



VIOLENCE RELATED TO RESTRAINTS

Beth Waddington

Courtney Wiener



AGGRESSION

- ▶ Threatening behavior
- ▶ Verbal assault
- ▶ Assault on property
- ▶ Self-injury
- ▶ Hitting
- ▶ Kicking
- ▶ Scratching
- ▶ Spitting
- ▶ Sexually threatening
- ▶ Throwing objects
- ▶ Choking
- ▶ Biting



STAFF INVOLVEMENT

- ▶ 98% of psychiatric nurses reported being involved in a violent incident at work.
- ▶ “I was doing my rounding log for my patients, when I was unable to find someone. I searched through the rooms and bathrooms but could not find the person. When I walked in their room again, I turned to leave the room and was backed into a corner when the person grabbed my arms and threw me to the ground.”

–anonymous nurse aide

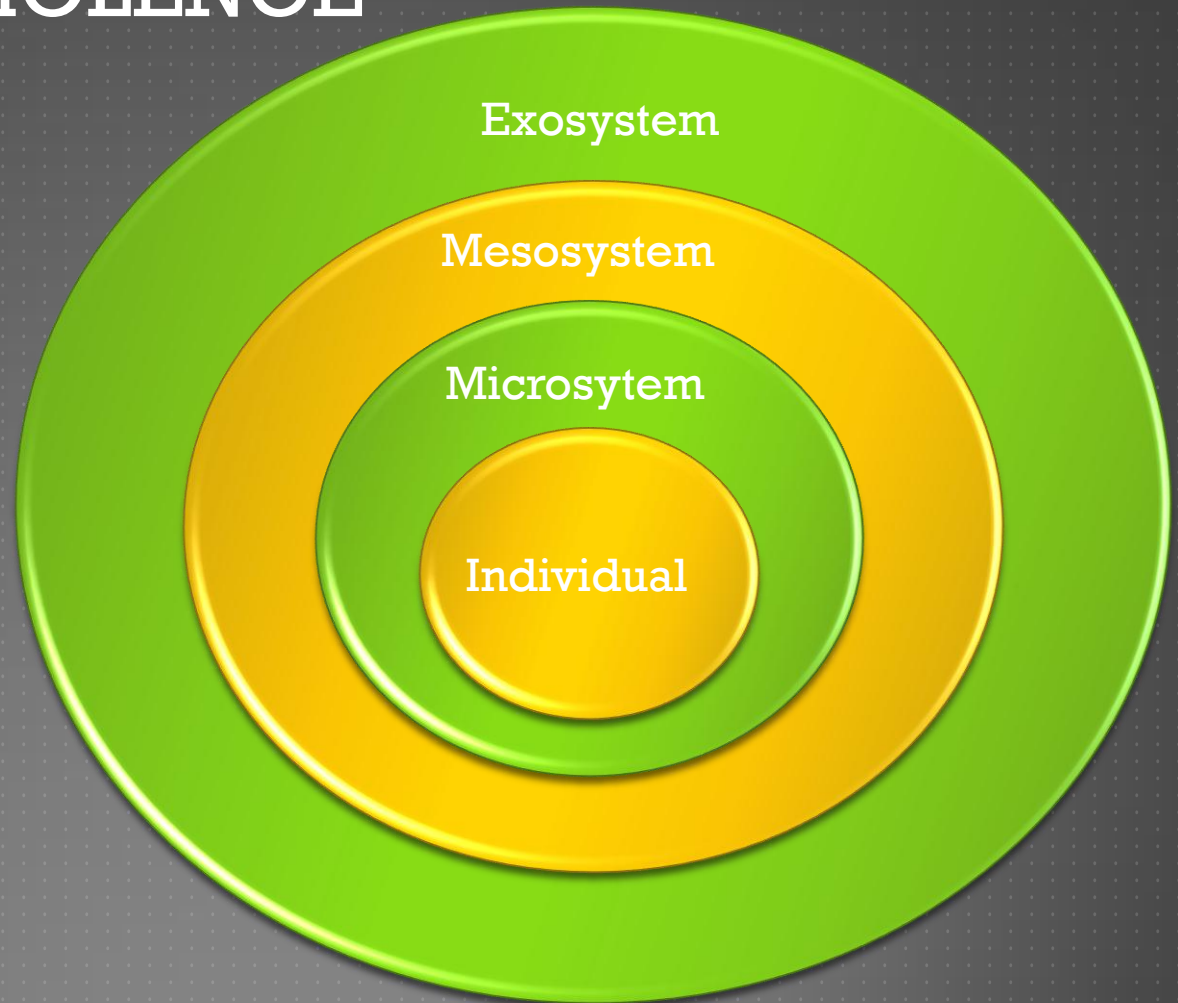
NATURE OF VIOLENCE

Exosystem- external environmental settings

Mesosystem- interactions among micro events

Microsystem- immediate environments

Individual



Bronfenbrenner's Ecological Model

STRATEGIES TO DECREASE VIOLENCE

- ▶ Good communication skills
- ▶ Advocating for clients
- ▶ Being available
- ▶ Having strong clinical assessment skills
- ▶ Providing patient education
- ▶ Collaborating with patients in treatment planning
- ▶ Engaging in meaningful patient activities
- ▶ Appropriate levels of stimulation



PHYSICAL RESTRAINTS

- ▶ Safety vests & jackets
- ▶ Lap or wheelchair belts
- ▶ Finger control mitts
- ▶ Limb holders



MANUFACTURER'S DIRECTIONS

- ▶ Select the type of restraint's recommended for the patient's condition
- ▶ Use the correct size for the patient's weight and height
- ▶ Knot the front and back of the restraint and apply correctly
- ▶ Tie knots that can be released quickly
