

# Advances in Preventing Injury & Death During Physical Restraint

Alan Metherall (RMN, BSc Hons)  
Raili Worthington (SRPara)

**2gether**  
Making life better

Foundation Trust  
For Gloucestershire



# Aims

- **Background**
- **Policy Development – NICE / NIMHE**
- **Local Service Improvements**
- **Audit Findings**
- **Future**

## On Going Concerns

- **David Bennett (2003)**
- **Rates of violence and aggression continue to increase in healthcare settings**
- **Restraint related deaths across health and criminal justice systems**
- **On going concerns raised by the National Patient Safety Agency (NPSA) with the Resuscitation Council (UK) of inadequate responses to medical emergencies in Mental Health settings**

## *Background.....* **David Bennett (38) 1998**

- Incident between 2 patients, DB transferred to another ward within the unit
- DB seriously assaulted a member of Nursing Staff and was subsequently subjected to restraint for 25mins
- DB went quiet during restraint
- Physical restraint lifted, CPR started
- Defibrillator arrived with the paramedics

## **Geoffrey Hodgkins (37) November 2004**

- Held face down for 25mins where he was struggling, spitting and biting
- Security Guard and a Health Care Support Worker (HCSW) noticed he had stopped breathing
- Communication mix up causing delay in calling an ambulance
- Untrained staff including security staff were involved in the restraint

## **Azrar Ayub (27) 28<sup>th</sup> May 2004**

- Restraint and Rapid Tranquilisation (RT)
- Found dead post restraint

## **Gareth Myatt (15) 19<sup>th</sup> April 2004**

- **Rainsbrook Secure Training Centre, Nottinghamshire**
- **Held down by three officers using the double-seated embrace**
- **During the restraint he tried to tell them he couldn't breathe**
- **Died from "positional asphyxia" after choking on his own vomit**

**Gareth was 4ft 10 and weighed < 7 stone**

# Short Term Management of Disturbed Behaviour (NICE 2005)

**Assessment**

**Prevention**

**Management / Observation**

# Factors Increasing Risks During Restraint

- **Obesity**
- **Prolonged struggle – continual combativeness**
- **Physical ill health**
- **Acute mental disturbance**
- **Prescribed medications**
- **Illicit drug misuse**
- **Restraint procedure that impairs respiration**
- **Extreme psychotic fear**



## Aims & Objectives we set Ourselves

- 1. Devise a system which met as many of the recommendations made by NIMHE & NICE**
- 2. Medical Emergency response should be available within 3 minutes to all areas**
- 3. Staff receive mandatory annual training which includes:**

# Early Warning Call Criteria

Call a “Medical Emergency” & dial **999**

**All Cardiac Arrests**

**All Respiratory Arrests**

**Chest Pains**

**Patient is unrousable/deteriorating and has 1 or more of the following signs:**

<b>Respiratory rate</b>	<b>&lt; 10 / minute</b>
<b>Respiratory rate</b>	<b>&gt; 30 / minute</b>
<b>Heart rate</b>	<b>&lt; 50 / minute</b>
<b>Heart rate</b>	<b>&gt; 130 / minute</b>
<b>Blood Pressure</b>	<b>&lt; 90 mmHg systolic</b>
<b>Oxygen saturation</b>	<b>&lt; 92% on air</b>
<b>Blood sugar</b>	<b>&lt; 4 mmol/L and not responding to treatment</b>

# Medical Emergency Response Team (MERT)



- All available staff respond
- Staff bring assigned MERT equipment
- MERT staff will utilise skills / equipment and look after the physical wellbeing of the patient
- Staff will direct ambulance to incident



**Is this different to anyone else ?**

## The MERT Assessor

**We introduced a person independent of the restraint, to:**

**Assess**

**Prevent**

**Observe**

**Manage**

**During restraint, the MERT Assessor monitors the service user's physical health more closely**

# The role of the MERT Assessor



- Registered Nurse
- To act independently of the restraint team
- An advocate for the physical well being of the service user subject to restraint
- Attends ALL emergencies
- Responsible for bag & bleep & Trust Paperwork
- Monitors, records and handovers over the physical care of the patient
- Post incident with agreed observations

