COVID-19 Restraint Advice Sheet

COVID-19 can cause respiratory illness of varying severity; generally COVID-19 can cause more severe symptoms in people with weakened immune systems, older people and those with long term conditions like diabetes, cancer and chronic lung disease

This advice has been produced to give staff current safety advice to follow if they are required to physically restrain a patient who may have COVID-19 as a tertiary response after all primary and secondary interventions have been attempted.

Risk Assessment

A full assessment of the physical, psychological and any known trauma needs regarding the patient should be carried out before a decision to implement physical restraint should be made. This assessment should take into account: (including but not limited to)

- CONFIRMED OR SUSPECTED COVID 19
- ANY EXISTING PHYSICAL INJURIES
- CARDIAC PROBLEMS
- RESPIRATORY PROBLEMS
- EPILEPSY
- CONSUMPTION OF ALCOHOL
- USE OF DRUGS – PRESCRIBED AND ILLICIT
- EXHAUSTION
- OBESITY
- ANOREXIA
- ACUTE BEHAVIOURAL DISTURBANCE (A.B.D)
- PREGNANCY
- PSYCHOLOGICAL TRAUMA

Staff MUST ensure that the individual's airway is maintained at all times. The possible risk of death due to positional asphyxia can result from ANY restraint position. Any restraint position can prove dangerous and can be fatal if certain conditions occur simultaneously contributing to the overall risk.

Personal Protective Equipment (PPE) requirements

If a patient is possible/confirmed to have COVID-19 and requires physical restraint the appropriate PPE should be worn following current guidance.

- Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed
- Disposable gloves
- Eye & face protection (fluid-resistant Type IIR surgical face mask and full face visor)
- IPCT guidance is that staff must ensure PPE is in place prior to contact with the patient. However, in an emergency situation staff will need to

assess the risk of taking the time to ensure PPE is in place prior to restraint against the risk of using restraint without PPE.

The assessment re apron/gown and use of eye protection is a risk assessment of the task (see IPCT Guidance page 24)
In addition it is very important that the PPE is removed as per the COVID guidance (see page 39 of IPCT guidance)

The order of putting on (donning) the PPE is important but not vital.
The order of removing (doffing) the PPE is vital to protect you from cross contamination.

If an emergency restraint takes place with a patient with confirmed COVID-19 without staff wearing the correct PPE guidance should be sought from Occupational Health.

1 - Seated Restraint – Recommended position to be used

It is imperative that staff members using this type of physical restraint maintain the patient in an upright seated position. Compression of the individual's torso against or towards the individual's thighs and or if due to a large abdomen can restrict the diaphragm and ribcage further compromising the respiratory triad. Risk to staff of exposure to body fluids (spitting). Where possible staff on patients arms should be in a rear facing position to the side / behind the soft chair. Agreed PPE should be worn by staff and a third member of staff will **ALWAYS** be required to observe the patients airway throughout the restraint.

2 - Supine (Face Up) Restraint

When utilising the Supine restraint (patient in a face up position) there may be a risk to staff from exposure to body fluids (spitting) from the patient.
Agreed PPE should be worn by staff and a staff member will **ALWAYS** be required to observe the patients airway throughout the restraint

3- Prone (Face Down) Restraint

As last resort only – should be avoided if at all possible. (Should only be used in extreme high risk presentations and for the shortest period of time possible and when all other positions are not suitable/safe).

While the individual is placed in this position the staff members must avoid placing any pressure onto the individual's neck, chest wall or lower back. Any additional pressure in these areas will restrict the chest wall and the abdomen, restricting diaphragm movement which would compromise the patient's airway. Staff must continually risk asses and use structured clinical judgement being aware of any potential psychological trauma concerns.

Agreed PPE to be worn by staff and a staff member will **ALWAYS** be required to observe the patients airway throughout the restraint.

The head person's role in all restraint positions:

Great care needs to be continually taken to safeguard that in the important task of protecting an individual's head, ensuring free and uninhibited breathing is possible at all times, however violent the incident or difficult the individual is to hold safely.

The head person's role - 3 Cs (Care, Communication & Control).
A, B, C, P (Airway, Breathing, Circulation, Position).

Care and observation of the patient is vital both during and following **ANY** restraint intervention. During this period staff should be alert for any warning signs of distress. Following any restraint staff (when safe to do so) should use the rapid reflection tool and debrief process for both staff and patient, updating the patient's safety plan with full discussion at the MDT.

Please note at no time in **ANY** restraint position should staff place pillows, towels, clothing etc. under, around or near the patients head area.

WARNING SIGNS OF DISTRESS

- WHERE AN INDIVIDUAL IS COMPLAINING OF BEING UNABLE TO BREATH.
- GURGLING GASPING SOUNDS.
- EVIDENCE OR REPORT OF INDIVIDUAL FEELING SICK/VOMITING.
- ANY SIGNS OF CYANOSIS (blue colouration around the mouth and ears)
- CHANGE IN BEHAVIOUR (violent or loud individual suddenly becomes passive, quiet or tranquil).
- PATIENT HOT TO TOUCH.
- LOSS OF OR REDUCED CONSCIOUSNESS.
- RESPIRATORY OR CARDIAC ARREST.

STAFF ACTIONS

- ASSESS PATIENTS PHYSICAL HEALTH REGULARLY.
- CONTACT THE VIOLENCE REDUCTION SERVICE (mental health).
- INDIVIDUALY CARE PLAN EFFECTIVLY.
- ALWAYS HAVE SOMEONE TO MONITOR THE PATIENTS CONDITION AND AIRWAY.
- MONITOR THE PATIENTS VITAL SIGNS,
- AVIOD PRESSURE ON BACK OR SPINAL AREA.
- IMMEDIATELY RE ASSES YOUR POSITION OR HOLD AS FAR AS POSSIBLE TO REDUCE RISK.
- GET MEDICAL ASSISTANCE IMMEDIATELY IF YOU HAVE ANY CONCERNS ABOUT THE CONDITION OF THE PATIENT BEING RESTRANED
- PROVIDE APPROPRIATE FIRST AID.
- CONSIDER MECHANICAL RESTRAINT
- CONSIDER SECLUSION (level 1).