



Restraint Minimisation & Safe Practice

Procedure
Number
PRO-062

Version No:
7

Purpose

The main intent of NZS 8134.2008 is to reduce the use of restraint in all its forms and to encourage the use of least restrictive practices. Restraint is a serious intervention that requires clinical rationale and oversight (Ministry of Health, 2008).

This policy applies to all staff, consumers and tangata whaiora resident/employed by Te Tomika Trust.

Definition

Restraint is defined as “to hold back or hinder movement” and limits the normal functioning ability of a patient.

Restraint can be divided up into distinct categories. These are:

1. **Personal:**

For example, physically holding a consumer/whaiora;

2. **Physical:**

For example, the use of equipment, devices or furniture; voluntarily used by a consumer following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety.

Example 1

A consumer voluntarily uses raised bed sides to assist their mobility in bed, to aid in the positioning of pillows for comfort or to prevent them falling from the bed.

Example 2

A consumer voluntarily uses a fixed tray in front of their chair to assist them to independently have a meal.

Example 3

Equipment, devices or furniture is used, following appropriate assessment, to assist in the physical positioning of a consumer without limiting their normal freedom of movement. These interventions are not considered a form of restraint, but rather are a normal component of the consumer's day-to-day life.

3. **Environmental:**

For example, this form of restraint can range from a contained environment to planned interventions that reduce the level of social contacts and/or environmental stimulation, except where a patient is isolated for infection control purposes

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.

THE USE OF RESTRAINT OR SECLUSION WITHIN ANY TE TOMIKA TRUST SERVICE IS NOT PERMISSIBLE WITH THE EXCEPTION OF ENABLERS, WHICH ARE THE VOLUNTARY USE OF SAFETY RESTRAINTS BY THE INDIVIDUAL CONSUMER/TANGATA WHAIORA.

All instances of consumer/tangata whaiora acting in an unsafe manner are referred to the Registered Nurse and mental health crisis services and/or public emergency services.

Procedure

1. **De-escalation:**

De-escalation is a complete interactive process in which the highly aroused consumer is redirected from an unsafe course of action towards a supported and calmer emotional state. This usually occurs through timely, appropriate and effective interventions and is achieved by utilising skills and practical alternatives.

Early intervention – before someone gets upset

During episode – supporting someone to try to calm them down and refocusing the person on something else.

- It's a band of support. It's about understanding the risks and what interventions work.

If tangata whaiora / consumers become verbally and or physically abusive and the staff member concerned has undertaken de-escalation but is unable to contain the situation then they should:-

2. **Remove themselves and the other residents from the situation if at all possible**

3. **Ring Psychiatric Emergency Services and/or call for Police Assistance**

Crisis Team (24 hours)	577 6452
Community Mental Health	579 8329
Tauranga Police	111

Related Documents

Risk Assessment

Recordbase - Incident Reporting Form

Management of Challenging Behaviour Policy

References

NZS 8134.2:2008 "Restraint Minimisation and Safe Practice

Revision History	Version:	6
	Date Authorised:	05/05/2009
	Date Last Reviewed:	April 2017
	Date of Next Review:	February 2019
	Authorised by:	General Manager