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Purpose

Canterbury DHB and West Coast DHB are committed to reduce use of restraint in all its forms and to encourage the use of least restrictive practices.

This policy establishes responsibilities, definitions and process to meet the Restraint Minimisation and Safe Practice Standards NZS 8134.2.2008 and legislation.

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Policy

Restraint is a serious clinical intervention that requires clinical rationale and oversight. It is used only to protect patients/consumers, others from harm for the least amount of time possible and following consideration of alternative interventions such as de-escalation strategies.

Restraints are clinically justified and only occur in a safe and respectful manner, maintaining culturally safe practice, under the direction and supervision of trained Health Professionals.

Clinical staff dealing with patients, practice competent, safe care in relation to restraint minimisation, always considering the least restrictive interventions and appreciating the physical and psychological impact restraint has on the individual consumer, their family/whanau and others

All restraint events are continually monitored and reviewed and applied for the minimum amount of time necessary. Each episode of restraint must be documented in the clinical notes and in the restraint register inclusive of indication of use, intervention, duration and outcome.

A restraint minimisation and safe practice education programme is in place to minimise restraint use and promote correct use of restraint practices throughout the organisation. The overarching aim of the education programme is to ensure appropriate clinical staff are competent to meet both the individual needs of the consumer and those of the divisions

The Restraint Approval & Monitoring Governance group (RAMG) approves all forms of restraints permitted for use at the Canterbury and West Coast DHB. The divisional Restraint Monitoring Committees (RMC) promote restraint minimisation, monitor restraint use and provide evaluation.

Note The use of medication solely for the purpose of limiting a consumer's freedom of movement or to render them incapable of resistance is considered 'chemical restraint' and is a breach of the standard.

Scope

The restraint of patients/consumers within the CDHB / WCDHB Hospitals, and its Specialist Services under the direction and supervision of a CDHB / WCDHB staff member who is registered with an authorising body.

Staff other than health professionals defined above may participate in restraint episodes but only under the direction and supervision of the most appropriate Health Professional.

Exclusions to this Policy

The restraint of patients/consumers being transported and subject to specific provisions under The Mental Health (Compulsory Assessment and Treatment) Act 1992 or The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

Environmental isolation and/or detainment of patients/consumers for infection prevention and control purposes.

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Patients who are prisoners.

Definitions

De-escalation

A complex interactive process in which the highly aroused individual is re-directed 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 (RMSP NZS 8134.2:2008).

Restraint

Is the use of any intervention, by a service provider, that limits a patient's/consumer's normal freedom of movement, (RMSP NZS 8134.2:2008).

Episode of Restraint

For the purposes of restraint documentation and evaluation, a restraint episode refers to a single restraint event, or, where restraint is used as a planned regular intervention and is identified in the consumer's service delivery plan, a restraint episode may refer to a grouping of restraint events.

Enablers

The use of Enablers which are equipment, devices or furniture, **voluntarily** used by a patient/consumer following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety.

Categories of Restraint

Personal Restraint

Where a service provider uses their own body to intentionally limit the movement of a patient/consumer. For example, where a consumer is held by a service provider.

Physical Restraint

Where a service provider uses equipment, devices or furniture that limits the patient's/consumers normal freedom of movement. For example, where a patient/consumer is unable to independently get out of a chair due to: the design of the chair; the use of a belt; or the use of a vest. Or by having their normal means of independent mobility denied (such as removing a wheelchair).

Environmental Restraint

Locked Doors

Where a service provider intentionally restricts a patient's/consumers normal access to their environment. For example, where a patient's/consumer's normal access to their environment is intentionally restricted by locking devices on doors.

Or Seclusion

Where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

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Seclusion is a specific type of Environmental Restraint and can only be legally implemented for patients/consumers who are under the Mental Health (Compulsory Assessment and Treatment) Act 1992 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Seclusion only occurs in approved and designated seclusion rooms.

Section 111 of the Act

Section 111 of the act gives discretion to a registered nurse to detain any person who has been admitted informally to hospital, for the purpose of an assessment examination.

Section 111 will not be used for any purpose other than as stated in the Act and will be applied with strict regard for the cultural safety and legal rights of the person concerned. The registered nurse who initiates section 111 will arrange a medical practitioner to conduct an examination and complete a section 8B Medical Certificate as soon as is practicable. A section 8A Application for Assessment will then be made.

