



Personal Restraint Procedure

Procedure Number

CHC-PG-0073

Version Nos:

3

1. Purpose

The purpose of this Procedure is to set the parameters under which staff may undertake personal restraint of a client of the West Coast District Health Board (WCDHB) Mental Health Service (MHS).

2. Application

This Procedure is to be followed by all WCDHB MHS staff members

3. Definitions

For the purposes of this Procedure:

Personal Restraint means the use of bodily force by a service provider to control the actions of the client

4. Responsibilities

For the purposes of this Procedure:

The West Coast District Health Board (WCDHB) acknowledges that personal restraint is a serious intervention, which requires clinical rationale. Restraint should be perceived in the wider context of risk management. It is not a treatment but is one of a number of strategies used to limit or eliminate a clinical risk. Restraint should only be used in the context of ensuring, maintaining or enhancing the safety of the consumer, service providers or others. All WCDHB restraint policies, procedures, practice and training are firmly grounded in this context.

5. Resources Required

This Procedure requires no specific resources

6. Process

1.00 Introduction

- 1.01 Personal restraint may only be applied with clients who are being assessed and/or treated under the Mental Health Act (MHA).
- 1.02 Personal restraint shall only be applied under the direction of a Registered Health Professional.
- 1.03 Personal restraint shall only be applied by staff whom have completed specific training in its correct use of the approved techniques.

2.00 Indications For The Use Of Personal Restraint

- 2.01 Personal restraint may be used in order to ensure that the client received the best possible care available and is safe from harm, from both themselves and others. Restraint may sometimes need to be used to fulfill that duty of care.



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- 2.02 The following are situations where restraint may be appropriate:
- When an individual's behavior indicates that s/he is seriously at risk to self or others.
 - When an individual makes a serious attempt or act of self-harm
 - When an individual makes a sustained or serious attack on another person
 - When an individual seriously compromises the therapeutic environment, e.g. by damage to property, social milieu or relationship with other clients or service providers
 - When it is necessary to give a planned prescribed essential treatment to an individual who is resisting, and where there is a legal justification.

3.00 Important Considerations Prior To The Use Of Personal Restraint

- 3.01 Situations of extreme caution - When the use of restraint would threaten to compromise the well being (Te Whare Tapa Wha) of the individual or others, consideration shall be given to the comparative risks of using restraint or not
- 3.02 Any decision to initiate restraint must be made by the most appropriate/designated health professional who shall consider the following prior to the use of restraint:
- the client's physical and psychological health
 - the client's gender and culture
 - the degree of risk to the individual, others and the environment
 - possible alternative interventions./ strategies
 - experience of the individual and possible compromise to the future therapeutic environment
 - desired outcome and criteria for ending restraint
 - legal status and implications

4.00 Initiating Restraint

- 4.01 The decision to initiate restraint is to be made:
- By an experienced Registered health professional who has current competency in Calming and restraint techniques; and
 - When a minimum of a 3-person team is available to undertake the restraint; and
 - When the 'Considerations Prior To Use Pf Personal Restraint' have been addressed.

5.00 Implementing Personal Restraint

- 5.01 Only staff with current competency in Personal Restraint techniques will be involved in the restraint process.
- 5.02 Only approved Calming and Restraint techniques are to be used during restraint
- 5.03 At least one registered health professional must be present throughout the restraint process
- 5.04 Dignity, privacy, self-respect and safety for the client is paramount during the restraint
- 5.05 Consideration is be given to the client's cultural mores throughout the restraint.
- 5.06 At least one person of the same gender as the client will be present, unless impossible, throughout the restraint



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- 5.07 The client's physical and psychological well-being will be monitored during the restraint
- 5.08 Communication with the clients is ongoing throughout the restraint, including what is required to enable restraint to be removed.
- 5.09 Personal restraint is maintained for the absolute shortest time possible, bearing in mind the clinical indicators and safety of all involved.

6.00 Monitoring Of Personal Restraint

- 6.01 Monitoring of the client's physical health and safety is continuous by all members of the restraint team, bearing in mind any pre-existing physical conditions the client may have.
- 6.02 The restraint team leader maintains ongoing communication with the client and team throughout the restraint in order to:
- Ensure the client is kept informed of the restraint teams actions and intentions;
 - To ensure that any indication by the client of pain in any form is taken into account by the team and appropriate action taken to minimise or eliminate pain/discomfort;
 - Responding to and reporting the client's level of distress during the restraint.

7.00 Ending Personal Restraint

- 7.01 Personal restraint must be discontinued as soon as possible, with consideration for the clinical indicators and safety for all.
- 7.02 The decision to end personal restraint is made by the restraint team leader in consultation with the restraint team, the client and any others involved.
- 7.03 Following discontinuation of restraint the client is to be reintegrated into the appropriate environment and given the opportunity to discuss the events and the impact upon themselves.
- 7.04 Follow-up procedures to investigate any physical harm or treatments required by the client and/or staff are conducted on a case-by-case basis and recorded on the WCDHB Incident Form.

8.00 Documentation Of Personal Restraint

- 8.01 Following any episode of personal restraint the documentation to be completed/updated will include:
- WDCHB Incident Form
 - WCDHB Restraint Report Form
 - WCDHB Personal Restraint Client Feedback Form
 - Client's Clinical Notes
 - WCDHB Individual Treatment & Recovery Plan
 - WCDHB Risk Assessment / Risk Management Plan



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9.00 Evaluation And Review Of Personal Restraint

9.01 Evaluation of personal restraint includes the initial debriefing with the client and is then followed by an Operational debrief is undertaken (within 4 hours) with the restraint team to ascertain if:

- There were alternative strategies that were not attempted
- There are opportunities identified from this restraint to improve ongoing service delivery
- The standards for restraint use were appropriately met

9.02 The Incident and Restraint Forms are to then undergo review through the WCDHB MHS formal weekly review process.

9.03 Feedback from the review is given directly to staff involved in the restraint.

7. Precautions And Considerations

- ➔ Personal restraint may only be applied with clients who are being assessed and/or treated under the Mental Health Act (MHA).
- ➔ Any decision to initiate restraint must be made by the most appropriate/designated health professional
- ➔ Personal restraint must be discontinued as soon as possible
- ➔ Following any episode of personal restraint the event is to be documented

8. References

- Health & Disability Sector Standards NZS 8134:2008
- Code of Health and Disability Services Clients' Rights 1996
- Crimes Act 1961
- Health and Disability Services (Safety) Act 2001
- Health and Safety in Employment Act 1992
- Health Information Privacy Code 1994
- Human Rights Act 1993
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Mental Health Risk Assessment and Management Policy
- New Zealand Bill of Rights Act 1990
- Privacy Act 1993
- Protection of Personal and Property Rights Act 1988



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9. Related Documents

- WCDHB MHS Service Provision Framework
- WCDHB Personal Restraint Report Form
- WCDHB Personal Restraint Client Feedback Form
- WCDHB Restraint Approval Procedure
- WCDHB Restraint Training Register
- CDHB/WCDHB Calming and Restraint Training Manuals

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