Preparation of Staff for Application of Physical Restraint

Accreditation Learning Module

Produced by the Greater Newcastle Sector

Restraint Working Party ©

HUNTER HEALTH
Improving Health in the Hunter

Navigation

- To advance to the next slide click the right arrow at the bottom of the screen
- To return to the previous slide click the left arrow at the bottom of the screen
- To view the articles that are hyperlinked to the slides, click on the title of the article (give it a few seconds to open)

Purpose

- This module is designed to prepare staff for the proper assessment of the older person prior to the application of physical restraint
- Upon completion of the module there is a post test to measure comprehension of the principles and procedures that have been addressed

Hunter Area Health Values

- Caring for all people with empathy and compassion
- Honest, open, two way communication
- The shared unit gained from cooperation and teamwork
- A positive environment in which I am respected and recognised for my contribution
- The wellbeing of myself and others

Guiding Principles

- The rights of patients to make informed decisions about restraint should be respected
- Restraint should only be applied or administered after all other options have been considered and rejected
- The decision to restrain should be based upon achieving a balance between maintaining a safe environment and preventing harm to the person being restrained

Link Reference Qld Restraint Guidelines

Use of Restraint

- The use of restraint must be justifiable
- Administration of any type of treatment without consent may be deemed assault
- An adult has the right to accept or refuse any treatment offered even if the refusal is not consistent with good medical practice Link Best Practice Part 1

Your Personal Position

- How would you feel about being restrained?
- How do you feel about being involved in restraining another person?
- Do you have positive or negative feelings towards caring for the older person?
    - Suggested readings
        - Link (1) Acute Care
        - Link (2) Acute Care
        - Link (3) Emergency Dept
        - Link (4) Emergency Dept
        - Link (5) Residential Care
        - Link (6) Psychiatric Care

First Episode of Restraint Use

- **Least restrictive principle**
- Recognition of need
  - Is there imminent danger to self or others
- Follow safety guidelines
- Authorisation period expires in 24hrs
- Continued use of restraint requires reassessment as follows

Link (1) Minimisation of Aggression Part One

Link (2) Minimisation of Aggression Part Two

Use of Restraint Beyond The First Episode Must Have Documentation of the Following

- Extensive ongoing assessment
- Development of alternatives
- Team involvement
- Involvement of family/carer/guardian
- Comprehensive management plan

Criteria for Valid Use of Restraint

- Restraint should only be used when all other alternatives have been considered and are regarded as inappropriate or ineffective
- Restraint should only be used
  - To prevent or minimise harm to the patient
  - To prevent harm to others
  - To optimise the patient's health status
- Restraint should be the least restrictive to achieve the desired outcome and use should be monitored and evaluated continually

Assessing an Individual's Need for Restraint

- Your assessment may reveal the stimulus for the behaviour requiring management
- Determine whether there are any interventions that may prevent, reduce or conceal the stimulus
- Consider the behaviour that requires managing, modifying or preventing and determine whether this behaviour is temporary or reversible
- Put into practice appropriate interventions and consider modifying or altering the environment and/or the patient's routine

Link (1) Restraint use in acute & critical care settings, changing practice

Link (2) Improving geriatric mental health nursing care

Assessing an Individual's Need for Restraint (Continued)

- Always consider the balance between implementing interventions against the risks of restraining or not restraining
- After implementing interventions to reduce, remove or conceal the stimulus that may be causing the patient's behaviour always re-evaluate the need for the use of restraint

Assessing an Individual's Need for Restraint (Continued)

- When it has been decided that the use of restraint is the most appropriate, immediate, option
  - All appropriate documentation must be completed
- Always follow the HAHS Clinical Guideline regarding restraint use
- Follow the HAHS Clinical Guideline regarding the use of Bed Rails
  - See Appendix 4 Bed Rail Assessment Flow Chart

Link to Restraint Clinical Guideline

Link to Bed Rail Clinical Guideline

Baseline Assessment Prior to Application of Restraint

- Consent
- Physical status
- Mental status
- Mobility
- Medications
- Environment
- Interventions tried and failed