No person shall be detained under this section for more than 6 hours from the time when the nurse first calls for a medical practitioner to examine the person. *(see SMHS Section 111 of the Mental Health Act – ref: 238262)*

Roles and Responsibilities

Clinical

- Consider least restrictive practice to achieve desired outcome
- Informs the consumer and or family/whanau and where practical input is sought
- Multidisciplinary review of appropriate restraint intervention
- Restraint episode is documented, monitored and evaluated in the clinical record and the restraint register
- Decision to cease restraint and ensuring restraint is used for the least amount of time is continually monitored and reviewed
- Episode of restraint is documented and reviewed with consumer and or family/whanau as appropriate

Clinical Leaders/Managers

With the guidance of the divisional Restraint Minimisation Committees (RMC)

- Promote restraint minimisations practices
- Monitor and evaluate use of restraint
- Advance least restrictive practice including the reduction of all forms of restraint
- Initiate, review, implement and evaluate tools, initiatives and approaches that are evidence based best practice for restraint minimisation
- Identify and evaluate concerns regarding compliance related to restraint and least restrictive practice and elevate to divisional leadership and RAMG

Restraint Approval & Monitoring Governance Group (RAMG)

- Actively monitor, evaluate and promote a consistent, standardised approach to meeting the RMSP standard across the Canterbury & West Coast DHB's and regionally and nationally.

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- Approve and review of all forms of restraint, restraint education, restraint policy and restraint procedures across the Canterbury & West Coast DHB's.
- Maintain an approved restraints database with annual review and visibility to the organisation
- Provide Restraint Minimisation and Safe Practice advice and leadership
- Monitors educational training as per service agreement
- Provide expertise and oversee best practice
- Provide assistance in the review of restraint related issues/incidents which have not been resolved at divisional level

Clinical Board

Oversees restraint use is monitored and organisation processes are adhered to which assists with its function of overseeing quality systems in all areas of CDHB responsibility.

Measurement or Evaluation

- Audit reports demonstrate evaluation for each episode of restraint
- Restraint monitoring of divisional and CDHB data by RMC and RAMG
- Environmental audit providing confidence that enablers are not used as a restraint
- Education programme attendance is monitored as per service requirements

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Associated Documents

	Type:	Document Title(s)
Internal	**Education**	• CDHB RAMG Approved Restraint Minimisation Education Programme overview
	CDHB Policies	• Informed Consent • Privacy • Patients who are prisoners • Transmission based precaution isolation guidelines • Application of section 111 of the Mental Health Act policy – ref: 238262
	Procedures	• Older Person's Health and Rehabilitation Restraint • Specialist Mental Health Service Restraint and Seclusion • Soft Limb Restraint Policy –Medical Surgical
	Forms	• Specialist Mental Health Services Seclusion Observation forms • Restraint Event Monitoring forms • 'Use of Restraint' Form
	Audit	• Environmental Scan Audit – Restraint & Enablers • CDHB Restraint and Seclusion Minimisation Documentation Audit • Restraint Event Clinical File Audit – Safety 1st
External	**Memorandum of understanding**	• Memorandum of Understanding between the Ministry of Justice and the Ministry of Health

	Key Legislation	• Mental Health (Compulsory Assessment & Treatment) Act 1992, and Amendment 1999
		• Health and Disability Commissioner (Code of Health & Disability Services Consumers' Rights) Regulations 1996
		• The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
		• Health and Disability Commissioner (HDC) Act 1994
		• Human Rights Act 1993
		• New Zealand Bill of Rights Act 1990
		• Privacy Act 1993
		• Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment 1999:
		• Section 111 Mental Health Act – SMHS
		  o Section 111 -Powers of nurse where urgent assessment required
		  o Section 2 - Interpretation

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		○ Section 7 - Medical practitioner or responsible clinician to consult ○ Section 8A - Application for assessment ○ Section 8B - Medical practitioner's certificate to accompany application for assessment ○ Section 9 - Assessment examination to be arranged and conducted ○ Section 10 - Certificate of preliminary assessment ○ Section 11 - Further assessment and treatment for five days
	Key Regulations and Standards	• Health Information Privacy Code 1994 • Health & Disability Services (Core) Standards NZS 8134.1:2008 • Health & Disability Services Standards (RMSP) NZS 8134.2:2008, 8134.2.1:2008, 8134.2.2:2008 & 8134.2.3:2008 • Health (Retention of Health Information) Regulations 1996

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