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| Purpose | To take all possible steps to restrain safely, respectfully and in the best interest of the service user. |
| Scope | All personnel involved in restraint processes. |
| Policy | The organisation will work toward a restraint and seclusion free service delivery environment. This commitment will be documented in a plan utilizing the ‘[Six Core Strategies for reducing seclusion and restraint’](https://www.tepou.co.nz/uploads/files/resource-assets/six-core-strategies-for-reducing-seclusion-and-restraint.pdf) checklist. Restraint is used when risk to self and others is imminent and trained and sufficient staff to restraint are available.  |
| All types of restraint have to have a clinical justification. Restraint cannot be used to coerce or force compliance. |
| References |
| Legislation | [Code of Health and Disability Consumers’ Rights 1996](http://www.legislation.govt.nz/regulation/public/1996/0078/latest/whole.html)[Health and Disability Commissioner Act 1994](http://www.legislation.govt.nz/act/public/1994/0088/latest/DLM333584.html)[Health and Disability Services (Safety) Act 2001](http://www.legislation.govt.nz/act/public/2001/0093/latest/DLM119975.html)[New Zealand Bill of Rights Act 1990](http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html)[Human Rights Act 1993](http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html)[Mental Health (compulsory assessment and treatment) Act 1992](http://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262181.html)[Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003](http://www.health.govt.nz/system/files/documents/publications/idccrguidelines-intellectualdisability.pdf)[Criminal Procedure (Mentally Impaired Persons) Act 2003](http://www.legislation.govt.nz/act/public/2003/0115/latest/whole.html) |
| Standard  | Health and Disability Services (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008 |
| Guidelines | [Physical restraint in disability services: Current practices, contemporary concerns, and future directions](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0010/607708/osp_physcialrestraintindisabilityservicescurrentpractices_300309.pdf) (Department of Human Services, Victoria, Australia) 2009.[Restraint and Seclusion – A Risk Management Guide](http://www.power2u.org/downloads/R-S%20Risk%20Manag%20Guide%20Oct%2006.pdf) (Haimowitz S., Urff J., Huckshorn K.A., 2006)[Risks of Restraints (CPI)](http://resources.crisisprevention.com/NF---Risks-of-Restraints.html?code=BLIT01ROR&src=Blog&med=Website)[Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992](http://www.health.govt.nz/system/files/documents/publications/seclusion-guidelines-feb10.pdf) (Ministry of Health, 2010).[Clarification of environmental restraint.](http://www.standards.co.nz/assets/touchstone-articles/restraintstandardsappendixa.pdf) (MOH) |
| Papers | [What evidence exists about the safety of physical restraint when used by law](http://nzhta.chmeds.ac.nz/publications/physical_restraint.pdf)[enforcement and medical staff to control individuals with acute behavioural](http://nzhta.chmeds.ac.nz/publications/physical_restraint.pdf)[disturbance? (Peter Day, Christchurch School of Medicine, 2002).](http://nzhta.chmeds.ac.nz/publications/physical_restraint.pdf) ‘[Let’s talk about restraint’](https://www.rcn.org.uk/__data/assets/pdf_file/0007/157723/003208.pdf) (Royal College of Nursing, 2008).[De-Escalation and Restraint Training for Clinicians: A literature review (Te Pou, 2012)](https://www.tepou.co.nz/resources/de-escalation-and-restraint-training-for-clinicians-a-literature-review/319) |
| Organisational documents | Adverse Event ManagementWorkforce Development and TrainingAbuse and NeglectConsumer RightsRecovery Oriented Safety PlanningRestraint Minimisation |

