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NEW ZEALAND

Restraint Minimisation

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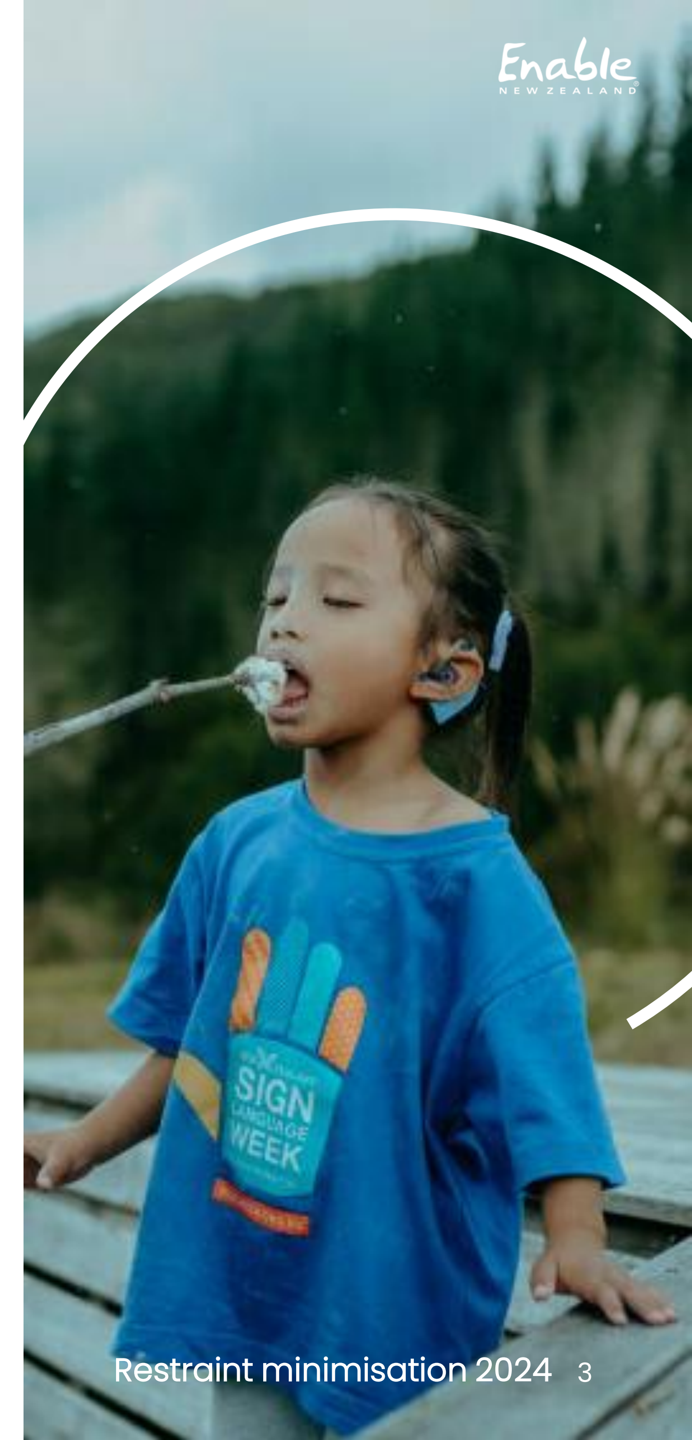
Objectives

- Increase awareness of the 2021 Ngā paerewa Health and disability services standard, in relation to the provision of equipment and modifications.
- Bring attention to definitions of restraints.
- Discuss clinical application of these standards and resources.
- Talk to practice guidelines and behavioural support services.
- Provide take home messages.

Are there solutions which could be a restraint?



