

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Description of Changes
05	Kylie Balzer	October 2015	Updated into new procedure template. Inclusion of non-use of restraint in Puna Whiti (previously procedure 1549)
	Areann Libline and Nicky Barlow	November 2015	Inclusion of panic button for Puna Whiti. Updating of monitoring information, terminology e.g. treatment changed to recovery, and documentation requirements
06	Carole Kennedy	May 2019	All changes made following consultation
			ORMAN TION ACT

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1. Overview

1.1 Purpose

This procedure specifies the clinical practice requirements for the correct and safe use of personal restraint as an intervention used by inpatient staff for tangata whatora / service user / care recipients under either the Mental Health (Compulsory Assessment & Treatment) Act 1992 [MH (CAT) Act] or those care recipients under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 [ID(CC&R) Act] Section 60 (2), within an inpatient Mental Health & Addictions Service setting.

The procedure adheres to compliance as outlined within the Restraint Minimisation and Safe Practice Standards, NZS 8134.2:2008 and Waikato District Health Board (DHB) Restraint Policy (2162).

1.2 Scope

Applicable to Mental Health inpatient wards with the exception of Puna Whiti.

1.3 Patient / client group

Mental Health and Addictions service users / tangata whaiora

1.4 Exceptions / contraindications

Personal restraint is not to be used in Puna Whiti; alternative interventions are to be used in situations that result in damage to persons or property. In some situations it may be necessary to use a radio transmitter or press one of the two panic buttons located in Puna Whiti to request support from staff throughout the Henry Rongomau Bennett Centre to assist or aid transfer of a client to another unit.

The police may be called when a resident of Puna Whiti:

Seriously compromises the therapeutic environment (e.g. by damage to property) or assaults any other persons

Rationale:

The aim is to deal with challenging situations in the same way that would occur within a flatting situation in the community ACX To ensure the safety of all

1.5 Definitions

Good Practice:

The current accepted range of safe and reasonable actions that result in efficient and effective use of available resources to achieve quality outcomes and minimise risk for the consumer. Current accepted good practice should also reflect standards for service delivery this may include but is not limited to:

- Codes of practice;
- Research / evidence / experience based practice;
- Professional standards;

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- Good practice guidelines;
- Recognised / approved guidelines; and
- Benchmarking.

NZS 8134.0:2008 Health and Disability Services (General) Standards, p.24)

Personal restraint

"Where a service provider uses their own body to intentionally limit the movement of a consumer. For example, where a consumer is held by a service provider" (NZS 8134.0: 2008, Health and Disability Services (General) Standards, p.30). Tāngata whaiora / service users / can only be subject to the use of personal restraint when there is an assessed risk to the safety of the tāngata whaiora / service user, to other tāngata whaiora / service users, service providers, or others.

Restraint:

"The use of any intervention by a service provider that limits a consumer's normal freedom of movement". (NZS 8134.0:2008, Health and Disability Services (General) Standards, p.30).

Tāngata whaiora / service user / care recipient:

These terms are inclusive of those who identify as Māori; and care recipients.

Health professional is described as prescribed under the Health Practitioners Competency Act (2003) with a registered scope of practice.

2. Clinical Management

2.1 Competency required

All persons applying personal restraint <u>MUST</u> have achieved competency in Safe Practice Effective Communication (SPEC) training. Their training is captured on databases, specifically SPEC and is uploaded onto the staff member's educational (PeopleSoft) database. The use of personal restraint shall only be applied under the direction of a SPEC trained registered health professional. In case of an emergency/ unpredictable event a staff member who has completed SPEC can initiate to secure the environment, until a registered health professional arrives.

2.2 Equipment and personnel

A minimum of a three person restraint team who are trained in SPEC; and undertake two yearly SPEC update training, refresher 2 day competency course.

Duress alarm

Security responds to all duress alarm activations from OPR1 – as first responders.

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2.3 Procedure

1. Action: Pre-restraint episode

Collaborative assessment(s) is based on clinical judgement, early intervention and de-escalation, continued evaluation to identify key factors which could lead to the possible use of personal restraint. Personal restraint is only applied as a last resort with the minimal amount of force, after alternative interventions have been considered or attempted and determined ineffective.

Rationale: Services shall ensure rigorous assessment of tāngata whaiora / service users is undertaken.

Kaitakawaenga and if appropriate, whānau involvement from the outset supports efforts to reduce Māori over-representation in personal restraint and seclusion.