## Has restraint been made safer?

### Through assessment.....

- Implemented a programme of training which has increased the skill and knowledge basis of risks associated with restraint
- Implemented a system of assessing and monitoring the physical well being of service users subject to restraint
- Identified Risk Factors associated with restraint

**cont.....**

## **Through prevention.....**

- **We have an agreed “Early Warning Criteria”**

## **Management and Observation.....**

- **Trained in the ongoing observation of service users subjected to restraint**
- **Systems and protocol in place for dealing with emergencies**
- **Increased skills to deal with medical emergencies e.g. AED**

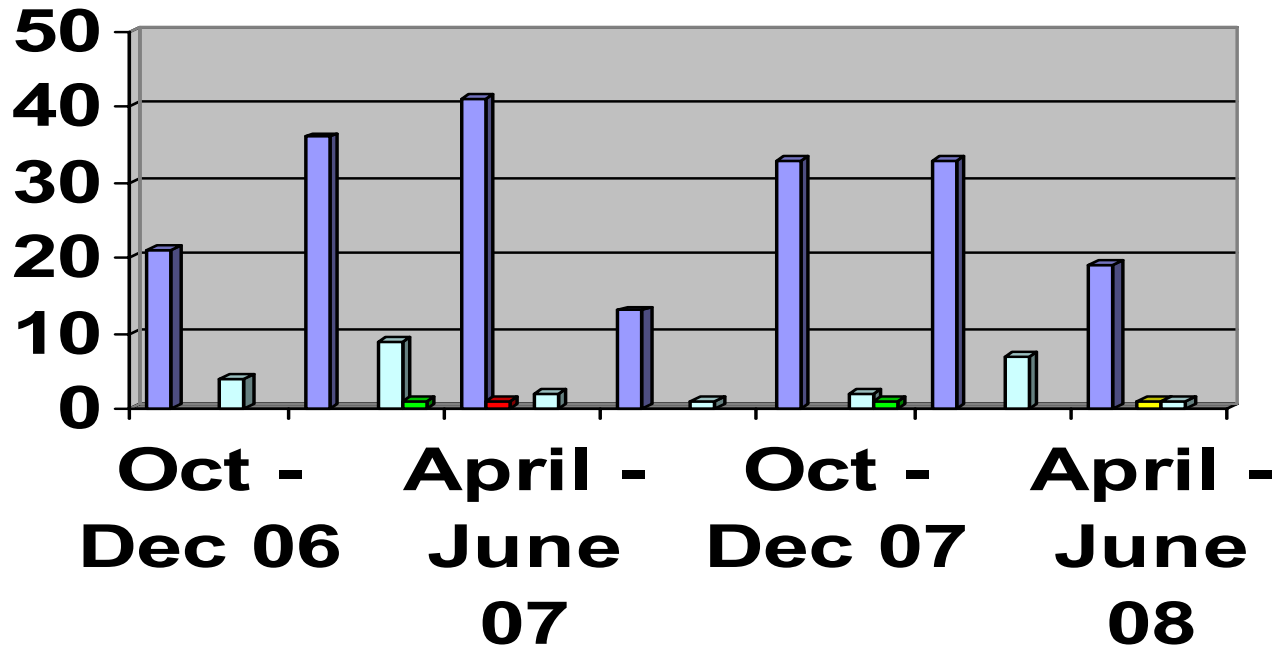


## What have we done?

Following implementation of the MERT Assessor we collected data from a number of sources with the intention of identifying:

