Office of the Chief Nurse

Restrictive Intervention

What is restrictive intervention?
Restrictive intervention is any method of restricting a person’s freedom of movement, physical activity or normal access to his or her body. It can also be a physical constraint mediated by an instrument or device (e.g. posey mitts, splints, bed rails, bed tables).

Why use restrictive intervention?
There are times when some patients may become confused and they may not be able to keep themselves safe. For example, they may want to leave hospital even though they are confused and it would not be safe for them to do so, or they may be removing essential treatments such as intravenous ‘drips’, or they may pose some danger to other people. When this happens we may use restrictive interventions to maintain their safety and continue to treat them effectively. This decision is always made in the best interest of the patient.

Restrictive intervention will only be considered as a last resort if all other types of intervention have failed. The type of intervention used will be decided after careful consideration and assessment of an individual’s needs. The restrictive intervention chosen will be the least restrictive possible to maintain safety and it will be used for the shortest period of time. The need for any restrictive intervention will be reviewed regularly and recorded. The intensity and/or frequency of the restriction will be reduced or withdrawn as soon as it is clinically safe to do so.

What types of interventions are used?
The commonly used methods of restrictive intervention are:

- **Cot sides (bed rails)** can be helpful in preventing patients who are at risk 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 bed rail. It can also enable patients to turn themselves from side to side.

- **Specialist gloves (hand mitts and arm splint)** can be used where patients, who may be semi-conscious or confused, try to remove or pull at breathing tubes (tracheostomy), feeding tubes (nasogastric tubes), or cannulas for intravenous infusions, all of which are important to their treatment.
• **Seat belts on wheel chairs and reclining chairs** are used to prevent falls from chairs, particularly for those who have weakness of the trunk muscles and may be unable to maintain their own stability in sitting, thus are at risk of slipping out of the chair.

• **Electronic tagging** allows a vulnerable 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 either continuously within eyesight or arm’s length and/or approaching them at 15 minute intervals to ensure they are safe. 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.

• **Physical restraint** involves direct physical contact between one person and another. This may involve physically holding a person or blocking their movements to stop them from leaving.

• **Rapid tranquilisation** may be used in the event of an emergency situation. This involves the administration of sedating medication by an appropriate member of staff when it is deemed necessary to restrain the patient for their own safety.

**How long is restrictive intervention required?**

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

The hospital policy on the use of restrictive intervention recommends:

- It is used as a last resort when all other types of intervention have failed.
- It is used in the best interests of the patient and as a proportionate response to the likelihood of that person suffering harm, and to the seriousness of that harm.
- Everything possible is done to prevent injury and preserve the patient’s dignity.
- Staff have appropriate training in the use of restrictive interventions e.g. adjusting and re-applying restrictive intervention devices to promote and ensure patient comfort.
- Staff work in partnership with the patient/relative/carer regarding use of an identified restraint.
Further contacts/information

If you have any further questions or concerns please speak to the Nurse in Charge.

For further information on Restrictive Intervention:

CUH: Mental Capacity Act (MCA) Information leaflet for patients and relatives/carers
The online MCA Directory - [http://www.scie.org.uk/mca-directory/](http://www.scie.org.uk/mca-directory/)
Cambridge County Council’s website - [www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk)

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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