The next 7 slides explain these dot points in more detail

Consent

- Consent can be provided by:
  - A legal guardian
  - An attorney under enduring power of attorney
  - A statutory health attorney (Spouse, carer, close relative, or friend)
  - Document in progress notes

Link (1) Reference Qld Restraint Guidelines
Link (2) Permission from Guardian page 1
Link (3) Permission from Guardian page 2
Link (4) Permission from Guardian page 3
Link (5) Permission from Guardian page 4

Physical Assessment

- Pain - Discomfort
- Temperature
- Pulse
- Blood Pressure
  - Consider lying & standing
- Hunger
- Thirst
- Toilet needs
- Document in progress notes

Link Improving Geriatric Mental Health

Mental Status Assessment

- Use Pooles Algorithm as a guide for the diagnosis of the confusion
- Is it?
  - Fear
  - Boredom
  - Delirium
  - Dementia
  - Mental illness
  - Drug or alcohol involvement

Mobility Assessment

- Identify preadmission level of mobility
- What is current mobility status
- What assisting devices are needed
- Check footwear for appropriateness
- Check room for clutter or distractions
- Document in progress notes

Medication Assessment

- Pain medication
  - Effectiveness
  - Side effects
- Antipsychotic medication
  - Side effects
- Diuretics
  - Timing/urgency
- Benzodiazipines
  - Effectiveness
  - Side effects
- Polypharmacy
- Missed doses
- Document in progress notes

Environmental Assessment

- Noise level
- Strange surroundings
- Tubes (etc.)
- Invasive equipment
- Strangers invading personal space
- Room temperature
- Document in progress notes

Link Best Practice Part 2

Interventions Tried and Failed

- Pain management
- Reduce environmental stimuli
- Attend hunger, thirst, toilet needs
- Diversion activities
- Assisting device
- Concealing medical equipment
- Document in progress notes

Link (1) Governing the Conduct of Conduct
Link (2) Planned change to implement a restraint reduction programme
Link (3) Restraint reduction acute care interdisciplinary approach
Link (4) Restraint use in acute and critical care settings

Safety

- Use appropriate restraint applied to manufacturer’s instruction
- Visual monitoring every 15 minutes to avoid possible direct or indirect injury
- Comply with documented release schedule
- Comply with requirement for meaningful stimulation and change of environment

The next 5 slides cover these dot points in more detail

Use Manufacturer's Instructions

- Instructions should be readily available
  - See Appendix 3
  - See Hyperlinks below
- Restraints should be applied according to instructions and staff should be aware that incorrect application may cause harm
- Restraints should be maintained in good order

Link (1) Pelican restraints
Link (2) Pelican restraints
Link (3) Pelican restraints
Link (4) Internet Link to Pelican Product Guidelines

Monitor for Direct Injury

- Adverse cardiac events associated with forced immobilisation
- Asphyxiation
- Strangulation
- Hanging
  - n.b. sliding forward with vest restraint on
- Nerve injury to brachial plexus due to vest riding up into the axillae
- Ischemic injury due to prolonged compression of muscle

Link (1) Hospital focus patient care

Link (2) Patient injury & physical restraint

Link (3) Myths & facts about side rails

Monitor for Indirect Injury

- Risk of pressure ulcers
- Risk of falls
- Risk of decreased mobility due to muscle weakness
- Risk of incontinence
- Risk of dehydration
- Risk of isolation
  - Boredom
  - Increased agitation

Link Reference Qld Restraint Guidelines

Release Schedule

- Visually monitor at least every 15 minutes
- Remove, release and reposition 2/24
  - For meaningful stimulation
  - For pressure area care
- Exercise/mobilize according to patient's abilities
- Reassess behaviours and need for restraint
- Document care

Environment and Stimulation

- Unless specifically indicated the patient should not remain restrained in the same environment for longer than 4 hours
- Offer diversional activities – make use of familiar objects for patients with established diagnosis of dementia
- Target stimulation toward reality orientation for patients with delirium
- Involve family and/or volunteers
- Document care