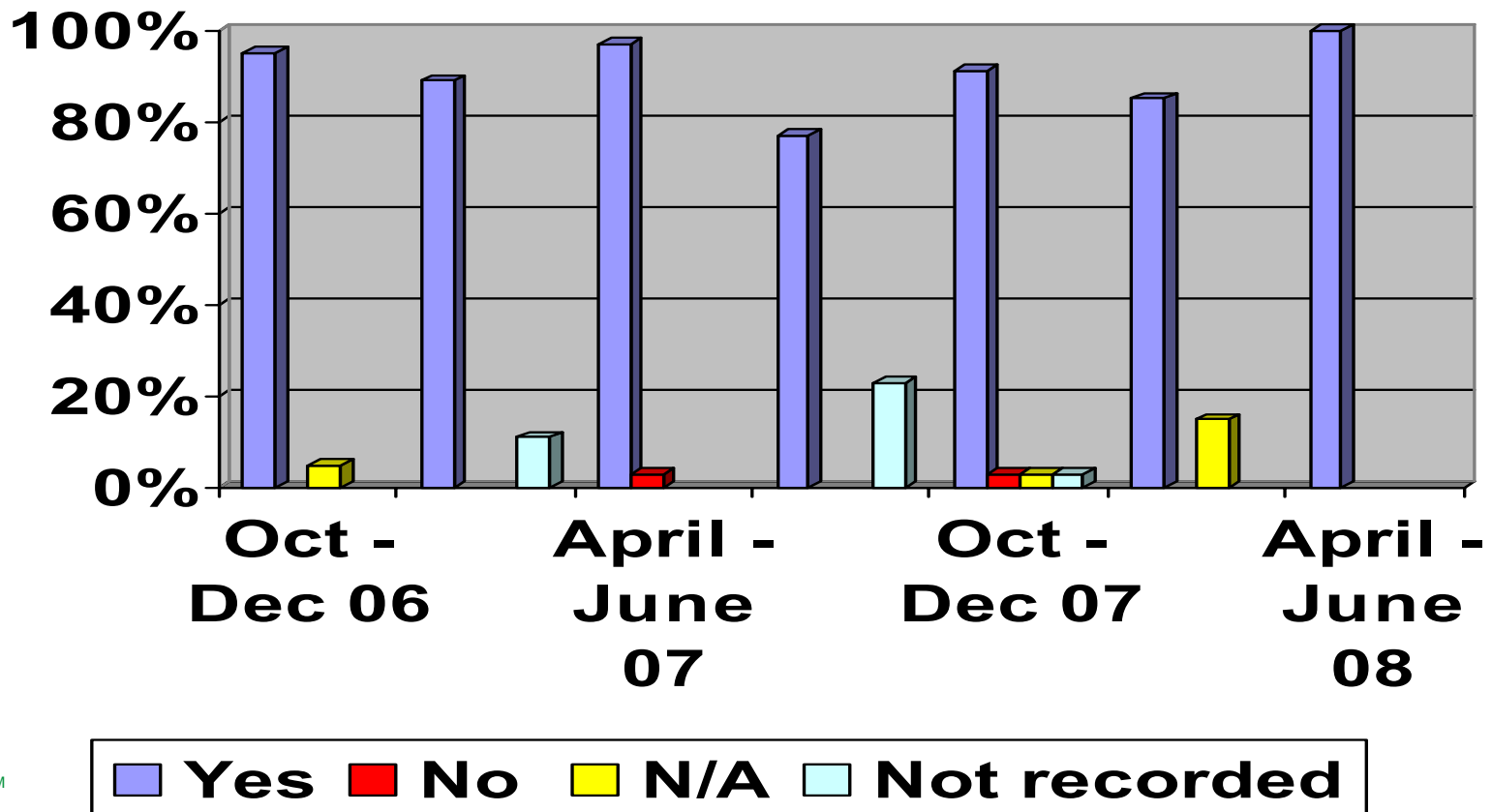
- **Physical observations during restraint**
- **Duration of restraint**
- **Action taken if the Early Warning criteria is met**
- **Post incident outcomes**

