Restrictive Equipment Safe and Appropriate Use (incl-bedrails)

Purpose

The aim of the safe and appropriate use of restrictive equipment is to ensure the safety of all patients/service users utilising restrictive equipment, including bed rails in all care settings, whilst promoting their independence and respecting their rights.

Use of restrictive equipment is to be considered a **physical restraint** if the patient/service user requires the assistance of a 3rd party to release them from its use (i.e. move it so they can move).

Applicability

All clinical staff

Exclusions

Bedrails in the raised position are not classified as a restraint when:

The use of bedrails or cot sides are in use for young children as a normal response to their developmental age

OR

The use of bedrails for a patient who is supervised and is:

- In transit
- On a narrow trolley
- Recovering from anaesthesia (inclusive of epidurals/lower limb blocks)

Definitions

Restrictive Equipment: Use of restrictive equipment items limits a person's normal freedom of movement and can only be used after appropriate clinical assessment and requires voluntary agreement with the user.

Items that constitute restrictive equipment include, but are not limited to, bedrails, tray tables, chair that patients cannot move out of independently.

Use of restrictive equipment is to be considered a physical restraint if the patient/service user requires the assistance of a 3rd party to release them from its use (i.e. move it so they can move) and be recorded as such on the restraint register. The use of restrictive equipment is to be monitored and recorded in the clinical record.

Like all restraints, restrictive equipment should be the least restrictive option that enhances a tangata whaikaha autonomy and respect their rights, individual worth, dignity, and privacy. Restrictive practices make someone do something they do not want to do or stop someone doing something they want to do. The use of restrictive equipment should improve a person's quality of life by promoting overall independence, comfort and safety.

The use of any intervention (restrictive equipment/other) by a service provider that limits a person's normal freedom of movement. Where restraint is consented to by a third party, it is always a restraint.

Consent: Informed consent is a process which involves four elements including:

- checking to ensure the person is **competent** to make the decision to undergo or refuse the proposed treatment;
- effective communication;
- providing the person with **sufficient information** to enable to them to make an informed decision about the proposed treatment; and
- the person giving consent **voluntarily.**

Informed consent is not the act of filling out a form, but rather a process of exchange of information so that an informed decision can be made by that person.

Service Responsibilities

Ensuring that items of restrictive equipment are used in partnership with the patient and their families, and that patients and their families are educated on the appropriate use of restrictive equipment thus safeguarding that the use of is consented to.

For example: Bedrails can restrict normal movement from the bed if the person wants to mobilise out of bed. It is therefore important that the staff member identifies this to the patient and ensures they make the appropriate decision on their use, this will include education on the use of their bell and education on ringing early if they want to toilet to prevent risk taking and possible falls.

It is therefore recommended that consultation with Allied Health takes place to ensure all alternative options for mobilising (e.g. mobile equipment such as: bed loops) are considered prior to instigating the use of a restrictive equipment (such as bedrails).

Ensuring item of restrictive equipment, are correctly installed/used and that the bed, mattress and bedrails are compatible, so as to avoid gaps that potentially could lead to entrapment.

Assuring restrictive equipment maintenance to ensure equipment safety. Damaged or faulty equipment must be clearly labelled as faulty and removed from circulation.

Assessment

The use of restrictive equipment is a clinical decision by the inter-disciplinary team (IDT), and is made in partnership with the patient and family/ whanau following an assessment of risks and benefits as they apply individually to the patient. Use of the restrictive equipment is included for review at IDT meetings.

Where a patient and/or their whanau request the use of an item of restrictive equipment the decision remains a clinical decision. The rationale for the decision should be discussed with the patient and whanau and documented in the patient's care plan and clinical record.

The safe and appropriate use of restrictive equipment quick reference guide (Appendix 1) aids decision making on when not to use bedrails, when bedrails may be appropriate and can be classified as appropriate.

Monitoring restrictive equipment

The monitoring of the patient during restrictive equipment use is to be determined at each shift handover and every point of contact and documented in the patient's care plan and clinical record. Staff are responsible for the assessment of risks, safety and the appropriateness of restrictive equipment use, at each point of contact.