Link The restraint match up

Documentation

- Written order to include:
  - Name of person ordering restraint
  - Date / time / type of restraint
  - Release schedule 2/24
- Document reason for restraint
- Document other interventions used
- Document discussion with carers
- See Form Appendix 1&2

Post Test

- There are hard copies in the Restraint Folder on each Unit. (Please don’t use the last copy)
- Please complete the post test and send it to
  - Fran Dumont H3 Linkway Room 3339 via internal mail
  - Please include your name for tracking purposes
  - Results will remain confidential
- The test is multiple choice, and true/false
- Post test is accessible via hyperlink
- Click on the following phrase and the test will appear
- The Post Test

Appendix 1

HUNTER AREA HEALTH SERVICE
RESTRAINT CHART
DRAFT

I, _____The Medical Officer for

_____

The following type of restraint may be applied for the stated clinical or safety reason:

Restraint Type:_____

Reason for restraint:_____

_____

_____

Has the use of restraints been discussed with the patient's family/carer/guardian?
Yes____ Date: _____ No ___Reason_____

Restraint will be applied / used in accordance with the Hunter Health Guidelines including regular review.

Observation of the person with a restraint is to be every 15 minutes

Restraints are to be released every 2 hours.

DATE	**TIME ON**	**TIME OFF**	**TYPE OF RESTRAINT**	What did you do for the patient? Eg: released restraints, walk, passive exercise, massage, offered food/fluids, continence management etc.	**INITIALS**

Place into patient's medical record on completion or discharge

Appendix 2

DRAFT

DATE	TIME ON	TIME OFF	TYPE OF RESTRAINT	What did you do for the patient? Eg: released restraints, walk, passive exercise, massage, offered food/fluids, continence management etc.	INITIALS

Place into patient's medical record on completion or discharge

Appendix 3 Pelican Restraint Instructions

SEE OUR PRODUCT DEMONSTRATION VIDEO

Pelican Manufacturing Pty. Ltd.

7 RUSE STREET, OSBORNE PARK, WESTERN AUSTRALIA, 6017

Ph: (08) 9444 4577 ★ FreeCall: 1800 641 577 ★ FreeFax: 1800 641 477 ★ Fax: (08) 9444 4855

email: sales@pelicanmanufacturing.com.au ★ www.pelicanmanufacturing.com.au

Quality Endorsed Company ISO 9002:1994 Reg QEC 5255

If restrained patients are all in the same lounge or bedroom, it is easier for the staff to observe and care for them.

1. ✓

A TEAM DECISION

Federal Law requires a Doctor's order to restrain patients. This should be done after alternatives to restraining have been tried and failed. A professional team of Carers should decide on the correct restraint to ensure it is suitable for the patient's current condition.

The facility should have a 'Patient Safety Officer' who should have knowledge of restraining laws and the facility's policies for restraining.

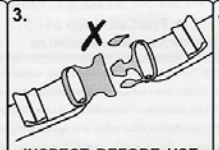
2. ✓

READ INSTRUCTIONS

Read the instruction sheets supplied with the goods, and sewn onto the item. Practise how to fit and quickly remove on a colleague. Keep a copy of the instruction sheet with the patient's Care Plan.

The facility's Patient Safety Officer should know how to fit all restraints. They should also give regular restraint training for staff. The wrong or incorrectly fitted restraint can injure or kill.

3. ✗

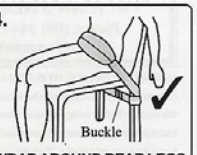


INSPECT BEFORE USE

Before fitting, inspect for incorrectly fitted webbing or broken buckles, worn or frayed material, loose stitching, etc. Sometimes other patients with dementia can try to cut the webbing or unpick stitching. Ensure the size is correct for the patient.

Use the buckles, do not tie knots. The belt must be quick to remove in an emergency.

4.