## Types of Emergency Calls

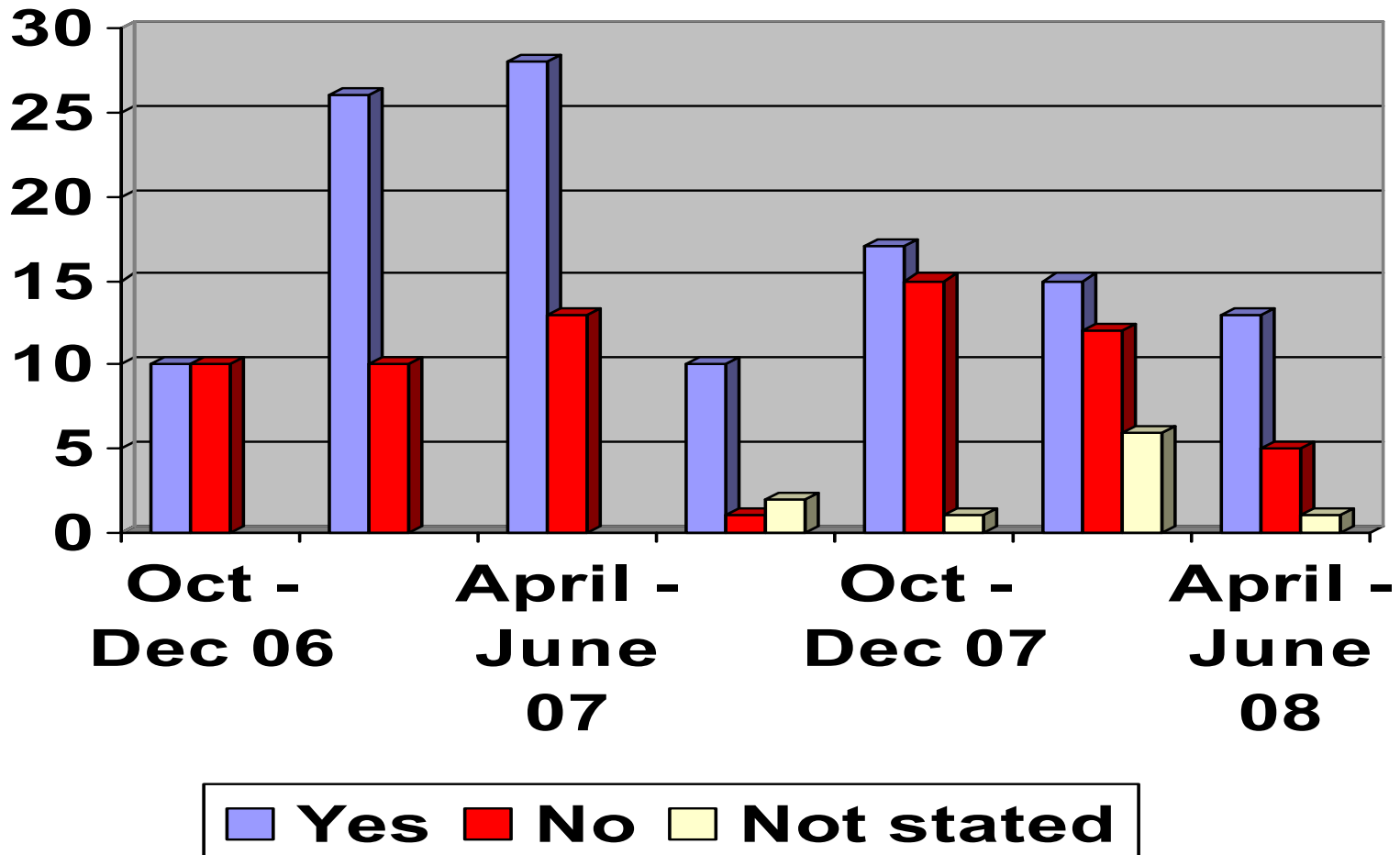


- Psychiatric emergency**
- Cardiac Arrest**
- Respiratory Arrest**
- Pre Arrest Call**
- False Alarm**

