Nursing Children and Young People

Is therapeutic safe-holding a necessary requirement for the care of children and young people in an acute healthcare setting?

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Abstract:	Physical restraint is a frequent nursing intervention in the care of the child and young person. 'Supportive holding' and 'restraint' in children's nursing remains' a complex and often misinterpreted function of physical intervention. Children with severe challenging behaviour require such complex interventional management that there was a recognised and essential need for further staff education and training in managing 'the best interest' of this client group.
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	We would be especially grateful if you could consider our submission.
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Dear Editor,

Please find attached our paper titled:

“Is therapeutic safe-holding a necessary requirement for the care of children and young people in an acute healthcare setting?”

We hope that we have portrayed what is quite a complex and a challenging issue and look forward to your responses and suggested edited amendments.

Kind regards,

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Title

Is therapeutic safe-holding a necessary requirement for the care of children and young people in an acute healthcare setting?

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Introduction

The purpose of this paper is to demonstrate how a local hospital has implemented a strategy to improve patient safety and the patient experience in hospital healthcare. A Paediatric Safe-holding Policy and training programme for all clinical staff was developed and implemented from January 2014. The aim of this approach was to define best practice so healthcare professionals are furnished with the appropriate tools equipping them to deliver care safely, effectively and in the best interests of the Child or Young Person.

Background

Physical restraint is a frequent nursing intervention in the care of the child and young person (Bland 2002). However the practice of 'supportive holding' and 'restraint' in children's nursing remains a complex and often misinterpreted function/ physical intervention (Chambers & Jones 2007). It has been identified through critical incident reporting and reviews of patient experience, in particular that children with severe challenging behaviour require such complex interventional management. There was a need for further staff education and training in managing 'the best interest' of this client group.

Currently from a 'professional' and 'legislative' perspective there is guidance from the Royal College of Nursing (2010) 'Restrictive Physical Intervention and Therapeutic Holding for Children and Young People'; and the National Institute of Clinical Excellence (2005) 'Violence: the Short Term Management of Disturbed/Violent Behaviour in Psychiatric In patient Settings and Emergency Departments. A scoping exercise was undertaken to determine the provision of safe-hold training nationally and it was apparent there was a lack of availability or provision.

Healthcare practitioners within the hospital historically have not received any specific training in techniques of 'restrictive physical intervention' and 'therapeutic holding'. It was evident that an emphasis needed to be placed upon enabling staff to acquire the knowledge and skills through the provision of locally based training programmes. Professional bodies such as the Royal College of Nursing (RCN) (2008) and the Nursing and Midwifery Council (NMC)(2009) currently recommend; that organisations undertake risk assessments in relation to physical interventions/therapeutic holding involving children and young people within specific clinical areas and identify staff training needs (RCN 2010). A hospital policy 'Therapeutic Safeguarding Policy'(2014) was devised and implemented in conjunction with a bespoke training programme in partnership with key service providers.

Rationale for a Strategy

The rationale for this strategy is threefold;

Firstly in the absence of appropriate staff training for 'safe-holding' of children and young people there is a potential risk that inappropriate 'holding' or 'restraint' could lead to charges of assault or battery and potential physical harm to the patient (Jeffery 2010). It is important to understand that this is a reality as seen in recent high profile cases such as; Scunthorpe General Hospital (2012), Winterbourne View (2011), Action West, London (2008).

Secondly as a large tertiary hospital it is important that we clearly demonstrate compliance with international law and professional regulation; Article 19 of the United Nations Convention on the Rights of the Child (1989) highlights 'the State's obligation to protect the child from all forms of physical or mental

violence, injury or abuse'. In relation to the ation Trust Nursing and Midwifery Strategy (2012) and the Children & Young People's Nursing Vision (2012) we have a duty to 'Deliver a high quality patient and family experience' and to foster a 'positive culture' for children and young people.

It was evident via clinical governance procedures that the implementation of the policy would significantly reduce the risk of harm to both patients and staff from a health and safety perspective. The policy was implemented throughout the entire organisation to ensure it is adhered to in all areas where children and young people access healthcare. Furthermore the training aims to provide staff with the appropriate knowledge and skills to adopt a preventative approach to risk management. Equally the NMC Code(2008) Standards of Conduct, Performance and Ethics identified that we 'work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community'.

