

STANDARD

The Clinical Governance Committee, as the identified restraint approval group, will review and approve all forms of restraint minimisation used by the Bay of Plenty District Health Board (BOPDHB).

The Mental Health & Addictions Service (MH&AS) Personal Restraint Trainers Team shall endorse restraint minimisation practices for their specialty and submit these for approval to the Clinical Governance Committee.

Any individual, team or service may request approval for a restraint they wish to use or are currently using.

Before they are forwarded to the Clinical Governance Committee all forms of restraint shall be submitted to the Practice of Restraint Advisory Group (PRAG), excluding MH&AS. The following information needs to be provided:

- Category of the restraint (as defined by NZS 8134.2:2008)
- Description of restraint
- Equipment needed
- Criteria for use
- Cultural requirements
- Risk assessment and management
- Delegated authority
- Education, competency and evaluation
- Procedure for use
- Process and frequency for monitoring and observation
- Evaluation and review frequency
- Documentation
- Maintenance frequency (for equipment)
- References and supporting evidence

PROCEDURE FOR APPROVAL

	ACTION	RESPONSIBILITY
1	<p>Identification</p> <ul style="list-style-type: none"> • Identify need for a form of restraint • Contact Restraint Co-ordinator to discuss new restraint • Contact the Policy & Procedure Co-ordinator to initiate controlled document development process • Document the procedure for the identified form of restraint as above; liaise with Restraint Co-ordinator if necessary • Indicate whether the restraint is currently in use. Use may be continued pending the outcome of this approval process • Forward completed documentation to PRAG via the Restraint Co-ordinator • Attendance at the PRAG meeting may be required as part of the approval process 	<ul style="list-style-type: none"> • Unit / service / team or individual • Document Steward • Document Steward

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Protocol Steward: Restraint
Co-ordinator

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Authorised by: Director of Nursing

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	ACTION	RESPONSIBILITY
2	<p>PRAG Endorsement to Proceed</p> <ul style="list-style-type: none"> • Review the request at the next meeting: <ol style="list-style-type: none"> a) Appropriateness of request, checking accuracy of detail b) Consider areas of application. • If endorsed Restraint Co-ordinator will forward to Clinical Governance Committee for approval. • If not endorsed: <ol style="list-style-type: none"> a) Further information may be requested from the document steward b) Detailed specialist information may be required c) The request may be declined and immediate direction be given to all relevant departments not to use the restraint method • In all cases notify the requester of the outcome 	<ul style="list-style-type: none"> • PRAG • Restraint Co-ordinator • Restraint Co-ordinator • Restraint Co-ordinator
3	<p>Approval by Clinical Governance Committee</p> <ul style="list-style-type: none"> • Restraint Co-ordinator initiates review of CPM.R2.9 (per 2.1.2 P6) for addition of approved restraint on table • Amended protocol to Clinical Governance Committee for authorisation 	<ul style="list-style-type: none"> • Restraint Co-ordinator • Restraint Co-ordinator
4	<p>Document Control Signoff</p> <ul style="list-style-type: none"> • Policy & Procedure Co-ordinator is notified that protocol has been authorised by Clinical Governance Committee for signoff. • Version control and signoff is completed. 	<ul style="list-style-type: none"> • Restraint Co-ordinator • Policy & Procedure Co-ordinator
5	<p>Registration of Approved Restraint</p> <ul style="list-style-type: none"> • Register approved restraint on the BOPDHB Restraint Database • Database will include approved restraints; the individuals and / or services approved to use them; indications for their use; monitoring requirements; frequency of review and audit; training and education requirements; and issues related to restraint use. 	<ul style="list-style-type: none"> • Restraint Co-ordinator

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.2.4 Restraint Minimisation and Safe Practice
- Bay of Plenty District Health Board policy 1.2.4 protocol 0 Restraint Minimisation and Safe Practice Standards
- Bay of Plenty District Health Board policy 1.2.4 protocol 2 Restraint Minimisation and Safe Practice – Training
- Bay of Plenty District Health Board policy 1.2.4 protocol 3 Restraint Minimisation and Safe Practice – Reporting
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.E1.1 Enablers
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.R2.9 Restraint - Use of Personal Restraint

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- Bay of Plenty District Health Board protocol Mental Health & Addiction Services MHAS.A1.2 Restraint Minimisation in Mental Health & Addiction Services
- Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.45 Seclusion in Mental Health
- Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.G1.2 Restraint – Locked Door Management in Specialist Health Services for Older People
- Bay of Plenty District Health Board policy 0.0 Glossary of Terms / Definitions
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 2.1.1 Risk Management
- Bay of Plenty District Health Board policy 2.1.2 protocol 2 Controlled Document Development Standards
- Bay of Plenty District Health Board policy 2.1.2 protocol 6 Controlled Document Review Standards
- Bay of Plenty District Health Board policy 2.1.3 Hazard Management
- Bay of Plenty District Health Board policy 2.1.4 Incident Management
- Bay of Plenty District Health Board policy 5.4.7 Threatening Behaviour, Bullying, Harassment and Violence in the Workplace - Management
- Bay of Plenty District Health Board policy 7.104.1 protocol 3 Care Delivery – Observing Patients
- Bay of Plenty District Health Board Practice of Restraint Advisory Group (PRAG) Terms of Reference
- Bay of Plenty District Health Board Restraint Use Form

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