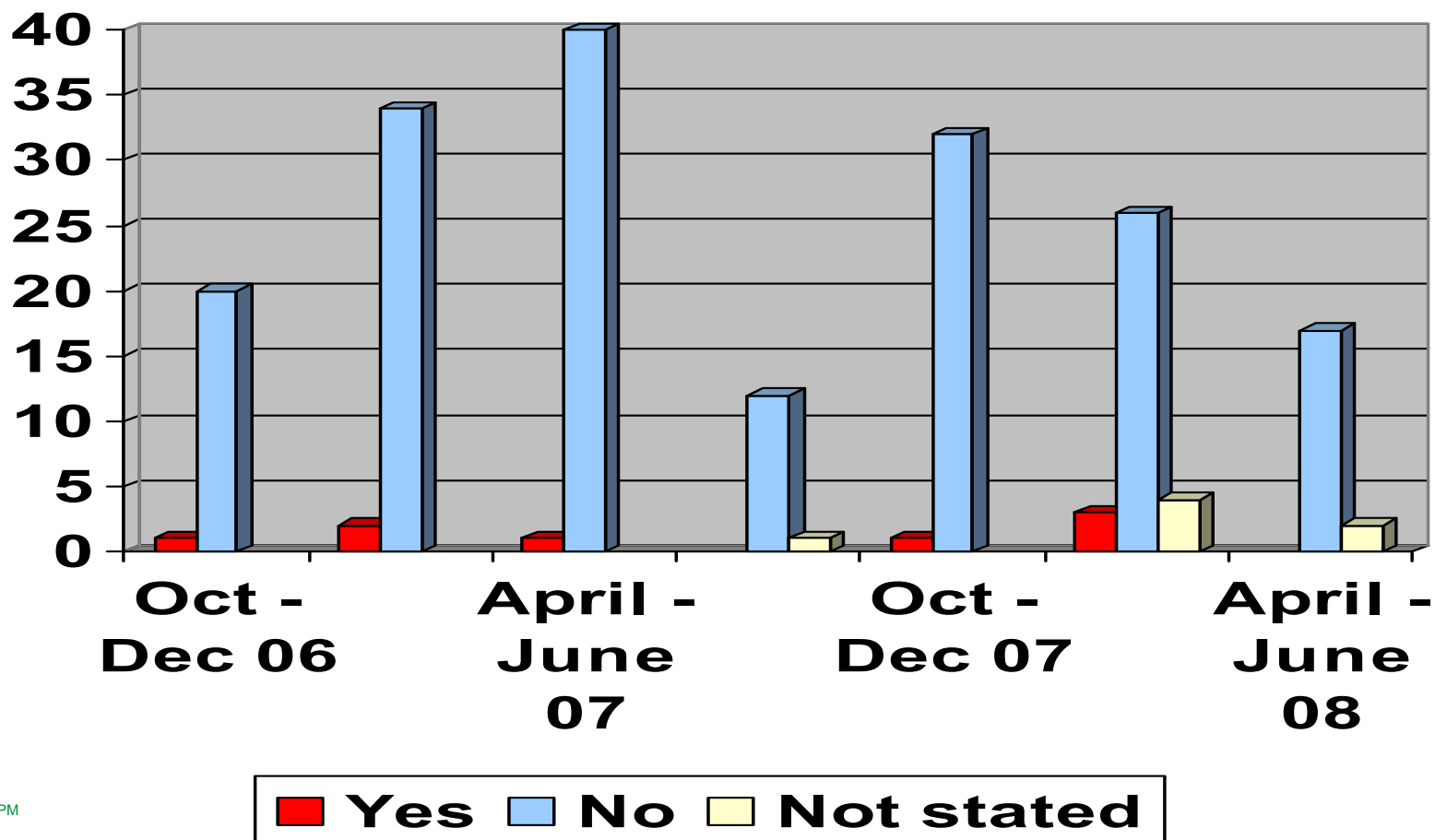
# Physical Observations monitored during restraint



