New Zealand Standard

Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Superseding NZS 8141:2001
Ministry of Health’s clarification of NZS 8134.2:2008
Health and Disability Services (Restraint
Minimisation and Safe Practice) Standards

Environmental Restraint

It is apparent that routine locking of exit doors is occurring in some health and disability care facilities which are not designated ‘locked units’.

The impact of locking devices on doors is restriction of a consumer’s normal freedom of movement. This practice constitutes ‘environmental restraint’.

Restraint must not be used as a routine measure. It is a serious intervention of last resort requiring robust clinical justification and oversight. All restraint use is subject to Part 2 of the Restraint Minimisation and Safe Practice Standards therefore in facilities other than those designated as a ‘locked unit’, whenever the use of locking devices on doors restricts a consumer’s normal freedom of movement, the service provider must satisfy the requirements of the Standards. These requirements include the service provider demonstrating that:

(a) the use of restraint adheres to the principles of least restrictive practice and the rights, safety and dignity of the consumer are upheld
(b) there are clear organisational responsibilities and clinical justification for the use of restraint
(c) there are documented individual consumer restraint minimisation and safe practice assessments and evaluations including the clinical rationale for restraint use and the impact of restraint use
(d) the use of locking devices on doors does not restrict the normal freedom of movement of consumers for whom restraint is not intended
(e) they comply with fire and safety standards
(f) if the use of environmental restraint is not effective in maintaining the safety of the consumer or meeting the needs of the consumer then alternative management strategies will be investigated and utilised
(g) there are provisions to ensure the needs of consumers are re-assessed when clinically indicated, through an external assessment process, to determine the most appropriate level of care required.

Locked units

The following information is provided in the foreword of NZS 8134.2:2008:

‘In a “locked unit” the locked exit is a permanent aspect of service delivery to meet the safety needs of consumers who have been assessed as needing that level of containment. Although by definition the locking of exits constitutes environmental restraint the requirements of this Standard are not intended to apply to the locking of exits in ‘locked units’, where the unit:

(a) is clearly designated a “locked unit”;
(b) has clear service entry criteria against which consumers are assessed prior to entry;
(c) can ensure consumers using the service continue to meet the service criteria following entry; and
(d) can ensure any consumer that does not meet the service criteria has the means to independently exit the unit at any time.
Therefore when all of (a) – (d) are met, the practice of locking exit doors in “locked units” is not covered by this Standard. However, in the absence of any of the above points, the locking of exit doors should be treated as environmental restraint.

The following statement is provided by the P 8134 workshop committee:

The ‘locked units’ clause contained in the foreword of NZS 8134.2:2008 was intended to relate specifically to contracted services, such as those providing dementia level residential care, where locked exit doors are an accepted and permanent aspect of service delivery and where consumers are independently and comprehensively assessed prior to entry.

The practice of controlling exit doors in a 'locked unit' was deemed exempt from the requirements of the Restraint Minimisation and Safe Practice Standards as in these units there is no requirement to:

- minimise the practice of locking exit doors as this is a permanent aspect of service delivery
- demonstrate an approval process for the practice of locking exit doors as this is an accepted aspect of service delivery
- undertake individual consumer restraint minimisation and safe practice assessment and evaluation, in relation to the practice of locking exit doors, as prior to entry consumers are considered to have been independently and comprehensively assessed as requiring this level of containment.

Environmental restraint

The following information is provided in the foreword of NZS 8134.2:2008:

‘Where a service provider intentionally restricts a consumer’s normal access to their environment, for example, where a consumer’s normal access to their environment is intentionally restricted by locking devices on doors or by having their normal means of independent mobility (such as wheelchair) denied.’

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FOREWORD

The main intent of NZS 8134.2 is to reduce the use of restraint in all its forms and to encourage the use of least restrictive practices. It is crucial that providers recognise which interventions constitute restraint and how to ensure that, when practised, restraint occurs in a safe and respectful manner.

Restraint should be perceived in the wider context of risk management. Restraint is a serious intervention that requires clinical rationale and oversight. It is not a treatment in itself, but is one of a number of strategies used by service providers to limit or eliminate a clinical risk. Restraint should only be used in the context of ensuring, maintaining, or enhancing the safety of the consumer, service providers, or others. All restraint policies, procedures, practices, and training should be firmly grounded in this context.

This Standard covers all forms of restraint and supersedes NZS 8141:2001.

WHAT CAN YOU BUY

NZS 8134.2 Health and disability services (restraint minimisation and safe practice) Standards consists of this document plus:

(a) NZS 8134.2.1 – Restraint minimisation;
(b) NZS 8134.2.2 – Safe restraint practice;
(c) NZS 8134.2.3 – Seclusion.

NZS 8134.2 comprises part of NZS 8134:2008 and may be purchased as a set, that is loose-leaf, four-hole punched, and shrink wrapped for insertion in a binder with room for NZS 8134.0 Health and disability services (general) Standard, NZS 8134.1 Health and disability services (core) Standards, and NZS 8134.3 Health and disability services (infection prevention and control) Standards.

ETHICAL AND LEGAL CONSIDERATIONS

Practice is guided by ethical principles that include acting for the consumer’s good (beneficence), avoiding harm to the consumer (non-maleficence), avoiding harm to self and others, and respecting the dignity of the consumer and the consumer’s human rights.

The Standard should be implemented in ways that respect these and other ethical principles and at all times promote the interests, safety, and well-being of all involved.

Any unauthorised restriction on a consumer’s freedom of movement could be seen as unlawful. Organisations should develop clear policies and procedures to guide service providers in the implementation of the Standard, and seek legal advice if necessary.

Seclusion and restraint shall not be used by providers for punitive reasons.

MEDICATION

The term chemical restraint is often used to mean that rather than using physical methods to restrain a consumer at risk of harm to themselves or others, various medicines are used to ensure compliance and to render the person incapable of resistance. Use of medication as a form of ‘chemical restraint’ is in breach of NZS 8134.2.

All medicines should be prescribed and used for valid therapeutic indications. Appropriate health professional advice is important to ensure that the relevant intervention is appropriately used for therapeutic purposes only.
NZS 8134.2:2008 Health and disability services Standards - Health and disability services (restraint minimisation and safe practice) Standards

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