



NHS Lothian

Mechanical Restraint

Procedure for the use of Emergency Response Belt
ERB

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ELEMENT	DESCRIPTION
Key Messages	<p>This procedure applies to staff working in clinical areas in which the ERB has been identified as a required option for management of harmful behaviour that cannot be safely controlled by other methods or when restraint using an ERB is the least restrictive option.</p> <p>All forms of restraint used must be justifiable both legally and ethically as defined in the NHS Lothian restraint policy 2010.</p> <p>The ERB is a form of mechanical restraint which can be used to control and manage violent and aggressive or self injurious behaviour.</p> <p>Consultative decision making should be used when considering the use of ERB's for an individual patient or defined clinical presentation. Decisions must be discussed with, the individual (irrespective of their ability to consent), family, carers, multidisciplinary team, centre for management of aggression and the Mental Welfare Commission (where appropriate).</p> <p>The procedure is available at NHS Lothian>Healthcare>Clinical Guidance.</p>
Minimum Implementation Standards	<p>All clinical staff with responsibility for an individual that has a care plan detailing the use of ERB's must be empowered to deploy the ERB as per instructions in the care plan and inline with NHS Lothian ERB training.</p> <p>In an emergency situation the ERB may be used on a patient that does not have an ERB care plan. The decision to use the ERB in an emergency must be based on it being the most effective, safe and least restrictive option available.</p>

1. Introduction

1.1 The purpose of this procedure is to explain the function of emergency response belts (ERB's), to define the decision making framework supporting its use and to describe the appropriate method for the implementation of ERB's.

1.2 This procedure should be read in conjunction with the NHS Lothian Restraint – the alternatives and considerations Policy 2010. All guidance and instruction within the above policy must be adhered to when implementing this procedure:

[http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Restraint Policy Considerations and Alternatives.pdf](http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Restraint%20Policy%20Considerations%20and%20Alternatives.pdf)

2. Scope

2.1 This procedure applies to staff working in clinical areas in which the ERB has been identified as a required option for management of harmful behaviour that cannot be safely controlled by other methods or when restraint using an ERB is the least restrictive option.

3. Function of the ERB

3.1 The ERB is a form of mechanical restraint which can be used to control and manage violent and aggressive or self injurious behaviour.

3.1 The ERB consists of a 'Tough Cloth' belt secured with Velcro; one or more belts are used to limit the movement of limbs. When a minimum of three belts are applied, an aggressive individual can be lifted and moved.

3.2 The ERB has the following advantages:

- Easy to use
- Reduces risks to staff and patient
- Reduces prolonged restraint
- Can present a less restrictive than physical restraint
- Compliant with manual handling regulations
- Legally reviewed and deemed lawful
- Medically reviewed and deemed fit for purpose

4. Decision making framework

4.1 All forms of restraint used must be justifiable both legally and ethically as defined in the NHS Lothian restraint policy 2010.

4.2 Consultative decision making should be used when considering the use of ERB's for an individual patient or defined clinical presentation. Decisions must

be discussed with, the individual (irrespective of their ability to consent), family, carers, multidisciplinary team, centre for management of aggression and the Mental Welfare Commission (where appropriate).

4.3 The decision to use ERB's must be fully documented in a restraint risk assessment (appendix A) and individualised care plan, including:

- The assessment of the behaviour that is indicating the need for restraint
- The alternatives that have been considered and implemented
- Any risks associated with the method of restraint and actions in place to control these risks
- How, when and why the restraint will be used
- Intervals for regular review

4.4 All clinical staff with responsibility for an individual that has a care plan detailing the use of ERB's must be empowered to deploy the ERB as per instructions in the care plan and inline with NHS Lothian ERB training.

4.5 In an emergency situation the ERB may be used on a patient that does not have an ERB care plan. The decision to use the ERB in an emergency must be based on it being the most effective, safe and least restrictive option available.

5. Safe and effective application of the ERB

5.1 The ERB must only be applied by staff that have completed NHS Lothian's ERB training.

5.2 Before the ERB can be applied the individual's limbs must be controlled either via appropriate physical restraint techniques or by verbal communication if the individual consents and complies with the application of the ERB.

5.3 Staff that are not trained in ERB application but are trained in NHS Lothian's physical restraint techniques may assist an ERB trained member of staff in the application of the device.