- ▶ Secure bed restraints to the bedsprings or frame, never to the mattress or bed rail. With an adjustable bed, secure the restraints to the parts of the bed that move with the patient.



MISUSE OF PHYSICAL RESTRAINTS

- ▶ <http://www.youtube.com/watch?v=BIZZuTa9lyM&feature=related>



MISUSE OF PHYSICAL RESTRAINTS

- ▶ **Inappropriate patient selection**
 - ▶ For example, a chronically agitated patient may become more agitated with a restraint.
- ▶ **Inappropriate Use**
 - ▶ Restraints should not be used unless necessary or when in the patient's best interests.
- ▶ **Inadequate monitoring**
 - ▶ Patients can be injured if they are not adequately monitored over long periods while they are restrained. If restraints are being used to avoid monitoring patients, then they are being misused.
- ▶ **Wrong type/incorrect application**
 - ▶ Selecting the wrong type of restraint for a particular patient's needs or putting a restraint on backwards or upside down, or using the wrong size, also increases the chances for injury or death.

RECOMMENDATIONS

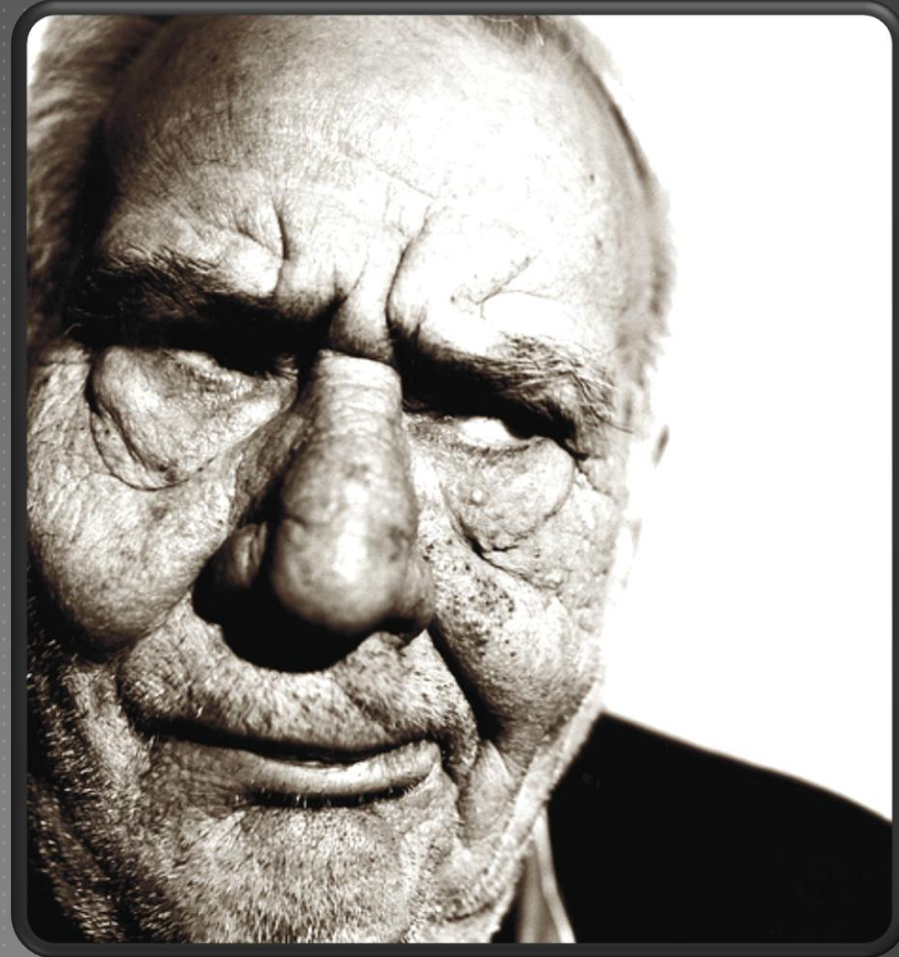
- ▶ Find alternatives to using restraints whenever possible.
- ▶ Obtain informed consent from patients or guardians before using restraints.
- ▶ Discontinue use as soon as feasible
- ▶ Observe patients in restraints frequently
- ▶ Remove the restraints as often as possible to allow for normal body functioning and daily activities
- ▶ Apply and adjust the restraints so that it is comfortable for the patient
- ▶ Provide regular staff training including demonstrations in proper use of restraints
- ▶ Keep well-documented patient records
- ▶ Follow local and state laws regarding the use of physical restraints.

