CGP 114

POLICY & PROCEDURE FOR USE OF CHEMICAL RESTRAINT AND CARE OF PATIENTS IN RESTRAINT

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1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices, with the appropriate sections in Clinical Practice Guidelines used by National Ambulance, and other clinical policies, procedures and protocols approved and/or published by National Ambulance.
The Policy and Procedure for Chemical Restraint and Care of Patients in Restraints has been developed to ensure and maintain safe and quality care for patients, any relatives or guardians accompanying the patients and National Ambulance staff providing the care and transportation in accordance to these internationally recognized guidelines and procedures.
National ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance clinical staff must also be fully aware of the special consent considerations required for this patient group.
This policy is related to management components of leadership and commitment and Continuous Improvement.

2. SCOPE

Care and management of patients who require use of chemical restraint and care of patients in restraint is only to be performed by all National Ambulance Clinical personnel as within their scope of practice and in accordance with their qualifications, skills, experience and training.

This policy and procedure includes all elements of patient assessment and management for this patient group within the Emergency medical services environment to ensure best possible outcomes; it also includes requirements for documentation and reporting to ensure comprehensive and accurate recording of all patient related activity takes place.

3. ROLES AND RESPONSIBILITIES

1. Chief Operations Officer

The Chief Operations Officer is responsible for the implementation and monitoring of this Policy and Procedure.

2. Medical Director

The Medical Director is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support for a Duty Manager. The MD is also responsible for developing training to support this Policy and Procedure.

3. All Managers

All Managers are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with the DOH and reporting any incidents or near misses through the QHSE system. Reporting of the suspected or confirmed communicable disease must be completed in accordance with the DOH regulations and in accordance with the steps that are included in the policy and procedure.

4. All staff that provide care for patients

All staff that provide care for patients are responsible for acting according to this policy and procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their supervisors. (i.e. eLearning and face to face training).

4. POLICY STATEMENT

National ambulance clinical staff must:

- Act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice
- Ensure that they have the knowledge, training and skills to give the best quality and safest patient care.
- Use relevant qualifications, training, skills and experience to provide optimal clinical care; and
- Be fully aware of the special consent considerations required for this patient group and other related Policies and Procedures as detailed in this Policy.

National Ambulance will ensure that:

- All clinical staff have adequate resources to enable them to provide optimum care such as equipment and vehicles;
- All clinical staff have access to suitable ongoing training to ensure they have the most relevant and up to date information and that they have access to ongoing support in the workplace.
- Other relevant policies and procedures are in place and available to support this policy and procedure including but not limited to:
    - CGP 103 Patient Rights and Responsibilities Policy and Charter
    - CGP 105 Patients Consent Policy and Procedure
    - CGP 108 Clinical Policy (which lists all Clinical Services policies)
    - CGP 112 Clinical Policy for High Risk Patients
    - CGP 115 Patient Transportation Policy & Procedure
    - CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
    - CGP 134 Patient Care Protocols

The restraint of patients will be categorized as the use of a chemical agent to sedate patients that cannot be safely transported by any other means.

EMS Personnel are frequently dispatched to transport combative patients. The over-riding principle is 'first do no harm' as inappropriate restraint may be considered as an assault. Internationally options for restraint can include either non-pharmacological, pharmacological, or both methods. If at any stage the patient may be anticipated to require physical restraint for their safety then the police should be involved. If there is a perceived risk to the safety of National Ambulance staff, then Ambulance Control Centre (ACC) needs to be notified (recorded line) and police assistance requested. Ensure that the police have ascertained that the patient and personnel in the vicinity do not have amongst their body any device or instrument that may be used as a weapon to harm, prior to the approach to the patient. Remember inappropriate restraint may be considered as assault. Do not inappropriately restrain.

For pharmacological restraint it is necessary to completely understand the proper use, dosage, complications, indications and contraindications for the use of chemicals for restraining patients where clinically indicated

4.1. Requirements for Clinical staff

- Read this document and following the stepwise approach is a 'must' to acquire knowledge you need to assess and re-assess all patients. Information you will need is mainly contained in this Clinical Policy and Procedure
- Attend all courses as determined by National Ambulance and ensure that you have the knowledge and understanding of chemical restraint.
- Use your professional judgment and your knowledge of the relevant documents that are mentioned in the introduction.
- Remember that Policies and Procedures are for best practice and are not intended to be a substitute for good clinical judgment; it is not possible to write a Policy and Procedure for every condition and variation that a patient may have.
- Ensure that care is delivered properly and the medications are used appropriately to ensure optimal patient care.
- Act in the best interest of the patient and perform within your scope of practice.
- Where possible care and transportation must occur with the patient being accompanied by a designated responsible adult in order to protect and safeguard the welfare of the vulnerable patient, which includes but is not limited to :
    - Geriatric patients,
    - Children (Paediatric),
    - Mental health/emotionally challenged
    - Comatose or ventilator dependent patients