There are a number of legislative documents which exist regulating the use of safe-holding and restraint with children in a healthcare setting that underpin the training strategy; for example the Equality Act (2012) [Disability Discrimination Act], The Children Act (2004,1989), Every Child Matters (2005), Fraser Guidelines (1985), Francis Report (2013)

It is well documented that distress in childhood can have a negative impact on the emotional development of the child, and may lead to physical and psychological problems in later life (Heim & Nemeroff 2001). There is a need for all healthcare professionals to have an understanding of de-escalation techniques and where practical interventional strategies. There are

increasingly larger numbers of children and young people with complex needs being admitted to tertiary services for a range of inpatient and outpatient procedures. All interventions involving children and young people from this group need to be planned and delivered with care, compassion and advocacy at the heart of the professionals practice. Positive actions/interventions on behalf of the child when involving them in a procedure or gaining consent for a nursing/medical intervention, is essential. Non-compliance 'can delay' or 'postpone the procedure' for the child and may have operational issues in the rescheduling of care.

Training

In developing the proposed training strategy, it was important that as an organisation there was no 'one size fits all' approach; the training needed to take into account the various care settings where children and young people would be cared for and for those staff providing treatment.

Therefore the following training was deemed most suitable:

Prevention & Management of Violence and Aggression Training (PMVA)
(External Provider - Trust)

The Prevention and Management of Violence & Aggression Service, for External NHS Foundation Trust has been asked to develop a uniquely bespoke training package for the tertiary Hospital Services for the following. Team Physical Interventions that incorporate risk assessed, emergency holding and supportive holding (to facilitate necessary consented clinical interventions); for procedures such as;

Safeguarding Scenario

Types of procedures requiring Safeguarding:

- Venepuncture/Cannulation procedure
- Lumbar puncture procedure
- Nasogastric Tube procedure
- Anaesthetic / gas induction
- Dressing change in Burn Patients
- Aspects of critical care
- Accessing portacath / Hickman (central line) procedure
- Tracheostomy emergency care /procedure

Age Ranges: 0-18yrs

Settings:

- Clinic
- Outpatients
- Ward
- Treatment areas
- Anaesthetic rooms
- Critical Care

Example scenarios

Fig.1

Scenario 1	No of people	Environment
<p>Child 2yr requires a general anaesthetic</p> <p>Child/young person 14yr requires a general anaesthetic with specific needs e.g. severe autism</p>	<p>Generally 4-5 staff are available for this procedure –anaesthetist ODA Parent/carer Nurse escorting? HPS distracting /supporting</p>	<p>Paediatric Theatres (Anaesthetic Room)</p> <p>Oncology– Daycase</p> <p>Or radiology MRI scan</p>
Scenario 2	No of people	Environment
<p>Child 10yr old requires a Lumbar puncture</p>	<p>Can vary – within a LP list environment 4-5 people Nursing staff parent carer HPS</p>	<p>Paediatric Theatres (Anaesthetic Room)</p> <p>Oncology /Haematology – Daycase</p>

	On a ward environment can be max of 2.consideration to non-pharmacological pain management coping strategies[distractio n]	Occasionally with Neonates on a ward/Children in isolation i.e. BMTU/
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Scenario 3	No of people	Environment
Child 7yr old requires Venipuncture/Cannulation procedure due to non-concordance	Can vary 1-2, but may be more depending on child complexity parent /carer nurse undertaking IV procedure HPS/ distracting	Clinic setting Daycase unit /POPD Ward cubicle or bay Community A&E

Including Physical Disengagements designed to breakaway and create space from an assaultive person to support staff that are being physically attacked, Supportive holding for medical, nursing and care interventions, Supportive and effective interventions that are based on;

- Individualised patient risk assessment of challenging behaviour or non-concordance
- Current staff accreditation in the NHS Protects Conflict Resolution Model
- Health and Safety, safe systems of work & training
- Child safeguarding procedures around physical interventions
- Regular refresher training to an agreed frequency
- Physical interventions based on best practice, as detailed in the NIMHE publication Towards Safer Services, NICE Guideline CG 25, Mental Health Law and Deprivation of Liberty Safeguarding Standards (2005)

Fig.2

This training commenced in January 2014 and delegates completed an evaluation that demonstrated positive learning outcomes. Training records of staff completion are being maintained and an annual audit has been planned

to measure the efficacy in practice. Staff training will be kept current via attendance at an annual update. With a vision to be available for all disciplines including Allied Health Professionals (AHP) and medical staff.

Conclusion

The emphasis on all healthcare professionals reducing trauma in care is paramount. Multi-professional teams will be furnished with training that is necessary, effective and reflective with the overall aim being to improve the patient and staff experience thereby reducing physical and psychological trauma.

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