NZS 8134:2021

Incorporating Amendment No. 1

NEW ZEALAND STANDARD

Ngā paerewa Health and disability services standard

Principles of the standard

a) Achieving Māori health equity

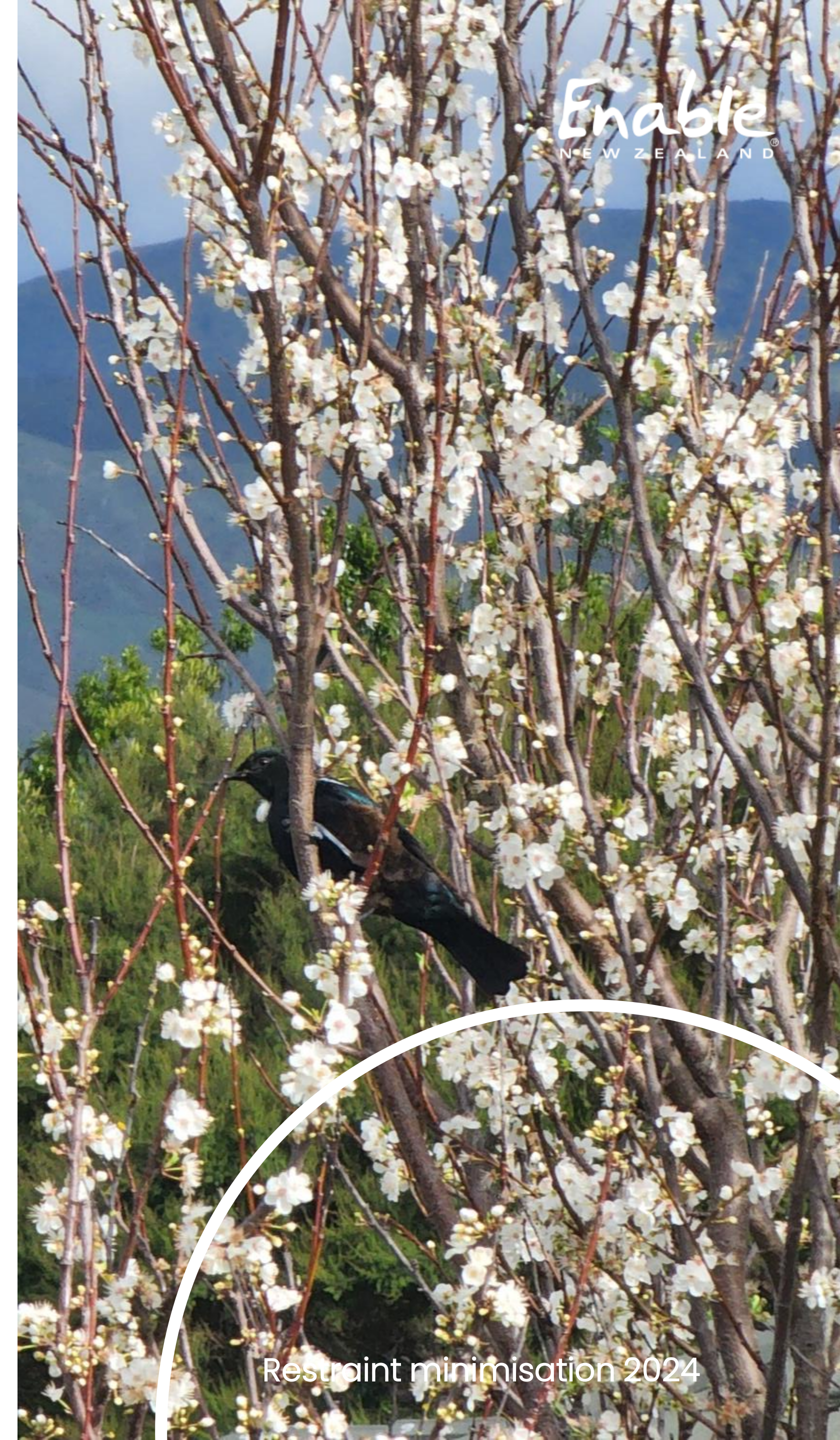
b) Accessible health and disability services

c) Partners with choice and control

d) Best practice through collaboration

e) Standards that increase positive life outcomes

Page xi



Te Tiriti o Waitangi

a) Tino rangatiratanga

b) Equity

c) Active protection

d) (having) Options

e) Partnership

Pages xi & xii

Outcome 6: Restraint and seclusion

Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.

6.1 He tukanga here
A process of restraint (page 74)

I know what it means for me

The People

I trust the Service provider is committed to improving policies, systems and process to ensure I am free from restrictions.