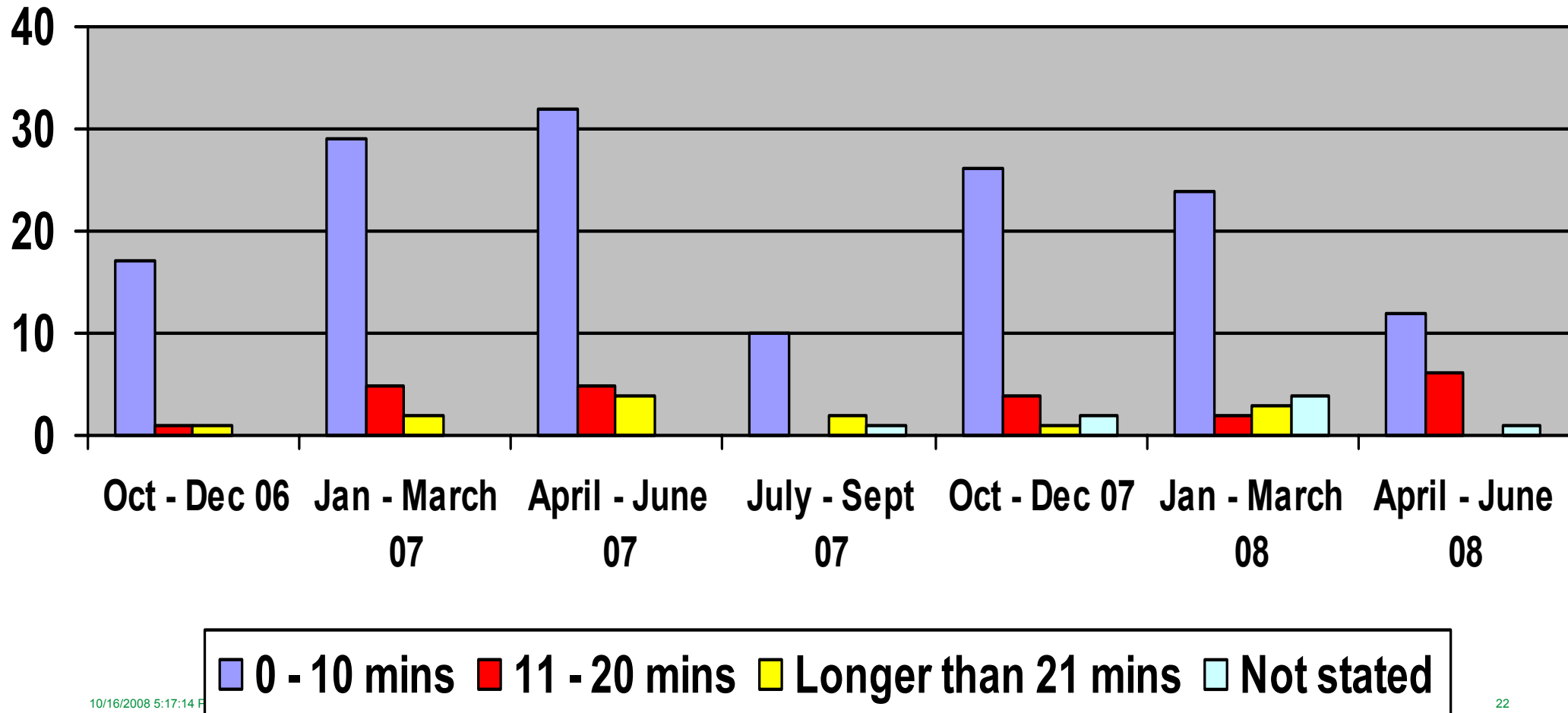
## Physical observations recorded



