



Safety Notice 003/16

Use of Prone Restraint and Parenteral Medication in Healthcare Settings.

14 July 2016

Distributed to:

- Chief Executives
- Directors of Clinical Governance

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Directors of Mental Health
- Directors of Emergency Departments

Expert Reference Group

Content reviewed by:

- Mental Health and Drug & Alcohol Office, MOH
- Emergency Care Institute

Clinical Excellence Commission

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Review date

June 2019

Background

There have been instances of sudden patient death occurring during restraint in the prone position, often associated with the administration of parenteral medication.

Placing patients in the prone restraint position entails a significant risk of harm. Administration of parenteral medication to patients in the prone restraint position has been associated with sudden, severe cardiorespiratory deterioration and death. The aetiology of cardiac arrest during prone restraint is not well understood. Many case reports indicate unexpectedly poor response rates to resuscitation.

Clinicians should be aware that such events occur without warning and a high level of vigilance is therefore required should prone restraint be applied.

Specific patients that appear to be at highest risk of death during restraint include:

- Patients with physical health issues (e.g. obesity, asthma, cardiac disease and metabolic disorders)
- Patients who have engaged in physically exhausting combative struggle for longer than two minutes
- Patients who suddenly cease struggling or indicate difficulty breathing
- Intoxicated patients

If the patient's medical status and level of risk are unknown, it is safest to assume they are compromised.

Additional care is required for populations who are vulnerable to physical or psychological harm, including:

- Children and young people
- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds who may have difficulty understanding what is happening
- Older people
- Pregnant women
- People with a history of trauma / detention who may be re-traumatised by the episode of restraint (e.g. refugees, people who have been abused at any stage of their life)
- People with an intellectual disability or cognitive impairment

For further information about the use of restraint please refer to NSW Health PD2015_004 *Principles of Safe Management of Distributed and/or Aggressive Behaviour and the use of Restraint*, available at:

http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_004.html

Mandatory Actions for LHDs/SHNs

1. Prone restraint must only be used as a last resort.
2. Prone restraint must only be used for the shortest period possible.
3. Exercise a high level of vigilance when prone restraint is used.
4. Prone restraint is ceased as soon as possible post administration of parenteral medication.
5. Observation protocols are vigilantly adhered to in line with NSW Health PD2012_035 *Aggression, Seclusion and Restraint in Mental Health Facilities in NSW*.
http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_035.html

Suggested action by Local Health Districts/Networks

1. Ensure that this Safety Notice is forwarded to all relevant stakeholders