Te Tiriti

Service Providers work in partnership with Māori to ensure Services are mana enhancing and use least restrictive practices.

As Service Providers

We demonstrate the rationale for the use of restraint in the context of aiming for elimination.

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6.2 Herenga haumaru

Safe restraint (page 76)

I know what it means for me

The People

I have options that enable my freedom and ensure my care and support adapts when my needs change, and I Trust that the least restrictive options are used first.

Te Tiriti

Service Providers work in partnership with Māori to ensure that any form of restraint is always the last resort.

As Service Providers

We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.

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6.3 Arotake kounga o te herenga
Quality review of restraint (page 79)

I know what it means for me

The People

I feel safe to share my experiences of restraint so I can influence least restrictive practices.

Te Tiriti

Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.

As Service Providers

We maintain or are working towards a restraint-free environment by collecting, monitoring and reviewing data and implementing improvement activities.

Restraint definitions (page 9)

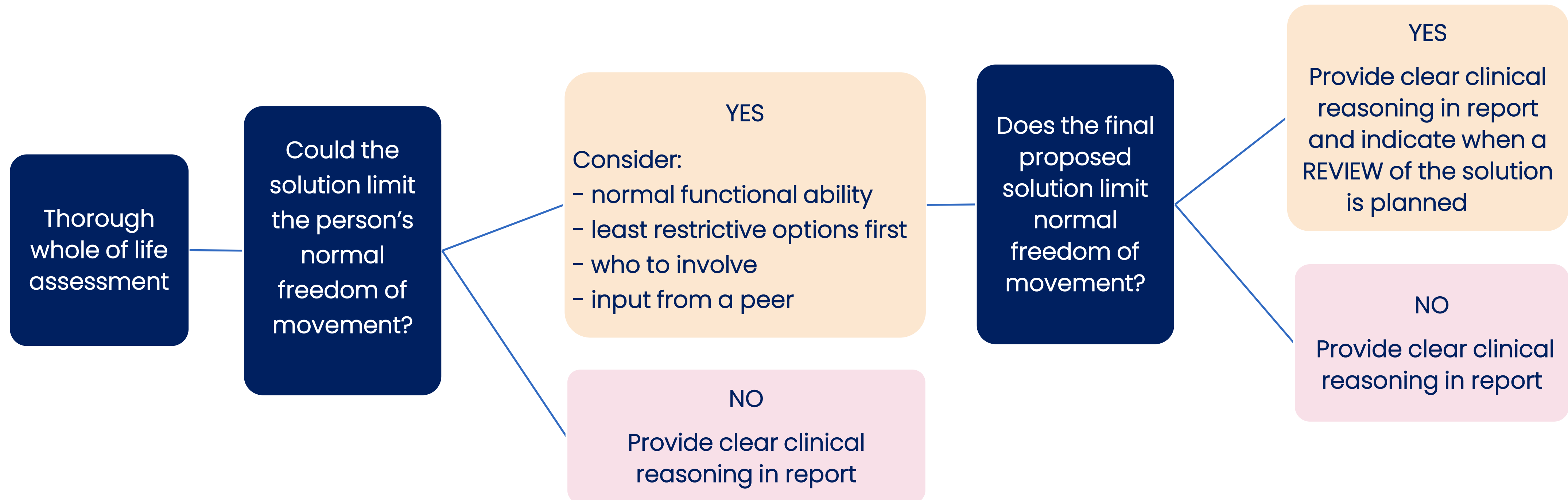
Restraint	The use of any intervention by a Services provider that **limits a person's normal freedom of movement.** Where restraint is consented to by a third party, it is always restraint.
Restraint elimination	Evidence of **good assessment and planning processes**, that provide early identification of a possible need for restraint and therefore assist in planning interventions that best reduce the likelihood of restraint being required.
Restraint episode	A single restraint event, or where restraint is used as a planned, regular intervention and **is identified in the person's Service delivery plan.** The term many also refer to a grouping of restraint events.

What is normal freedom of movement?

A pelvic positioning belt example

It is not the equipment - but the individual person's functional ability (assessment) that determines if a piece of equipment has become a restraint to that person.