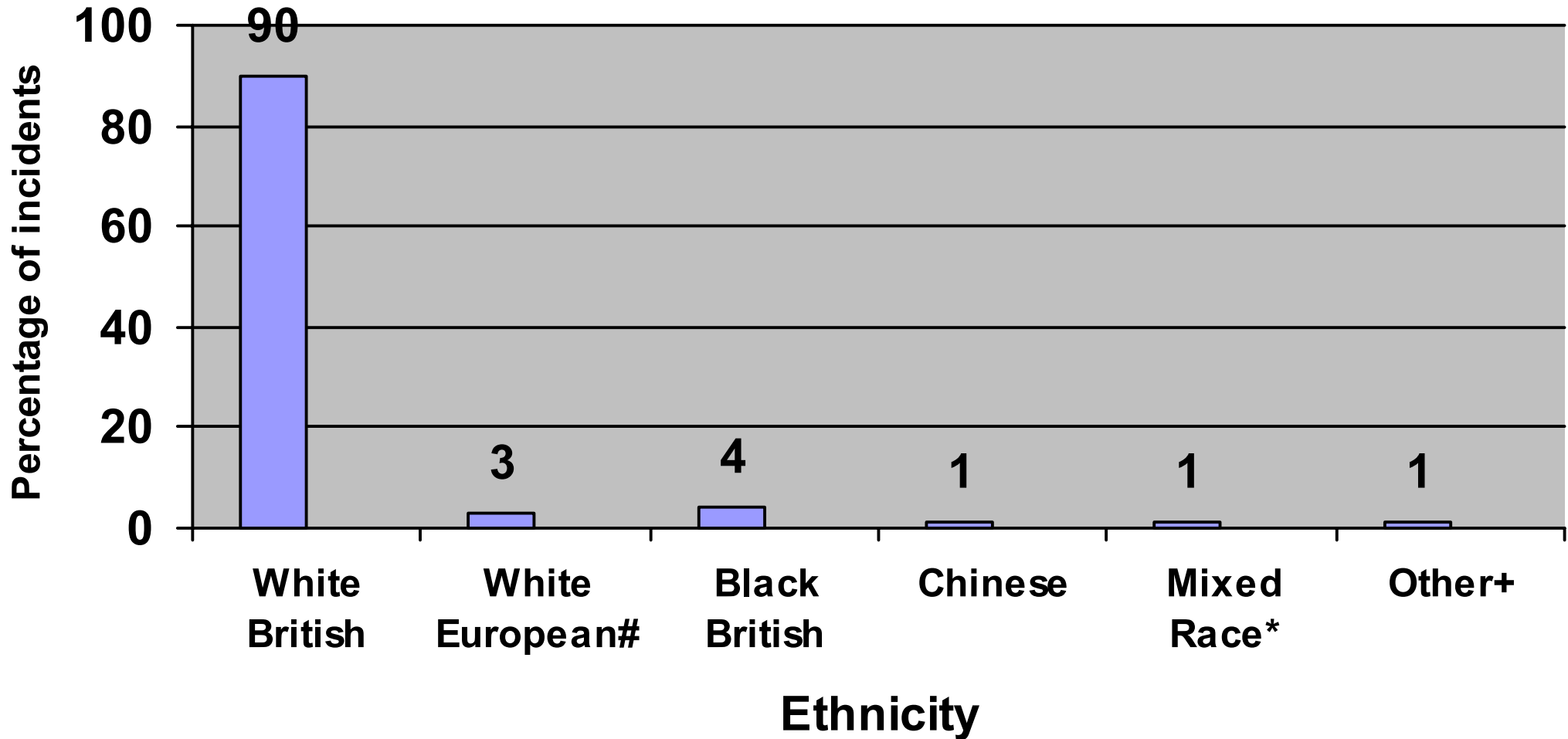
## Early Warning Criteria met?