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| Definitions of Restraint |
| [Environmental Restraint](http://www.standards.co.nz/touchstone/health/2012/feb/environmental-restraint-in-nzs-8134-2-2008-clarified-for-auditors/) | [NZS 8134.2.2008](http://www.health.govt.nz/system/files/documents/pages/81342-2008-nzs-health-and-disability-services-restraint-minimisation.pdf): ‘Where a service provider intentionally restricts a consumer’s normal access to their environment, for example, by locking devices on doors or by having their normal means of independent mobility (such as a wheelchair) denied.’  |
| Medication (chemical restraint) | When medication is used to ensure service user compliance or to render the service user incapable of resistance.http://www.writingwildly.com/uploads/4/3/6/6/4366763/5952066.pngUse of medication as a form of ‘chemical restraint’ is in breach of the Health and Disability Services – Safe Restraint Practice Standard. |
| Physical Restraint | Is an approved, skilled intervention by staff to prevent an imminent situation where individuals are at risk of harming themselves, endangering others or seriously compromise the therapeutic environment. It includes personal and mechanical restraint. |
| Personal Restraint | Is the use of bodily force by a service provider to control the actions of a service user. |
| Mechanical Restraint | A method that involves the use of authorised equipment applied in an approved manner by designated staff members. Its purpose is to safely immobilise or restrict movements of part/s of the body of the individual concerned. |
| Seclusion | ‘Where a consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.Seclusion may be legally implemented under the conditions set out in the Mental Health (Compulsory Assessment and Treatment) Act 1992, but only during situations in which other methods of clinical management cannot safely be used, or as a last resort when other interventions have been used without success. The legal basis of seclusion for patients under the Mental Health Act is set out in section 71 of the Act (see appendix two). Seclusion should be used for as short a time as possible (HDSS 2008).’ |

**Restraint approval processes**

* service user representation
* service delivery staff
* restraint training expert
* clinical staff representation
* cultural representation
* health and safety representative

**Members**

**Yearly routine review**

**Restraint Approval Committee**

Development, review and implementation of:

* ‘Restraint minimisation policy and procedure’
* ‘Safe restraint Practice’

#

Policies and Procedures

#

Decide on:

* Types of restraint used.
* Who can approve a restraint.
* Who can participate in a restraint.

The types of restraint approved are:

…………..

…………..

Restraint needs to be approved by:

…………..

…………..

Restraint can only be applied by:

* Role: …………………
* A minimum of three staff.
* Staff that have been trained by ……………
* Staff whose training is current.

Approval

#

Training

Training includes:

* Emphasis on alternatives to restraint.
* Understanding:
	+ anxiety
	+ aggression
	+ trauma
	+ resolving conflict
	+ communication
	+ reduction of risk
	+ de-brief
* Staff managing their own emotions.
* When it is appropriate to use break-away techniques.
* When it is appropriate to use restraint.
* Relevant legislation.
* Type of training:

……………..

* Staff requiring training:

 ……………..

* Training provider:

……………..

* Frequency of training

……………..

* Evaluation of training.

**Assessment/Individual Restraint Report**

After the restraint

During the restraint

Before restraining

Team leader

Service user/Peer support

Staff in charge of the restraint

Service user

Staff responsible to assess

Service user

* Options to avoid restraint in the future.
* Was the restraint used the least restrictive intervention.
* Was the anticipated outcome achieved?
* The duration of the restraint was the minimum time required to manage the situation.
* Impact of the restraint on the service user.
* Adequate support was provided during the restraint.
* Any changes to the restraint process required.
* Restraint participant injuries.
* Need to continue the restraint.
* Risk to continue the restraint
	+ physical
	+ spiritual
	+ psychological
	+ cultural.
* Alternatives to continuing the restraint.
* On-going assessment for the need of restraining the service user.
* Whether the risks to the consumer or restraining staff outweigh the benefit of the restraint.
* Access support for the service user, for example
	+ advocate
	+ cultural
	+ peer
	+ family/whānau.

Assessment information informing the restraint:

* Is there a less restrictive intervention.
* Sensory assessment.
* Triggers.
* Trauma.
* Advanced directives.
* Risk.
* Spiritual needs.
* Cultural needs.
* Environmental needs.
* Self-efficacy.
* Resilience.
* Response/evaluation to previous restraints.
* Safety of environment.
* Sufficient staff available.

#

**3-monthly routine review**

**Restraint Monitoring and Quality Review**

**Restraint Approval Committee**

* Patterns and trends of restraint use.
* Reduction or increase in restraint and analysis why this is so.
* Analysis of adverse outcomes as a result of restraints.
* Adherence to policies and procedures.
* Adherence to training.
* Recovery/support plans amended to avoid future restraint.
* Additional training needs identified.
* Policy/procedure amendments identified.

# Consultation

|  |  |
| --- | --- |
| Group/Role | Date |
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