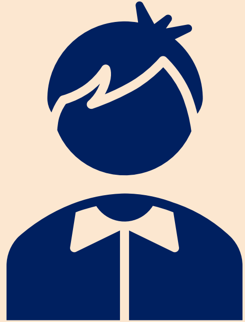
Clinical application



Solutions that may be a restraint

- Beds – ¾ or full-length rails, and high cots sides
- Lying positioning supports
- Sleep aides – FidgetBum sheets, sleep sacks
- Seating – straps (velcro), belts and harnesses
- Anti-escape mechanisms, tilt in space, tray
- Wheelchairs – brake placement, power off.

Case study

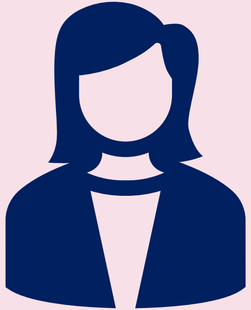


- 4 year old
- CP, GMFCS 5, dystonic athetoid movements resulting in injuries when in bed and exaggerated extensor positions.
- Limited head control. Can roll with 1 person assist. Full hoist transfer.
- Safety sleep wrap is the proposed solution to support safe positioning and limit disruption when sleeping.

In this situation it was determined that the solution was not limiting normal freedom of movement in a functional sense (bed mobility/transfers). This solution did limit involuntary movement.

- Is involuntary movement considered normal?
- Is it normal for that person?

A scenario to work through



- 82 years old, lives with family
- Sustained lower limb fractures in 2021 plus has reduced movement on right side and reduced movement on both shoulders.
- Difficulty with bed transfers and mobility.
- Has profiling, height adjustable bed.
- Feels unsafe using clamp on rail and would like full length rail to avoid falling off the side of the bed.

Regarding a bed rail being a potential restraint - what would you consider when you assess this person?

Challenging Behaviour and Restraint
Whaikaha – Ministry of Disabled people

There are guidelines in place that are used for Whaikaha/EMS equipment, vehicle and housing requests.

- Principles – “any EMS solution recommended will be the least restrictive and invasive option to meet the identified need”

- Pathway A – assessment has identified a solution that is not a restraint
- Pathway B – assessment has identified a solution that is a restraint

If a solution has been identified as a restraint and challenging behaviour is in play, pathway B must be followed. The EMS assessor must consult with the local NASC.

The NASC will determine if a referral to Explore Behaviour Support Services (Explore) is appropriate.

Take Home Points

- ✓ Could your intervention limit the person's normal freedom of movement?
- ✓ Some equipment has greater potential to be a restraint however - it is the individual's situation and scenario that needs to be taken into account.
- ✓ Individualised thorough assessments.
- ✓ Peer review.
- ✓ Least restrictive options first.
- ✓ DOCUMENTATION is key.
- ✓ Elimination is the goal.
- ✓ If the solution is a restraint, plan a REVIEW.

QUESTIONS

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Resources

Resources

- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 - https://www.standards.govt.nz/shop/nzs-81342021/

- Cubro Colabs: A practical guide to the new restraint guidelines - https://www.cubro.co.nz/resources/knowledge-base-page/results?query=restraint

- Equipment and Modification Service (EMS) assessors should follow the relevant processes outlined on the following link - https://www.whaikaha.govt.nz/assets/EMS-Service-Provider-Documents/Practice-guideline-interface-between-NASC-and-EMS-providers-2015.pdf.

- EMS manuals
    - https://www.whaikaha.govt.nz/for-service-providers/equipment-and-modification-services/manuals-and-practice-guidelines/

Clinical advice

- Whaikaha funding related clinical advice for Auckland and Northland regions – email Accessable patadmin@accessable.co.nz or jkwan@accessable.co.nz.

- Whaikaha funding related clinical advice for the rest of NZ - Clinical Services Advisors - csa@enable.co.nz or phone 0800 362 253; EMS assessor web page - www.enable.co.nz/service-centre/ems-assessors.

- ACC funding related clinical advice (nationwide) Clinical Services Advisors - acc.advisor@enable.co.nz or phone 0800 362 253; ACC assessor web page - https://www.enable.co.nz/service-centre/acc-assessors/our-acc-clinical-advisory-team.

THANK YOU

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