2. Action: Indications for the use of personal restraint

Tāngata whaiora / service users can only be subject to the use of personal restraint when there is an assessed risk to the safety of the tāngata whaiora / service user, to other tāngata whaiora / service users, service providers, or others.

Rationale: Personal restraint should be applied only to enhance or maintain the safety of tāngata whaiora / service users, service providers or others.

3. Action: The decision to initiate personal restraint

Restraint is initiated only when there is a three person SPEC team assembled to ensure safe initiation, use and termination.

The responsible clinician (or delegate) must be contacted immediately of the clinical emergency and decision to use personal restraint.

The care manager (or delegate), if under the ID (CC&R) Act must be notified <u>immediately</u> within working hours of the clinical emergency and decision to use personal restraint. Email is generated outside of normal working hours.

The charge nurse manager, associate charge nurse manager or after hours nurse co-ordinator must be notified immediately.

The dignity of the restrained tangata whatora is maintained at all times by ensuring privacy and respect in their time of distress.

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In the case of an emergency, risk of safety to self or others the duress alarm will be activated to secure the environment until a SPEC trained emergency response team arrive. For OPR1 service they await security to support.

Rationale: Service providers recognise and facilitate good practice and legal notification process.

To ensure adequate resource and environmental needs are available.

Psychiatric assistants work under the direction and delegation of a registered health professional.

4. Action: Implementation of personal restraint

Only staff with current competency in SPEC will be involved in the restraint process.

At least one registered nurse trained in SPEC must be present throughout the restraint cycle.

At least one person of the same gender as the tāngata whaiora / service user must be present throughout the restraint, swapped in the case of an emergency.

The tāngata whaiora / service user physical and psychological well-being is monitored by a registered nurse throughout the restraint process by direct monitoring of the airway, breathing and circulation. The person's dignity and privacy is maintained and the process of de-escalation, and active listening continues.

Rationale: The use of personal restraint is conducted in the safest, least restrictive and most appropriate manner, by trained staff, and this includes monitoring and evaluating the process.

5. Action: Communication

Communication is key, to provide the Tāngata whaiora / service users of the reasons why they are being placed in personal restraint and what needs to occur for the personal restraint to end.

Tāngata whaiora / service users (and where appropriate their family / whānau) must be informed of their rights and advocacy services in a timely way.

Rationale: Service providers communicate effectively with tangata whatora / service users.

Service providers recognise and facilitate the right of tangata whatora / service users to advocacy support persons of their choice.

The right of tangata whatora / service users to make a complaint is understood, respected and upheld. The health professional will provide them with the necessary information to make a complaint, if unresolved.

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6. Action: Ending personal restraint

The decision to end personal restraint is made by the registered health professional following rigorous risk assessment and care / re-integration planning and feedback from the restraint team as to whether there are any concerns relating to the release of the holds.

Following the ending of personal restraint, the tāngata whaiora / service user / is given the opportunity to discuss the event and has access to support / advocacy.

Following the ending of personal restraint the personal restraint team must review the restraint episode (Diffusion). A senior nurse is appropriate to lead this activity.

Formal debrief to be arranged by the charge nurse manager if required.

Rationale: All clinical factors and safety issues are well considered.

Tāngata whaiora / service user rights and access to support and advocacy is adhered to.

Identify any learnings to promote best practice and reduce the risk of further personal restraints.

7. Action: Post-implementation of personal restraint

Once restraint is ended the registered nurse will:

Check if the tangata whatora / service user has incurred any injuries / re-traumatization and arrange treatment / support, this is noted in the clinical record. Datix is completed and medical assessment is requested.

Check if staff members have incurred any injuries/trauma and arrange treatment/support Ensure that an opportunity for staff to discuss the incident is initiated – diffusion immediately following an event. Formal debrief may be considered and arranged.

Rationale: Safety needs and wellbeing of tangata whatora / service user and staff are met.

8. Action: Documentation

The registered health professional is responsible for the documentation of the personal restraint episode. This should include input from the restraint team members.

Documentation of each personal restraint episode will include:

- Details of reasons for initiating personal restraint, including the desired outcome
- Details of the alternative interventions including de-escalation techniques attempted prior to the use of personal restraint
- Details of each individual hold used, including 'prone position' and is recorded on the Restraint Event Notification Form (REN)

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- Details of advocacy / support offered and provided
- The outcome of the personal restraint episode
- Observations and monitoring of the tangata whatora / service user during the personal restraint episode
- Completion of Waikato DHB restraint event notification (REN) form (T1738HWF)
- Completion of Datix electronic incident form detailing the incident that lead to personal
 restraint use
- Completion of Datix electronic incident form for any injury to any person as a result of the use of personal restraint
- Update Risk Assessment and formulation for the event
- Amend Recovery Plan to include early warning signs of escalation and interventions for de-escalation

Rationale: Each episode of restraint is documented in sufficient detail to provide an accurate account of the use of personal restraint AND inform recovery planning by ensuring early warning signs and methods of de-escalation are clearly documented.