WRAP AROUND REAR LEGS

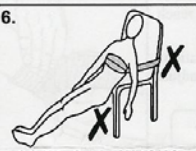
To help prevent sliding, wrap webbing around rear chair legs at the 'pelvic' area, before fastening together and adjusting to size. Belts should hold the hips back and just allow a flat hand between the patient and the belt. A loose belt may let the patient slide down the chair. Warning: if cushions become dislodged, the belt may become loose. The Care Plan should include removing the restraint for exercising, pressure care, toiletting, etc.

5.

UNDER OBSERVATION

Keep restrained patients under observation. When first restraining, fit and remove the restraint frequently, to allow the patient time to accept it, without becoming more confused. Suicidal, agitated, restless patients, or patients liable to vomit, need even closer observation and care. Constantly monitor the restraint to ensure the restraint is still suitable for the patient's behaviour, always assist the patient if they are in danger. Be prepared to release the restraint.

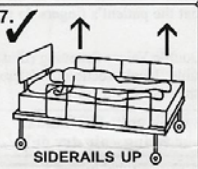
6.



CORRECT IF WRONG

This drawing shows an incorrectly fitted belt. By sliding down, the patient will endanger themselves. Some patients have died through asphyxiation (strangulation). Either the belt needs securing properly, as in Fig.4, or an alternative belt with leg straps may be more suitable. Injuries and deaths are mainly due to restraints not being fitted correctly or the wrong restraint used.

7. ✓

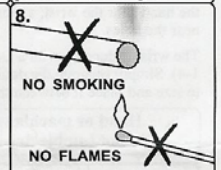


SIDERAILS UP

Normally Bedside Rails must be raised when restraining in bed.

Do not raise the bed backrest when the straps are secured to the siderails, as this could tighten the restraint around the patient. If the backrest is raised, the strap should be secured around the raised section. Patients can entrap their heads, arms, legs and bodies in the siderails. Pelican Bedrail Protectors can help prevent this. The Pelican Zip-A-Bed is an exception, as siderails are optional.

8.



NO FLAMES

No Smoking or naked flames near a restrained patient. If a cigarette falls on the chair next to the patient, you may need to stand them up quickly to retrieve the cigarette.

The synthetic materials used in making restraints will melt or burn.

Even if not using a restraint, when the patients are smoking, a staff member should always be with them in case a cigarette drops on the floor.

9.

ONLY SUITABLE CHAIRS

Do not use restraints on toilets or furniture where the webbing cannot be safely secured. It may be necessary to use other furniture where the webbing can be wrapped around at the 'pelvic' area.

If you use a commode chair with side arms, the Pelican Shower Belt can be secured to the frame of the commode.

10.

NOT IN VEHICLES

Plastic buckles are not designed for use in moving vehicles. If the vehicle's seat belt is used, a Pelican belt may be helpful as well, but it is only to aid posture and not as the sole restraint. The Pelican buckle will not be strong enough in an accident.

Authorised car seat belts are secured to strong fixing points attached to the vehicle, with metal buckles.

11.

HAND OR MACHINE WASH

For infection control, hand or machine wash, up to 80°C./176°F. Do not iron or tumble dry. Air dry in the shade.

Most restraints are made from synthetic nylon materials. Excessive heat from tumble dryers can damage the material. We suggest placing the belts with long webbing into a netting washbag. Inspect for any damage after washing.

12. **Alternatives to Restraints**

Some alternatives are the Pelican (A) Sit Slide and Stand Pad, (B) Wedge Cushion, (C) Lap Cushion and (D) Bed Side Bumpers. Ask us about other products available.