Documentation and Communication

Where restrictive equipment is used the clinical rationale for use and the monitoring requirements are to be documented in the patient's care plan and clinical record and communicated at shift handovers. If the patient/service user requires the assistance of a third party to release them from the restrictive equipment, then the use is a physical restraint and is to be recorded on the Restraint register and monitored as such.

Where restrictive equipment use has been discontinued the clinical rationale is to be documented in the Patient's care plan and clinical record.

Incident Reporting

Where the use of restrictive equipment meets the criteria as outlined above and is associated with a clinical incident (other than restraint) e.g. near miss or fall, it is to be recorded on the relevant Incident form in Safety 1st (e.g. Restraint Register & Falls event) are both required to be completed.

Key Performance Indicators

Environmental Scan Audit - To ascertain correct use and recording of limiting devices restricting normal freedom of movement, at point in time of scan being undertaken.

Review Frequency: Annual audit or to be completed 6 monthly where audit indicates areas and/or issues to be addressed, or more frequently as agreed at divisional level.

Associated material

Controlled documents

- Restraint Minimisation & Safe Practice Policy *Ref: 2400618*
- Take 5 – Physical Restraint *Ref: 2409937*
- Audit Tool Environmental Scan *Ref: 2405029*
- Audit Guide Environmental Scan *Ref: 2405031*

Supporting material

- NZS 8134:2021 Ngā paerewa *Health and disability services Standards – Health and disability services Standards (in particular, but not limited to Restraint & Seclusion 6.2.4)*

Appendix 1

Safe and Appropriate Use of restrictive equipment

Restrictive equipment limits a person's normal freedom of movement and can only be used after appropriate clinical assessment and requires informed consent with the user.

Quick Reference Guide

DO NOT use restrictive equipment

- ✗ to limit a person's normal freedom of movement
- ✗ when no informed consent is given
- ✗ where a person is likely to become confused

Restrictive equipment (including bedrail) use is appropriate

When restrictive equipment is used with intent to promote independence, comfort and safety.

Allied Health input is recommended.

- ✓ Use is by informed consent of user
- ✓ Rationale is discussed with the patient and/or family and alternatives are considered

Service/Staff Responsibilities

- ➢ Rationale is documented in care plan and clinical record
- ➢ If the item requires a third party to release the user, this is always a restraint (physical), and is to be recorded on the restraint register in Safety 1st
- ➢ Monitored at each point of contact and during each shift
- ➢ Communicated at each shift handover

Bedrail Use is appropriate and is not classified as a restraint (unless the above applies)

- ✓ for young children as a normal response to their developmental age
- ✓ for a patient who is supervised and is:
  - In transit
  - On a narrow trolley
  - Recovering from anaesthesia (inclusive of epidurals/lower limb blocks)

Service/Staff Responsibilities

- ➢ Documentation is not required for the above situations

Appendix 2

Decision Matrix - How to Use Bedrails Safely?

This modified HQSC decision matrix is designed to guide critical thinking on the risk versus benefit of bedrail use for individual patients and is to be read in conjunction with restrictive equipment procedure: Safe and Appropriate use (e.g. bedrails)

Decisions about the use of bedrails should be made in the same way as decisions about other aspects of treatment of care.

The matrix emphasises that bedrails should not be used for patients with cognitive impairment or who are suffering from confusion. Bedrails should never be used to prevent a patient from mobilising – this is restraint.

The rationale for using bedrails **(either split or full)** as an item of restrict equipment, requires patient/whānau consent and time frame for use **must be documented** in the care plan. Additionally, consider adding a message to the notes section of the bedside boards for orderly staff and hospital aide communication on restrictive equipment use.

If the item requires a third party to release the user from its use, then this is a physical restraint and is to be recorded on the restraint register in Safety 1st as such.

	Very Immobile (Bedfast or hoist)	**Not independent & not mobile**	**Can mobilise without help**
Confused and disorientated	Bedrails **NOT** recommended	Bedrails **NOT** recommended	Bedrails **NOT** recommended
Drowsy/Sedated	**MAY** consider bedrails	**MAY** use bedrails	Bedrails **NOT** recommended
Orientated and Alert	**MAY** consider bedrails	**MAY** use bedrails	Bedrails **NOT** recommended
Unconscious	Bedrails recommended	N/A	N/A
Transportation	*Bedrails recommended	*Bedrails recommended	*Bedrails recommended

* Lower when transportation completed