Services evaluate all episodes of personal restraint with a view to reducing use of personal restraint.

9. Action: Evaluation

Each episode of personal restraint is evaluated by the personal restraint team, and any other staff involved: additionally evaluated in collaboration with the tangata whatora / service user, and their family / whanau (as appropriate).

Evaluation shall include:

- Whether the personal restraint episode was the least restrictive option to achieve the desired outcome
- The duration of the personal restraint episode and whether this was for the least
 amount of time required
- The impact the personal restraint had on the tangata whatora / service user
- Any identified triggers and the strategies to minimise / eliminate them are included in the tangata whaiora /service user / multidisciplinary team treatment plan
- Whether the appropriate advocacy / support was provided or facilitated
- Whether the observations and monitoring were adequate and maintained the safety for the tangata whaiora / service user

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YC>

Use of Personal Restraint across Mental Health and Addictions Inpatient Settings, inclusive of OPR1

- Whether the tangata whaiora / service users / multidisciplinary treatment plan was followed
- Whether the services policies and procedures were adhered too.

Rationale: Any new learning will support service improvement including changes in staff training, nursing practice and processes and procedures.

Recovery plans and risk tools are updated in response to the evaluation.

10. Action: Education

All inpatient nursing, occupational therapists, social workers and psychiatric assistant staff will receive full SPEC training and 2 yearly updates.

The Waikato DHB electronic Restraint Self Directed e learning, Restraint Minimisation and Safe Practice questionnaire is completed 3 yearly.

All inpatient registered health professional staff must have completed mandatory training related to legal frameworks, risk assessment, trauma informed care, Māori cultural practice and recovery.

All staff will have knowledge of "The Code of Health and Disability Service's users / tāngata whaiora Rights 1996", AND be able to assist tāngata whaiora / service users to access the information.

All staff have knowledge of human rights, scopes of practice, relevant legislation and relevant Waikato DHB policies and procedures including MH (CAT) Act 1992, IDDCR Act, CIP Act 2003.

All staff have knowledge of Tikanga Best Practice Guidelines.

Staff education records are maintained by the organisation.

Rationale: All inpatient registered health professionals and psychiatric assistant staff will have access to education and ongoing training on use of personal restraint, including relevant legislation and regulation, and cultural considerations related to the use of personal restraint.

3. Patient Information

Restraint pamphlet

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4. Audit Indicators

4.1 Indicators

Use of personal restraint is audited at bimonthly monthly intervals to monitor compliance with Waikato DHB Restraint policy as per the restraint committee requirements.

4.2 Tools

Waikato DHB Restraint Event Notification form

Waikato DHB Restraint Committee Annual Audit

5. Evidence Base

5.1 References

- Health and Disability Services (Restraint Minimisation and Safe Practice) Standards Restraint Minimisation NZS 8134.2:2008
- Nursing Council of New Zealand. (May 2011) Guideline: direction and delegation of care by a registered nurse to a health care assistant. Retrieved from http://www.nursingcouncil.org.nz/index.php/content/download/.../nurse delegation RN.pdf
- Te Pou o Te Whakaaro Nui Supporting organisations to develop their workforce Hikitia! Hapainga! : Link to the following re https://www.tepou.co.nz/resources
- Towards restraint free mental health practice: Supporting the reduction and prevention of personal restraint in mental health inpatient settings. (May 2015)
- Trauma informed care resources •
- Six Core strategies for reducing seclusion and restraint checklist

5.2 Associated Documents

- Waikato DHB Restraint Policy (2162)
- Waikato DHB Restraint Event Notification form T1738HWF
- Waikato DHB Incident management system (DATIX)
- Clinical workstation associated documents
- RMATION AC Waikato DHB Electronic Restraint Self Directed 2 Learning, Restraint Minimisation and Safe Practice questionnaire
- Safe Practice Effective Communication (SPEC) trainers handbook 2016
- Safe Practice Effective Communication (SPEC) participants workbook 2018
- Waikato DHB Tikanga Recommended Best Practice Guidelines (2118)
- Waikato DHB Management of employee Health and Rehabilitation Policy (0188)

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