaluation is completed to ensure that the correct procedures have been followed.

**Question 3:**

*“Furthermore I'd also like to know under what grounds and what section of the law do the hospital security operate under while doing restraints.”*

Type	Title/Description
Legislation	Mental Health (Compulsory Assessment and Treatment) Act, 1992 and Amendment Act 1999 NZ Bill of Rights Code of Health and Disability Services Consumers Rights (1996) Crimes Act 1961 Health & Disability Services (Safety) Act, 2001
MOH Guideline	Guidelines to the Mental Health Act (Compulsory Assessment and Treatment) Act 1992 (November 2012) Guidelines for Clinical Risk Assessment and Management in Mental Health Services (1998)
NZ Standards	8141:2001 Restraint Minimization and Safe Practice 8143:2001 8143:2001 National Mental Health Sector 8134:2001 Health and Disability Sector Safety
Professional Code of Ethics	Medical, Nursing, Psychology, etc

I trust this information fulfils your request.

You have the right to seek a review, under section 28(3) of the Act, by way of a complaint to the Ombudsman.

Yours sincerely

Dale Oliff  
**Acting Chief Executive**  
**Hutt Valley District Health Board**