

## Department of Neurosciences

# Restrictive physical intervention

### What is restrictive physical intervention?

Restrictive physical intervention is any physical method of restricting a person's freedom of movement or physical activity or normal access to his or her body.

### Why use restrictive physical intervention?

The use of restrictive physical intervention in the hospital exists for the purposes of safeguarding patients' best interests to prevent harm or injury to self or others. It is also, to prevent the removal of essential treatment in the acute phase of illness or injury.

It may help protect the elderly from falling or a confused patient from pulling out tubes or intravenous 'drips'. Some patients feel reassured when a belt is used to help secure their position in a chair.

This hospital endeavours to use all alternatives before we consider the use of restrictive physical intervention. However, it may be beneficial when used appropriately and following careful consideration and assessment of an individual's needs.

### What types of interventions are used?

The most commonly used methods of restraint in use on Neuroscience wards areas are:

- **Cot sides (bed rails)** can be helpful in preventing patients who are unconscious from falling out of bed. Padded cushions or bumpers may be applied to minimise the risk of injury, bruising and prevent the patient from becoming trapped between the mattress and the cot side.
- **Specialist gloves (hand mitts)** are applied to assist in the maintenance of breathing tubes (tracheostomy), feeding tubes (nasogastric tubes) or cannulas for intravenous infusions when patients try to remove or pull at them when they are semiconscious or confused. If left unattended, patients are at risk of causing dislodgement of vital equipment which they may rely on to breathe, providing food or medication.

- **Seat belts on wheel chairs and reclining chairs** are used when patients are considered able to maintain a sitting position, but may have a weakness that leads to them occasionally slipping.
- **Electronic tagging** allows a patient to mobilise freely around the ward but alerts staff that they might be attempting to leave the clinical area.
- **Secured electronic doors** are used to prevent a confused patient from wandering off the ward. This enables patients to familiarise themselves with their immediate surroundings but prevents them from leaving the clinical area.
- **Special observation** is carried out by a designated staff member keeping the patient within eyesight at all times and approaching them at 15 minute intervals to facilitate engagement.

Special observations (specialling) are designed to meet the psychological needs of patients who may be extremely disturbed or distressed, as this condition presents a risk of harm to themselves or to others. The most important intervention for these patients is for staff to engage with them at an ordinary, human level.

In order to meet the more specific needs of patients the Mental Health Specialist Nurses will provide intensive nursing care alongside the liaison psychiatry team (Special observation policy Section 6).

## How long is restrictive physical intervention required?

The length of time may vary from patient to patient depending on their consciousness awareness and their ability to understand their immediate surrounding or environment.

The hospital policy on the use of restrictive physical intervention recommends:

- Using alternatives whenever possible.
- Consultation with patient/relative/carer regarding use of identified restraint.
- Discontinuing the use of Interventions as soon as this is practicably possible.
- Removing the restraints frequently to allow normal movement/function when supervision is available.
- Re-applying and adjusting restrictive physical intervention devices to promote and ensure patient comfort.



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## Document history

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