  - Patients with a complex medical history that requires more specific care than a standard case.
- Understand the use of chemical restraints as determined by National Ambulance to ensure you can bring proper care to the patient;
- Follow the Policy and Procedure details; in addition you must communicate your findings, the care you are giving and the outcomes to your colleagues, any other health professionals involved in the patient treatment and any other involved party where appropriate such as patient, relative or consent giver.
- Refer to CGP134 Patient Care Protocols for the process of medication administration in terms of chemical restraint and ensure that you have been trained and are familiar with the medication used for chemical restraint prior to having to use it.
- In some cases the patient may be too combative or safety of scene is an issue prohibiting the administration of medications for chemical restraint. In those cases it will be necessary for the crew to move to a safe distance and request the help of the police department via ACC's recorded line to assist in the management of the patient.
- At no time should an NA employee physically restrain a patient.
- If during transport a patient becomes violent, the crew must find as safe a place as possible, if necessary, pull over, evacuate the ambulance and ensure that the keys are removed while summoning the police for assistance.
- There must be due consideration to driving style to minimize the risk of further antagonizing an agitated patient
- Work as a team and provide a consistent standard of care to the patients in the pre-hospital field.
- The most senior qualified crew member is to assume the leadership role.
- When the assessment is completed document it fully and accurately on the PCR
- If the Police are involved work as a team in the best interests of the patient.
- Normal restraints to secure the patient during transport (i.e. seat belts / harnesses on stretcher, patient carry chair and ambulance seat) have to be maintained.

4.2. SUMMARY

Inappropriate physical restraint is an assault. However to protect patients who clearly lacks capacity due to illness or injury it may be necessary to manage patients individually. This may involve the police to maximally ensure that Patients' Rights are preserved. Remember "first do no harm", keep the patient's best interests central to your decision making. If pharmacological restraint is required remember the full spectrum of actions of the medications used

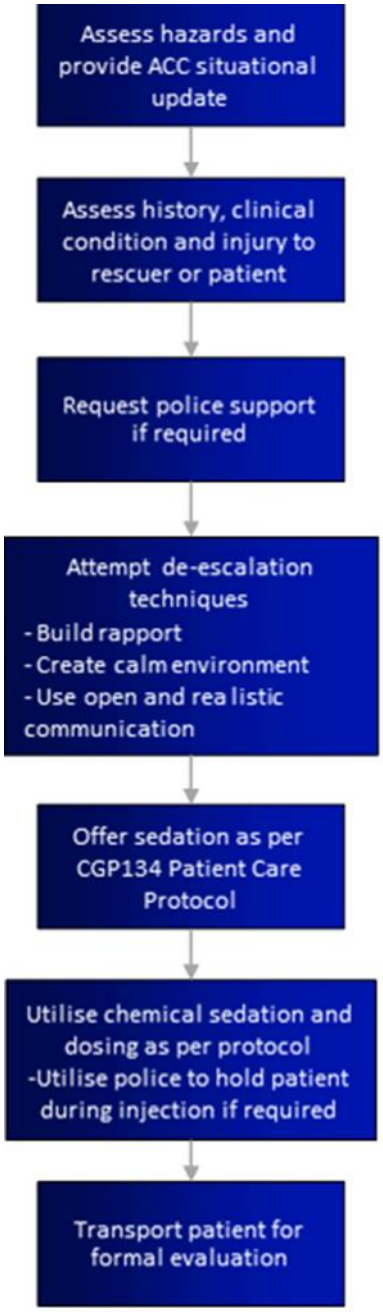
5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Care of Patient (COP) – COP.3 (ME.1, 2 & 3)	JCI

6. PROCESSES

6.1. PROCEDURAL CASCADE


Assess hazards and provide ACC situational update
Assess history, clinical condition and injury to rescuer or patient
Request police support if required
Attempt de-escalation techniques
- Build rapport
- Create calm environment
- Use open and realistic communication
Offer sedation as per CGP134 Patient Care Protocol
Utilise chemical sedation and dosing as per protocol
-Utilise police to hold patient during injection if required
Transport patient for formal evaluation

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
CGP 103 Patient Rights and Responsibilities Policy and Charter
CGP 105 Patients Consent Policy and Procedure
CGP 108 Clinical Policy (which lists all Clinical Services policies)
CGP 112 Clinical Policy for High Risk Patients
CGP 115 Patient Transportation Policy & Procedure
CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
CGP 134 Patient Care Protocols

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Medical Director (MD)

This controlled document is managed / overseen by [Policy Review Committee].

Change Brief

Version No.	Date	Change
1	09 December 2013	First Draft
2	26 May 2014	Revise to a Policy and Procedure to ensure consistency across NA documents
3	6 February 2016	Updated for JCI Edition 2 Further clarity on calling for police assistance Medication use referred to Patient care protocols Formatted graphics to NA corporate style updated
4	20 September 2016	Medical Delegate Terminology Patient to be accompanied where possible Example list of vulnerable patients
5	02 April 2019	Document due for review. Change in Title of Medical Director and DOH. Update the format of procedural cascade. Add relevant legislation
6	May 2021	Due for Review Delete word “Directors & Supervisors”

MD Approval