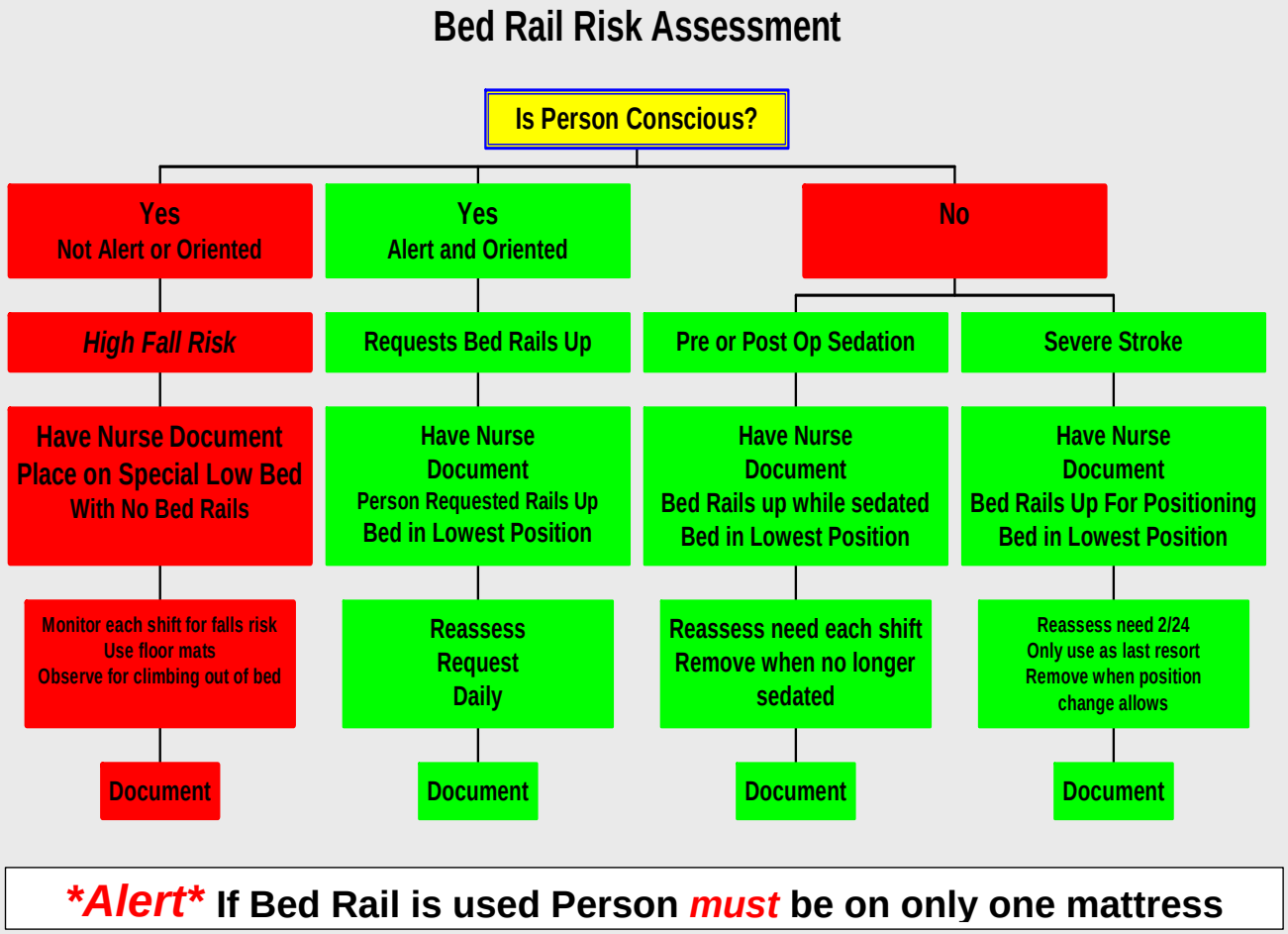
Home Use

Caring at home, a single Carer must be very careful not to neglect a restrained patient. An unobserved patient may manoeuvre themselves into a dangerous position.

Caution: U.S. Federal Law restricts this device to sale by, or on the order of, a Physician or licensed Healthcare Practicioner.

Ref:c:\photo\documents\posters\restraining posters\restraining poster 04/09/01

Appendix 4



Alert **If Bed Rail is used Person *must* be on only one mattress**

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