BARRIERS TO RESTRAINT REDUCTION

- ▶ A study by Nay & Koch identified barriers to removing restraints in residential elder care facilities in Melbourne, Australia.
- ▶ 3 elder care facilities participated in the study
- ▶ 18 staff, 12 residents, and 17 family members were interviewed about the use of restraints.
- ▶ Restraints were considered the most time effective approach and staff needed more education about alternatives.

BARRIERS IDENTIFIED

- ▶ Potential harms to the resident were greater without the restraint than with the restraint.
- ▶ The use of agency staff
- ▶ Physical injuries of greater concern than emotional distress
- ▶ Easier to apply restraints than other approaches
- ▶ Lack of medical practitioner time for assessment



BARRIERS IDENTIFIED

- ▶ Staff unsure of alternative approaches
 - ▶ Staff believed that residents with cognitive impairment were not aware they were being restrained
 - ▶ Lack of re-assessment
 - ▶ Individual ideas about restraints
 - ▶ Trust in staff to carry out best practice
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CONCLUSION

- ▶ “If how we speak about something is indicative of how we think, then one interpretation of the use of the term ‘control and restraint’ to describe all such training is that at least some nurses continue to think that the key means of delivering safer environments in mental health is restraint.”
(Paterson, 2009)



REFERENCES

- ▶ Cullan, G.M., & Cullan, S.K. (2011). *Misuse of chemical and physical restraints*. Retrieved from <http://www.stopnursinghomeabuse.org/chemical-physical-restraints.html>
- ▶ Hamrin, V., Iennaco, J. & Oslen, D. (2009) A review of ecological factors affecting inpatient psychiatric unit violence: implications for relational and unit cultural improvements. *Issues in Mental Health Nursing*. 30, 214-226.
DOI: 10.1080/01612840802701083
- ▶ Haralambous, B. & Moore, K. (2007) Barriers to reducing the use of restraints in residential elder care facilities. *Journal of Advanced Nursing*. 58(6), 532–540.
DOI: 10.1111/j.1365-2648.2007.04298.x

REFERENCES

- ▶ Johnson, M. (2010) Violence and restraint reduction efforts on inpatient psychiatric units. *Issues in Mental Health Nursing*. 31, 181-197. DOI: 10.3109/01612840903276704
- ▶ Paterson, B. (2009) Control and restraint: changing thinking, practice and policy. *Mental Health Practice*. 15(2), 16-20.
- ▶ Richards, H.C. (2008). *Physical restraints*. Retrieved from <http://www.richardshealthcare.com/htm/downloads/PHYSICAL-RESTRAINTS.pdf>