



Physical/Mechanical Restraint Use 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 physical/mechanical 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:

Physical restraint refers to the use of approved types of equipment that restricts the free movement of an individual, in order to prevent harm to the individual

Safety equipment refers to equipment that is used to ensure safety in the routine delivery of nursing care i.e. hoists, commodes with safety belts. Safety equipment sits outside of restraint policy and procedures

Restraint Approval Committee is taken to mean a group of health professionals with the appropriate expertise and experience to make decisions relating to approval of different types of restraint and restraint techniques within the WCDHB context.

Restraint Coordinator is the person responsible for oversight of all restraint activity within WCDHB clinical settings. The Restraint Coordinator maintains the restraint register, collating information to meet the statutory requirements for reporting the use of restraint to the Ministry of Health.

4. Responsibilities

For the purposes of this Procedure:

WCDHB consider the use of physical restraint to be a serious intervention that requires a clinical rationale. It must not be undertaken lightly, and should only be considered as part of a range of interventions, used in the clinical setting, to maintain client safety. 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 Physical restraint may be used in order to ensure that the client receives the best possible care available and is safe from harm, from both themselves and others. Restraint may need to be used to fulfill that duty of care.



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2.00 Indications For The Use Of Personal Restraint

- 2.01 The following are situations where restraint may be appropriate:
- When an individual's behaviour 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 Assessment Of Indication For Use Of Physical Restraint

- 4.01 Any decision related to the use of restraint is taken following the completion of a full risk assessment and assessment of the client's physical status.
- 4.02 The type of restraint prescribed will be based upon these assessments. Only restraints that have been approved by the Restraint Approval Committee are permitted
- 4.03 The type of restraint prescribed will be the one that is most appropriate and least restrictive to achieve the desired effect.
- 4.04 The decision to use restraint will be based upon a sound analysis of the risk and benefit:
- Personal safety of the client versus the safety of others
 - Cultural safety
 - Short-term benefit versus long-term effects
 - Emotional safety versus physical safety
 - Previous life experience and/or trauma



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5.00 Implementing Personal Restraint

- 5.01 The frequency and level of observation and assessment will be appropriate to the level of risk associated with the type of restraint prescribed. This assessment is ongoing and occurs to minimise the risk of harm to the client during the use of restraint.
- 5.02 Monitoring should occur at a frequency determined by the individual's care plan, developed to reduce the likelihood of harm occurring.
- 5.03 Re-evaluation of the decision to use physical restraint should be on an ongoing basis. All restraints should be used for the least amount of time possible.
- 5.04 Monitoring process should evaluate the impact (physical/psychological) of the use of restraint upon the individual.
- 5.05 Consideration is to be given to the client's cultural mores throughout the restraint.
- 5.06 Monitoring is essential to promote the individual's physical safety, maximum comfort and to ensure all other care/support needs are met. This should include but is not limited to the provision of fluid and nourishment, personal hygiene and toileting arrangement, suitable clothing, medications and skin care, exercise and activity as appropriate.
- 5.07 The client's physical and psychological well-being will be monitored during the restraint
- 5.08 A record of restraint monitoring is documented in sufficient detail to provide an appropriate and reviewable account of care. This record is to be documented directly into the client's clinical record.
- 5.09 Physical restraint is maintained for the absolute shortest time possible, bearing in mind the clinical indicators and safety of all involved.

6.00 Ending Restraint

- 7.01 The use of physical restraint must be discontinued as soon as possible, with consideration for the clinical indicators and safety for all. The service's aim is always to minimise the use of restraint through ongoing consideration of alternative interventions.
- 7.02 The decision to end an episode of restraint is the responsibility of the Registered Nurse supervising the client's care.
- 7.03 The decision to remove the restraint is based upon assessment and consideration of
- The client's response to the restraint used and the initial indicators for use.
 - Evidence that the restraint is causing unintentional harm to the client
- 7.04 In an emergency situation any staff member may remove the client from physical restraint.



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8.00 Documentation Of Personal Restraint

8.01 Every episode of physical restraint must be documented as follows:

- WCDHB Physical Restraint Prescription Form
- WCDHB Restraint Report Form
- WCDHB Restraint Registers (*total hours in restraint*) completed for each separate type of restraint
- WCDHB Physical Restraint Recording Form
- Client's Clinical Notes (*record of observation/ monitoring during restraint*)
- WCDHB Risk Assessment / Risk Management Plan

8.02 The completed Restraint Registers are forwarded to the Restraint Coordinator on the last day of each calendar month

8.03 The Restraint Coordinator is to collate and report all Restraint data to the Ministry of Health as per contractual requirements.

9.00 Evaluation And Review Of Personal Restraint

9.01 Evaluation of personal restraint is to include:

- The regular re-evaluation for the prescription of restraint (Minimum 3 monthly review of the prescription)
- The effectiveness (or otherwise) of the type of restraint used (cost benefit analysis)
- Evidence of alternative approaches tried and evaluated

9.02 The WCDHB MHS Quality team will undertake on a regular basis evaluation and review activities activity including audit of restraint use against the National Mental Health Standard and the Restrain Minimization and Safe Practice Standard.

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

7. Precautions And Considerations

- ➔ Physical restraint may be used in order to ensure that the client receives the best possible care available and is safe from harm, from both themselves and others
- ➔ The frequency and level of observation and assessment will be appropriate to the level of risk associated with the type of restraint prescribed
- ➔ The use of physical restraint must be discontinued as soon as possible
- ➔ Following any episode of physical restraint the event is to be documented



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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

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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