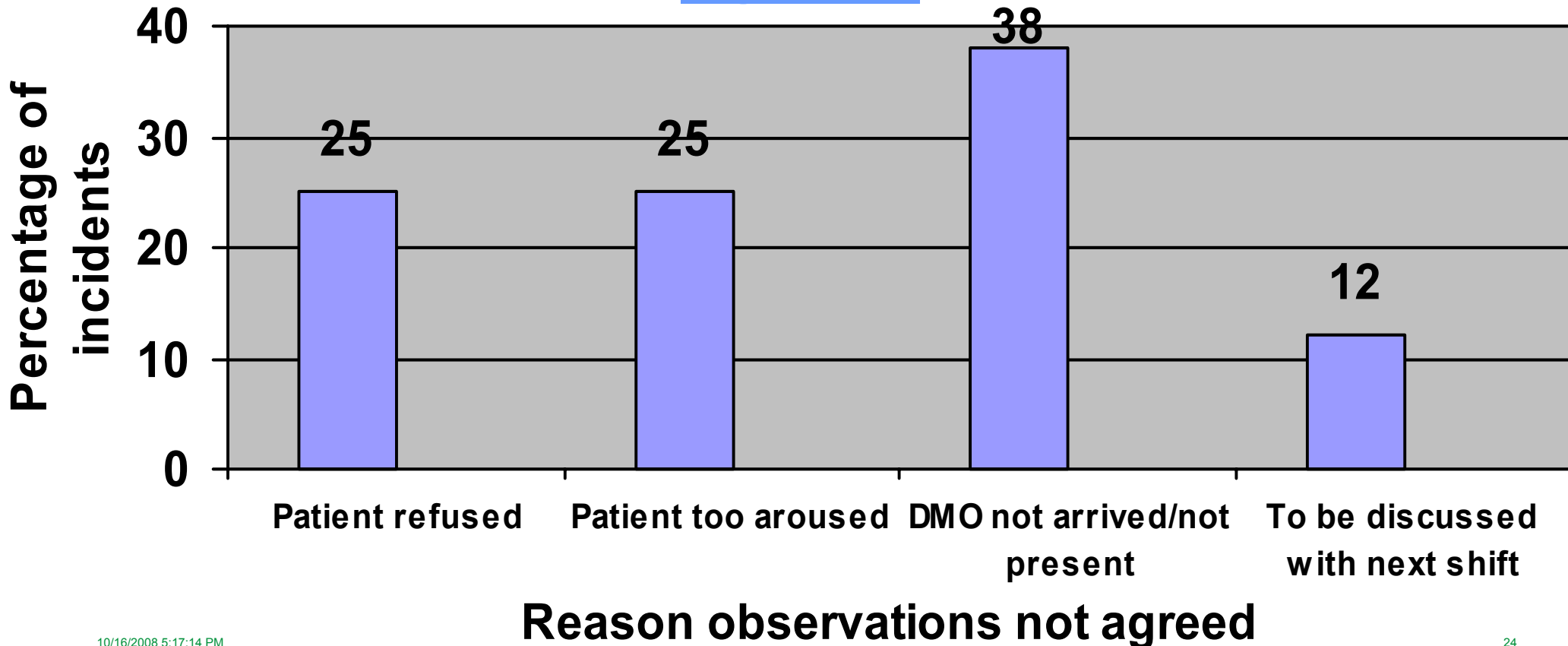
## Estimated duration of restraint



## Ethnicity of Client



## Reason post incident observations not agreed





## The Future for Safer Restraint

- **Continue to develop the system, training, data collection**
- **Paterson (2005) focuses on a public health model**
- **Europe Council Guidance - continuum of increasing hierarchy of interventions**
- **End of the 'Force Continuum' with the introduction of Tasers**

## Summary

- **Need to focus on the prevention of incidents of violence and aggression to avoid restraint**
- **Develop system where patient safety can be improved where incidents of restraint**
- **Future Research will need reliable definitions and data collection tools**

**Thank you for your attention and  
listening to our presentation**

## Contact details

**Alan Metherrall** (RMN, BSc Hons)

Matron Manager.

Wotton Lawn Hospital

01452 891506

[alan.metherrall@glos.nhs.uk](mailto:alan.metherrall@glos.nhs.uk)

**Raili Worthington** (SRPara)

Lead Resuscitation Training Resuscitation Officer

Collingwood House Training & Education Centre

01452 891244

[raili.worthington@glos.nhs.uk](mailto:raili.worthington@glos.nhs.uk)