5.4 The ERB(s) will be applied to the individuals upper body and if required at the legs as detailed in training. As soon as the individual is secured they should be moved into the recovery position. Staff must check that breathing is not being impeded by asking the individual to take a deep breath or by observing the movement of the chest and abdomen during breaths. As soon as it is safe to do so the individual should be moved from the prone position and either kept in the recovery position or moved to kneeling, sitting or standing.

5.5 Following application of the ERB staff must check that they can insert two fingers comfortably under the body of the ERB, between the device and restrained limb/torso, if this cannot be achieved the ERB must be loosened.

5.6 If the individual is to be lifted and carried to another area a minimum of three ERB's must be applied to ensure sufficient control and support for the safety of both staff and the individual. Lifting an individual requires a minimum of 4 staff members.

5.7 Following the application of the ERB(s) the individual must not be left unaccompanied and staff must directly monitor the individual until the ERB is removed.

5.8 An individual restrained by ERB(s) must be assessed continually and the ERB(s) removed as soon as it is safe to do so. Where practicable the ERB will be removed within 30 minutes of application, however after 30 minutes of restraint using ERB(s) there should be a formal, documented review of the need for continued restraint including a consideration of the potential alternatives.

5.9 A high level of awareness of the risks of positional asphyxia must be maintained throughout the period that the ERB(s) is applied. Individual patient risk factors should have been considered in the restraint risk assessment. If the patient shows signs of medical distress (struggling to breathe, cyanosis, confusion or reduced level of consciousness) then the ERB(s) must be removed immediately.

5.10 All incidents requiring restraint and the application of the ERB must be fully recorded on Datix inline with NHS Lothian's Incident Management Policy and Operational Procedure:

[http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGovernance/nNHSLothian/Documents/INCIDENT MANAGEMENT POLICY AS AT AUGUST 2012.pdf](http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGovernance/nNHSLothian/Documents/INCIDENT%20MANAGEMENT%20POLICY%20AS%20AT%20AUGUST%202012.pdf)

[http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGovernance/nNHSLothian/Documents/INCIDENT MANAGEMENT OPERATIONAL PROCEDURE AS AT AUGUST 2012.pdf](http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGovernance/nNHSLothian/Documents/INCIDENT%20MANAGEMENT%20OPERATIONAL%20PROCEDURE%20AS%20AT%20AUGUST%202012.pdf)

6. Maintenance and Infection Control

6.1 The ERB should be washed according to manufacturers instructions (washed at 30 degrees and air dried). The ERB is a controlled device and should not be sent to the laundry as incorrect laundering may damage the integrity of the fabric.

6.2 If the ERB is soiled with blood or other bodily fluids it maybe washed at 40 degrees and air dried to ensure disinfection.

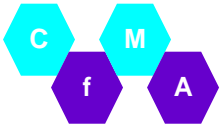
6.3 Staff should ensure there are a sufficient supply of ERB's available to manage incidents during the laundering process.

6.4 Following the deployment of each ERB the belt should be inspected for signs of damage and stored as instructed during ERB training ready for the next use.

6.5 If any signs of damage or wear are identified the ERB must not be used. The damage/wear should be reported immediately to the nurse in charge of the shift who will assess the risk that this presents and take appropriate action. A replacement ERB should be ordered as a priority.

Evidence Base

- Emergency Response Belt UK Training Manual, (2011), Mark Williams, Tactical Safety Responses LTD & National Federation for Personal Safety.
- NHS Lothian Restraint Policy: Considerations and Alternatives (2010)
[http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Restraint Policy Considerations and Alternatives.pdf](http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Restraint%20Policy%20Considerations%20and%20Alternatives.pdf)
- Metal Welfare Commission - Rights Risks and Limits to Freedom 2006
http://www.mwscot.org.uk/web/FILES/Publications/Rights_Risks_web.pdf



Appendix A



Centre for Management of Aggression

Restraint Risk Assessment

Patient Name:

CHI :

Describe the behaviour the patient is displaying and the risks it presents:

Please detail assessment of underlying and contributing factors:

Alternatives to restraint that have been considered and/or implemented:

Plan for intervention using restraint:

What are the potential risks for the patient or others associated with the above plan?

Are there any resource requirements associated with this plan?

Staffing:

Equipment :

Training:

Other:

Who had been involved in the consultation regarding this plan?

Individual (irrespective of their ability to consent), Family, Carers, Multidisciplinary Team, Centre for Management of Aggression, Mental Welfare Commission?

When will this plan be reviewed, who will be involved?

Signed:

Date: