Document Title:	**POLICY FOR THE USE OF HAND CONTROL MITTENS AS A RESTRICTIVE INTERVENTION**		
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	Safeguarding (Adults) Transformation Lead	13th November 2018
	Essex Carers Network	
	Specialist Midwife Safeguarding	
	Action for Family Carers	
	Infection Prevention Lead	
	CNS Nutrition	
	Burns & Plastics Lead	
	Muscular-Skeletal	
	Theatre Lead	
	ADoNs	

Related Trust Policies (to be read in conjunction with)	Consent Policy - 04080 Privacy & Dignity – 10120 Admission Policy - 05117 Discharge & Patient Transfer Policy - 06064 Learning Disability Policy - 09116 Safeguarding Vulnerable Adults Policy - 08034 MCA Policy & DOL's Equality and Diversity Policy - 04011 Reducing the Need for Restrictive Intervention Policy Disputes Policy - 04036 Violence & Antisocial Behaviour - 04031 Dementia Policy – 10081 Infection Prevention and control Making Reasonable Adjustments Policy

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1.0 Purpose

1.1 Hand control mittens are a product which has been designed in order to restrict the movement of one or both hands. It is used on patients who disrupt their medical treatment.

1.2 The hand control mittens are used as a form of soft restraint with adult patients who due to a lack of capacity have a recent past history of removing essential lines/tubes.

1.3 This policy sets out how the use of hand mittens may be appropriately and lawfully used with adults who lack capacity to consent to it.

1.4 The purpose of these guidelines is in order to support the work of the Trust & Clinical Staff in caring for adult patients who are disorientated for any variety of reasons and whom inadvertently disrupt their essential medical care.

1.5 The supporting guidelines have been written to enable practitioners to follow an agreed decision-making, assessment and procedure process for the use of hand control mittens having first ensured that all other alternative therapies have been exhausted.

1.6 In this context the use of hand mittens are only used as a last resort following the MCA (Mental Capacity Act) process in which a best interest decision is made as the least restrictive option. This decision is made where there is a known risk to the patient or others, or in order to prevent the confused, disoriented, cognitive impaired or combative patient from removing supportive and essential health care equipment such as IV lines, indwelling catheters, cannula, oxygen, naso-gastric and alternative feeding tubes.

2.0 Policy Statement

2.1 The Trust is committed to providing safe care for patients and a safe environment for all patients, staff and others.

2.2 The Trust recognises that the patients carers are viewed as experts in the management of the disorientated patient and staff may need to learn from the carer the best approach on individual management on breaking down any known barriers in order to obtain equal health outcomes.

2.3 The Trust recognises patients individual support needs and respects the dignity of the individual for whom it provides care.

2.4 The Trust acknowledges and understands that many patients during acute stage of illness may develop delirium and agitation which may endanger their personal safety and the safety of others if not effectively managed.

2.5 The Trust is bound by and adheres to the law and maintains compliance with Department of Health legalisation and ethical frameworks.

2.6 The Trust recognises that effective communication and documentation between patient; staff, relatives and carers is essential, verbal and written information will be provided by staff. An information leaflet is attached as an appendix and will be made available in all areas.

2.7 The Trust acknowledges that there may be occasions whereby decisions on the use of hand mittens in the best interest of the patient, may need to be made in emergency situations without consultation with colleagues or significant others.

2.8 The Trust will always support Staff who has acted in ways that is deemed to be reasonable and measured in their actions in such circumstances outlined above and whom have adhered to all organisational policies and procedures.

3.0 Scope

3.1 This policy applies to the practice of all health care practitioners within the Trust who are involved in the prescription and/or use of hand control mittens.

3.2 This policy only applies to patients who are 18 or over.

4.0 Principles

4.1 The principles that underpin this policy are those directed through Statute Law; Common Law Judgements and Department of Health policies as follows:

- The Human Rights Act (HRA) (1998) highlights and incorporates within the act, the rights of people to have their privacy respected and states that physical and chemical restraints are unlawful unless there is sufficient reason. The Act requires public authorities to act preventatively to ensure that the right systems are in place rather than taking action only after things have gone wrong.

- A core principle of The NHS Plan (2000) states “The NHS will shape its services around the needs and preferences of individual patients, their families and their carers”.

- The Department of Health document (2001) defines “Best interests” as when decisions are made by the health care professional to act on behalf of the patient in order to preserve his life, health or well being during a time when he is not competent to do so.

- Maccioli et al (2003) defines a restraining therapy as a treatment aimed at improving a medical condition or preventing complications by restricting a patient’s movement or access to his/her body. (p. 2671)

- The Mental Capacity Act 2005, which came fully into force on 1 October 2007, sets out a statutory framework for making treatment decisions for people who lack the capacity to make such decisions themselves. The Act establishes overarching statutory principles governing these decisions, setting out who can make them and when. It sets out the legal requirements for assessing whether or not a person lacks the capacity to make a decision.

- Section 6(4) of the MCA (2005) states that restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the person who lacks capacity and if the restraint used is a proportionate response to the likelihood and seriousness of the harm.

- The MCA (2005) framework provides protection from liability for those people who provide care to those who lack capacity, if they follow the principles of the act and can demonstrate that they are acting in the persons best interests.

- In addition to MCA 2005, the common law imposes a duty of care on healthcare and social care staff. The MCA Code of Practice confirms that if a person who lacks

capacity to consent, has behaviours which are deemed to be challenging, or is in the acute stages of illness causing them to act in a way which may cause harm to others, staff may, under common law, take appropriate and necessary action to restrain or remove the person, in order to prevent harm, both to the person concerned and to anyone else.

- Section 44 of MCA 2005 makes it clear that staff will be guilty of an offence if they ill-treat or wilfully neglect patients who lack capacity. The meaning of wilful neglect varies depending on the circumstances, but will usually mean that a person has deliberately failed to carry out an act they knew they had a duty to do.

- Guidance set out within a report by the Care Quality Commission (2007) focuses on the restraint of older people and contains practical examples of both positive care practice and practice that infringes people's right to dignity and autonomy. It outlines law and policy relevant to restraint and offers a set of guiding principles for its legitimate use.

- The Department of Health launched Independence, choice and risk: a guide to best practice in supported decision making in 2007. The best practice guidance aims to outline a common set of principles to encourage people and their organizations to use as the basis for supporting people in making decisions about their own lives and managing any risk in relation to those choices.

- The Deprivation of Liberty Safeguards (DOLS) were introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007. The Safeguards provide a framework for approving the deprivation of liberty for people who lack the capacity to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.

- The 'Deprivation of Liberty Safeguards: Code of Practice states that: "Restraint is appropriate when it is used to prevent harm to the person who lacks capacity and it is a proportionate response to the likelihood and seriousness of harm. Appropriate use of restraint falls short of deprivation of liberty." (page 19, para 2.9) However, whilst the Code states that "actions that are immediately necessary to prevent harm may not, in themselves, constitute a deprivation of liberty…." it also states that "where the restriction or restraint is frequent, cumulative and ongoing… care providers should consider whether this has gone beyond permissible restraint, as defined in the Act." If the restraint is frequent, cumulative and ongoing then the care provider "must either apply for authorization under the deprivation of liberty safeguards or change their care provision to reduce the level of restraint."

- The *Dignity in Care* campaign (DOH 2006) focuses on the quality of people's experience of care to which staff can make a considerable difference. It emphasises that dignity must be upheld and abuse not tolerated. A ten-point dignity challenge contains clear statements of what people can expect from a service that respects dignity.

- The RCN (2008) describes situations in which restraint can be justified, "..the Nurse may have a professional duty of care to restrain a Client to protect that client from greater risk of harm or to avoid a foreseeable risk of harm occurring to others."

- A reference guide to consent for examination or treatment was published in 2009. This second edition supersedes the one issued in 2001 and provides a guide to the legal framework that all health professionals need to take account of in obtaining valid consent for any examination, treatment or care that they propose to undertake.

- A duty to empower people to make decisions and be in control of their care and treatment is underpinned by the Equality Act (2010). This act replaced previous anti-discrimination laws. It sets out different ways in which it is unlawful to treat someone.

The report states that "...any actions that do not have the person's full and informed consent must have a clear justification, be permissible in law and the least restrictive of the person's rights to meet the justifiable outcome."

- The Safeguarding Adults document published in 2011, reminds health service practitioners of their statutory duties to safeguard vulnerable adults. It aims to assist Practitioners in preventing and responding to neglect harm and abuse to patients in the most vulnerable situations. The document provides principles and practice examples that can achieve good outcomes for patients.

- The DOH (2014) produced the document *Positive and Proactive Care which provides* a framework in which to deliver care and support which keeps people safe, and promotes recovery. The guidance makes clear that restrictive interventions may be required in life threatening situations to protect both people who use services and staff or as part of an agreed care plan.

5.0 Equality Impact Assessment

5.1 The Trust is committed to the provision of a service that is fair and meets the needs of all individuals.

5.2 An Equality Impact Assessment is attached to the policy
(Refer to Appendix One)

6.0 Patient Assessment

6.1. This is an ethically sensitive decision and has to be undertaken following a clinical risk assessment process before any restraint is applied. For the patient in which communication is difficult, and who is pulling out NG tubes, IVIs or other treatments,
Staff should attempt to make an assessment of the intention behind the patient's action, and of the patient's capacity to consent to treatment.

Staff should also consider:

- Advanced Directives
- The environment
- Patients behaviours
- Patients underlying condition
- Duty of care
- Views of significant others – i.e. those with Lasting Power of Attorney
- Spiritual/Religious Views

6.2 This is not an exhaustive list; however, Staff may consider the use of hand control mittens in patients who are presenting as:

- Acutely ill
- Disorientated
- Cognitively impaired
- Restless and agitated
- Confused for clinical or functional reasons

6.3 Understanding the patient's underlying condition and responding to individual needs is central to patient care. Possible causes which warrant the need for further assessment include:

- Hypoxia, hypotension, pyrexia, electrolyte or metabolic imbalance
- Pain, discomfort, anxiety, distress
- Drug or substance dependency, withdrawal, intoxication
- Brain injury, cerebral irritation, dementia, stroke
- Learning disability, mental illness
- Paradoxical effects of medication, side effects, drug reaction
- Hallucinations, paranoia, delusions, personality issues
- Infection, dehydration, malnutrition

6.4 Referrals should be made to appropriate Specialist Teams/Lead individuals unless they are already involved in the individual patient care.

6.5 Hand control mittens should only be considered if patients have removed essential lines or tubes and all other alternative primary and secondary preventative approaches have been explored and exhausted.

6.6 There is no definitive number of incidences which will trigger assessment and the decision about need for assessment should be based upon clinical judgment and always in the best interests of the patient.

6.7 The decision to use hand control mittens should be made in agreement by all members of the multidisciplinary team (MDT).

6.8 The assessment details must be recorded using the appropriate documentation and held in patient notes which can be accessed by all members of the multidisciplinary team (MDT) (Refer to Appendix 2)

6.9 It is acknowledged that there may be times during urgent or emergency situations where colleagues are unable to be consulted. MEHT policies and procedures in relation to restraint must then be followed if it is deemed to be in the best interest of the patient.

7.0 Consent

7.1 Restraining people who lack capacity to consent is governed by the Mental Capacity Act 2005 (MCA 2005). Staff using restrictive interventions are required by law to have regard to the Mental Capacity Act 2005 Code of Practice.

7.2 Hospital patients that are in a state of disorientation, often pull intravenous tubes, probes and catheters from body cavities, which need to be reinserted by hospital staff. Constantly replacing them can become extremely distressing for the patient. If the patient is incapable of making decisions, the Trust staff has a duty to act in that patient's best interests.

7.3 Following assessment if the patient does not have the capacity to give consent, then treatment and proportionate restraint is lawful providing it is in their best interest as evidenced within the capacity assessment. The use of soft hand control mittens is considered to be less restrictive than other methods of restrictive intervention. Staff should refer to the Mental Capacity Act Policy; DOLS Policy and Consent Policy.

7.4 The provision of advice and support for individuals and families is an essential step in the decision-making process. Staff should view carers as partners in the provision of healthcare by respecting and listening to their views – longer-term familiar carers are likely to have valuable expertise and be highly skilled in caring for the patient.

7.5 Ensure that the Patient and their families or carers are involved (rather than just informed) at all stages of the patient's care. They should be involved in the decision making process and provided with information as appropriate. Staff should refer to the Sharing Patient

Information Policy and Carers Policy.
(Refer to Appendix 3*)*

7.6 If there are no carers/family/ friends or person who holds a Lasting Power of Attorney/Court Appointed Deputy to engage with regarding the use of soft restrictive intervention, the decision maker must consider making a referral to the Independent Mental Capacity Advocate (IMCA) service, as the use of restrictive intervention may constitute 'serious medical treatment' requiring specific referral to an IMCA in consultation with Adult Safeguarding Lead Nurse. Although, Staff need to be aware that essential treatment should not be delayed whilst awaiting response or review from IMCA.

7.7 In the event that the need for the use of hand mittens is frequent, cumulative and ongoing (>48hrs) then an application for authorisation under DOLS must be made in consultation with Adult Safeguarding Lead Nurse.

7.8 Information of any such decision should be shared with relevant specialism's at the earliest opportunity.

8.0 The Circumstances in which Hand Control Mittens may be used

8.1 Hand control mittens can only be used :

- Following capacity assessment and where the patient presents with the conditions set out above
- As a last resort, where the patient's safety could not be assured by other means
- Where a patient lacks mental capacity to consent and is made in their best interests.
- If the staff member reasonably believes that it is necessary to prevent harm to the patient
- Its use is proportionate both to the likelihood and seriousness of harm.
- In the patient's best interests
- If the restraint is the least restrictive means by which to keep the patient safe from harm
- If there has been consultation with others involved in the care of the patient, including carers as to what action they think is in the patient's best interests.

8.2 The use of hand control mittens potentially constitutes an infringement of the patient's right to autonomy but for staff following due process this is potentially outweighed by benefits to the patient.

8.3 The decision and rationale to use hand control mittens in accordance with MCA 2005, must be clearly documented and held in the patient's notes.

8.4 Once the decision has been made and full agreement reached then the response should be proportionate. The use of hand control mittens should be the minimal necessary to achieve effective risk reduction and used for the minimal possible time.

8.5 **Staff must never use hand control mittens for other purposes – e.g. to compensate for inadequate staffing levels or just so they can do something more easily. The use of hand control mittens cannot substitute for adequate staffing or monitoring.**

8.6 **Only the recommended hand control mittens should be used – no improvisations should be made nor alternatives used i.e. such as bandages.**

9.0 Alternative Approaches

9.1 The use of hand control mittens is limited to those situations for which there is adequate and appropriate clinical justification.

9.2 The use of hand control mittens should only occur after other primary and secondary restrictive interventions and alternatives have been considered and/or attempted as appropriate. The following list is not exhaustive and as such alternatives are not limited to but may include:

- Reorientation
- Distraction, diffusion & de-escalation techniques
- Increased observation and monitoring
- 1:1 Staffing/family or carer support
- Change in patient's physical environment
- Review of medication regime
- Assessment and treatment of pain
- Consideration of basic needs - Offer food, fluid, toileting
- Validation – a practical approach used to reduce stress and anxiety for patients diagnosed with dementia.

10.0 Hand Control Mittens Care Plan

10.1 The application of using hand control mittens must be made on an individual basis and never as routine. Following assessment, consultation and completion of MCA documentation the competent decision maker must prescribe the use of hand control mittens specifying in the medical notes the times for its use and non-use and advice on review date.

10.2 An individual care plan and timetable for mittens use will be written in consultation with the multi-professional team. Staff should utilise the care plan and ensure ongoing monitoring of physical and psychological adverse effects.
(Refer to Appendix 4)

10.3 Record keeping must be comprehensive and accurate. The use of mittens must be discontinued at the earliest possible time. The patient's response to the use of mittens must be monitored and its application reviewed if signs of agitation or distress are observed. In order to demonstrate a clear ongoing decision making process and clear documentation of use, evaluation, continuation or discontinuation a review of the care plan will be required:

- Within 24 hours of initial implementation of care plan
- Re-evaluate and reassess daily thereafter
- In the event that the patient's condition changes
- The continued need for the use of mittens must be considered each shift.

10.4 An MCA will cover the restrictive intervention for 48hours - If it is necessary to continue the restraint for longer than this then a further multi-disciplinary assessment must take place. Following MDT review, an application for a DoLS authorisation would be appropriate and should be made in consultation with Safeguarding Lead Nurse

10.5 To ensure correct positioning of the hand, hand hygiene and 'off-time' is clearly identified and followed; this allows for increased freedom and can help reduce the likelihood of secondary health problems developing, as well as being essential for psychological well-being.
(i.e. a hand in a padded hand mitten can get quite hot after a while so it is very important to remove it at regular intervals so that the fingers and palms can be cleaned, exercised and massaged.)

10.6 To ensure that patients are given time without the mittens frequent checks of the patient will be made and mittens removed to:

- Observe and monitor skin condition and colour
- Facilitate toileting
- Offer hand hygiene - perform passive exercises to prevent contractures
- Allow for Meal and drink provision
- Facilitate visiting if appropriate. (i.e. whenever anyone visits they can remove the mittens to hold the patient's hand.)

10.7 Hand control mittens are to be applied and removed in a manner which preserves the dignity, comfort and well being of the patient by competent and trained staff. The patient will need constant 1:1 supervision, where possible family members or familiar carers should be encouraged to offer close supervision

10.8 Mittens are generally secured by Velcro straps at the wrist. Staff should ensure the application of mittens does not restrict wrist movement *and* wrist straps are not fastened too tightly. Where there are any injuries sustained or any untoward event, complete a risk event form (Datix)

10.9 During the period of soft restraint then staff will document this in the patient's notes, follow reporting protocols along with subsequent actions taken.

10.10 Staff should offer the information leaflet to Family/Carers and keep them involved in ongoing discussions surrounding soft restrictive intervention.
(Refer to Appendix 5)

11.0 Discontinuation of Use of Hand Control Mittens

11.1 Soft restrictive interventions must be discontinued at the earliest possible time. The use of hand control mittens may only be used whilst the unsafe situation and clinical justification continues.

11.2 Wherever risks outweigh the benefits then the use of hand control mittens should be stopped immediately.

11.3 Where patients' behaviour no longer renders the need for soft restrictive intervention then the use of hand control mittens should be stopped

11.4 Where the use of hand control mittens has worsened the patient's agitation then its use should be stopped immediately.

11.5 A temporary and supervised release that occurs for the purpose of caring for patients' needs is not considered to be a discontinuation of use. (i.e. feeding; toileting; hand monitoring)

11.6 Once a decision has been made to discontinue the use of hand control mittens then it cannot be restarted again under the same order. The decision to restart would necessitate the need for further period of assessment and fresh documentation.

12.0 Communication & Record Keeping

12.1 Clear communication is essential in relation to the use of hand control mittens. Written information should be used to supplement verbal information wherever possible and offered to patient and carer.

12.2 The rationale for use of soft restrictive intervention should be explicit and clearly documented on the care plan and held within the patient notes along with the completed MCA document for those who lack capacity to consent.

12.4 All discussions and reviews surrounding the decision to discontinue using soft restrictive intervention should be clearly documented within the patient notes.

12.5 Staff implementing the use of soft restrictive intervention should always enter a Datix "under mechanical restraint" in line with the "Reducing the Need for Restrictive Interventions Policy"; staff will be reassured that the entry on the database is not for action or investigation but for patient safety reasons. This will ensure compliance with CQC regulations for effective recording, monitoring and audit purposes.

12.6 The hand control mittens can be purchased from a company called Repton Medical. The codes and prices are as follows and are ordered on non stock:-

Double Security Mittens – Code 2814 £35.00 per pair + vat

Green Soft Hand Mittens - £37.50 per pair + vat.

12.7 Each clinical area is responsible for purchasing their own supply of hand control mittens, and monitoring their stock, as the lack of mittens as a resource may well result in delayed treatment.

13.0 Incident Reporting

13.1 Any injury sustained to a patient, member of staff, visitor as a result of the use of hand control mittens should be reported according to Trust policy by completing a Datix, and, documented in patient notes.

13.2 There may be times when the use of hand control mittens on a patient in an emergency situation is required without discussion or other options being trialled. This will require an incident form being completed in line with Trust policy and documented in patient notes.

14.0 Duties and Responsibilities

14.1 The Director of Nursing is responsible for ensuring that there is optimal treatment for patients and ensuring appropriate training is available to those involved in the use of hand control mitten.

14.2 Clinicians are responsible for ensuring the implementation of this policy and associated guideline and for monitoring compliance.

14.3 The initial decision to use of hand control mittens to prevent harm from the removal of invasive devices, lines or tubes is almost always going to be made by specialist nursing staff but may include other members of health care staff.

14.4 The decision for use of hand control mittens will only be undertaken by a registered professional who is able to demonstrate an understanding of the risks and benefits associated with their use.

14.5 Clinical managers are responsible for disseminating the policy.

15.0 Training

15.1 This policy promotes a positive culture of positive care by reducing the need for restrictive interventions. MEHT provides ongoing education, training and awareness, surrounding the issues regarding management of patients' agitation.

15.2 Staff must be able to demonstrate competence prior to use of hand control mittens. Clinical managers/ward sisters/charge nurses are responsible for ensuring competence and uptake of relevant training of their staff.

15.3 Training should be targeted around the specific needs of the patient population being served. Work based training will be facilitated by each appropriate specialty where appropriate (i.e. Safeguarding, MCA, Dementia, LD/Autism Awareness, conflict resolution).

15.4 The emphasis of training and education should always be on managing and dealing effectively with difficult situations in order to avert the need for restraint therapies.

16.0 When conflicts arise

16.1 There may be occasions where the use of hand control mittens may lead to a complaint from relatives or carers. It is self evident that staff may be required to account for their actions in such circumstances. However, the Trust will always support employees who have acted in a way which is deemed reasonable and measured at the time of incident and can demonstrate that they have adhered to appropriate MEHT policies and procedures.

16.2 Any disagreement by family members or carers to the use of hand control mittens or any disagreement amongst the clinical team must be recorded in the patient's medical notes and a second opinion assessment should be sought before the soft restrictive intervention is applied, with outcomes of the assessment documented.

16.3 Where the family members or carers remain vehemently opposed to the use of hand control mittens or the clinical team continues to disagree after the second assessment, further consideration will need to be given as to what is considered to be in the patient's best interests before any final decision is made whether to proceed. It may be appropriate to seek advice from the Safeguarding Lead Nurse in the first instance then full MDT input.

16.4 The views of relatives; carers or IMCA are not determinative, although their views regarding what the patient would wish for must be taken into account.

16.5 If the dispute has to be referred to the Court of Protection then Section 6 of the MCA permits action to be taken in the meantime where it is necessary to sustain life or to prevent serious deterioration.

17.0 Breaches of this Policy

17.1 A risk event form must be completed for all breaches of this policy.

18.0 Monitoring & Evaluation

18.1 Monitoring of this policy is primarily through Lead/Specialist Nurses with the aim to:

- Oversee & support Staff through the use of soft restrictive intervention.
- Monitor & review the effectiveness of the policy.
- Make recommendations for future developments of the procedures.
- Utilise the forums in which patient/relatives views are considered and to ensure information is appropriate.

18.2 In consideration of any breaches of the policy – the data gathered from the risk events will be used in order to restore the trusting relationship between Carer, patient and health team improve the service by:

- Responding appropriately to complaints
- Recommendations made by senior management based on learning outcomes;
- An action plan will be implemented surrounding knowledge and performance issues.

18.3 Evidence will be gathered through ongoing audit as to whether staff document information regarding the use of restrictive intervention.

18.4 Benchmarking will be undertaken in all in-patient areas as part of service evaluation.

19.0 Communication and Implementation of this Policy

19.1 The Director of Nursing and Deputy Director of Nursing will be advised of this policy and guidelines and will take responsibility to cascade the information via NMEG Nursing, Midwifery Executive Group). In turn, the Lead nurses will cascade the information within their individual departments.

19.2 It is the responsibility of ward sisters/charge nurses to ensure members of their team are made aware of the policy for implementation and that the policy and procedures folders are updated.

19.3 Corporate Services will ensure that the policy is uploaded to the intranet and website, once ratified.

19.4 This policy will also be further publicised within the Trust staff news briefing.

19.5 Specialist/Lead Nurses will be responsible for raising awareness of this policy during training sessions.

20.0 Infection Control Measures

20.1 Check Manufacturers guidance for cleaning hand mittens. Generally they can be hand washed or sponged clean.

20.2 One size fits most adults and can be used throughout a single hospital episode.

20.3 Hand control mittens are generally single use only and must be discarded once deemed no longer necessary to use unless manufacturer suggests otherwise.

20.4 Compliance with both patient and staff hand-hygiene is important.

20.5 Any concerns raised or where staff may need further advice on matters relating to hygiene measures then contact is to be made with Infection Control Lead.

21.0 References

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Appendix 1

Equality Impact Assessment (EIA)

Document being impact-assessed: **Policy for the use of Hand Mittens in Adult Patients**

Equality or Human rights Concern	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	All identified patients requiring additional support in order to receive treatment will be treated the same irrespective of their Gender.	Staff communication is encouraged to support Patient/Carers; all complaints would be fully investigated and responded to.
Race and ethnicity	All identified patients will be treated the same irrespective of their race and ethnicity.	MEHT operates within the requirements of the Race Equality Act 2010. Language may be a barrier – interpreters are made available when required.
Disability	It is acknowledged that some identified patients may also live with disabilities including mental health & learning disabilities.	Patient information and advice is accessible, up to date, and free from jargon. All areas have disabled access re: wheelchairs; lifts; toilets. Any issues regarding a patient's disability would be taken into consideration at time of patient's assessment and all support tailored to meet individual need.
Religion, faith and belief	All identified patients will be treated the same irrespective of their belief system	There is access to the multi faith chaplaincy team who offer advice, & support for Pts, relatives, carers & staff
Sexual Orientation	All identified patients will be treated the same irrespective of their sexual orientation.	MEHT staff is bound to comply with equalities legislation. Staff training is available for equality & diversity. All complaints would be fully investigated and responded to.
Age	This policy is specific to adults 18>. All identified adult patients will be treated the same regardless of age.	MEHT acknowledges the different needs of younger and older patients with regards to restraint and the law. A separate policy will be made available to address the needs of children and young people.
Transgender people	All identified patients will be treated the same irrespective of their gender status	MEHT staff is bound to comply with equalities legislation. Staff training is available for equality & diversity. All complaints would be fully investigated and responded to.
Social class	No variance - All identified patients will be treated the same irrespective of their social class group.	Staff communication is encouraged to support Pt/carers.
Finances	Some patients may have additional difficulties with regards to transport/financial concerns.	Advice is available regarding facilities; concessions; advocacy services. Carer's champions and social work team are available within MEHT.

Date of Assessment: 13th November 2018

Name of assessor(s): [Redacted]

Mid Essex Hospital Services NHS
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Appendix 2

Hand Control Mittens Assessment Tool
TO BE HELD IN PATIENTS NOTES

Patient Surname: First Name: Date of Birth:	Hosp No: Ward:	Date of assessment:

PATIENT	YES	NO	Please Specify Supporting Information and Actions
1. Does the pt behaviour have potential to endanger self; staff; others?			**(Restraint is inappropriate if response = "No")**
2. Has the patient removed essential tubes/lines?			**(dates; how many occasions)**
3. Is patient presenting as: acutely unwell; disorientated; agitated; restless; confused			**(brief presentation)**
4. Have other methods been tried? (i.e. reorientation; distraction techniques, increased supervision; consideration of basic needs – physical, social & environmental)			**(Identify type(s) of technique tried)**
5. Does the patient have capacity?			**(Date of assessment)**
6. Has the patient given informed consent?			**Do not use mittens if Pt demonstrates capacity & is refusing treatment**
7. If no to 4 - Has an MCA documentation been completed?			**(Dates)**
8. Is this decision - a last resort where the patient's safety could not be assured by other means?			**(ie: reasonable belief to prevent harm; proportionate; best interests; least restrictive)**
9. Has there been consultation with others involved in the care of the patient, including relatives/carers?			**(next of kin provides assent)**
10. Has the use of mittens been explained to Pt/relatives/carers?			**(leaflets; verbal)**
11. Has the Pt/relatives/carers had the opportunity to see and try mittens before they are fitted?			**(reactions; observations)**
12. Is there documented evidence that the clinical team agree that the use of mittens is in the patient's best interests?			**(Date agreement reached & where MCA2 document held)**
13. Has the care plan been • Discussed (patient, NOK, team) • Formulated • Documented			**(Date implemented & where document held)**

Assessor Name: ..... Next review date……

NB: Where a decision is made to discontinue the use of mittens – a decision to then resume the care plan once more with the same patient would necessitate the need for further assessment and new documentation.

Appendix 3

Information Sheet for Patient/Relatives/Carers on the use of Hand mittens

Hand Control Mittens:

Hand control mittens are a product which has been designed in order to restrict the movement of one or both hands. ***The use of*** hand control mittens are indicated for patients who are prone to self-injury or for those who disrupt medical treatment by pulling at IV lines or catheters. The decision to apply soft hand mittens are only made as a last resort, in order to prevent the confused, restless, disoriented, or combative patient from removing supportive and essential health care equipment.

The reason why hand control mittens are sometimes used:

Seeing a relative ill in hospital can be very frightening. If they become disturbed or agitated, it is only natural that you will feel concerned. Patients sometimes seem to have many tubes attached, which may not always make sense to you. Tubes may be in place to provide fluid, blood, oxygen, medications or food to a patient during an acute episode of illness.

During their time in hospital and due to various reasons, the acutely unwell patient may not be aware or understand the need to keep these essential tubes in. The tubes can be fairly easy to dislodge and are often removed unintentionally by the patient. It can be highly upsetting for the patient to have the tubes repeatedly replaced and in turn this may exacerbate problems with receiving essential treatment and may prolong or even compromise recovery.

Hand control mittens are only considered for use as a therapeutic measure, when patients are unable to keep these tubes in. During these times staff will assess the risks and the need to apply hand mittens over a short period of time, to ensure that patients receive the treatment they need and to protect them from harm.

Strict Protocols:

There are strict guidelines for staff to follow to ensure that the hand mittens are used appropriately including:

- Utilising alternative methods and approaches where appropriate
- Carrying out assessments, planning care, implementing & evaluating care plans.
- Involving the patient/family/carers as far as practicably possible in the decision making process re: best interest of the patient.
- Careful monitoring and regular reviews to ensure patient safety.
- Ongoing assessment and removal of mittens to ensure normal movement and function of the hands.
- Discontinuing the use of mittens as soon as is practicably possible.

Role of Staff:

Once a decision is made to use mittens in the best interest of the patient, then staff will follow protocol and appropriate guidelines mentioned above. Staff will also know the importance of and ensure the regular removal of the mittens in order to check patient skin and to give hand hygiene. It may be that this can also be timed around your visits so that the mittens can be removed when you are visiting.

Role of the Patient or Relative/Carer:

- It is not always possible but ideally you will have been shown the mittens before they are used. You are viewed as “partners in care” and in that context staff will actively encourage your participation and seek your views in the care of the patient and ideally the decision to use mittens.
- In order to alleviate further distress for the patient there will be an open and flexi visiting arrangement made to enable relatives/carers to be present during the hospital stay or you may wish to involve other family members.
- Communicate with staff - liaising with them to remove the mittens during visiting so that you can hold hands.
- Although it is important for you to consider that on occasion staff may have to put the mittens on before you visit in order to ensure your relative receives optimal care and the treatments needed to aid their recovery.
- Ask any questions you may have surrounding the care and treatment offered.

Concerns

If you have any anxieties or worries relating to the mittens being used and you would like to discuss it further, then in the first instance please speak to the nurse in charge of the ward.

If you remain concerned and you do not feel that the concerns raised have been resolved then you can talk to the Safeguarding Lead or contact PALS.

Appendix 4

Mid Essex Hospital Services NHS
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Daily Care Plan for Implementing the Use of Hand Control Mittens

Name:	DOB:	NHS No:
Consultant:	Date Implemented:	Responsible Nurse:

Intervention	Time Intervals	Date/Time Initials	Date/Time Initials	Date/Time Initials	Date/Time Initials
Monitor respirations, pulse, BP & Oximetry	Every 15 minutes for first hour If agitated continue 15min checks If settled every 4 hrs				
Check hand - skin integrity & circulation	Every 15 minutes for first hour If agitated continue 15min checks If settled every 4 hrs				
Personal hygiene & toileting	Individualised care plan according to Patient needs				
Offer nutrition & hydration	Individualised care plan according to Patient needs				
Ongoing check & include thorough hand wash & dry & check finger nails	At least once on every shift				
Consider the removal of invasive lines; drips	At least once every 8 hours				
Consider the ongoing need for use of hand control mittens	Daily At least once every 8 hours				
Document all decisions & observations in nursing notes	Ongoing throughout shift				
Decision made to discontinue soft restraint					

This care plan needs to be reviewed on a daily basis & all documentation held within Patient notes.

Where the care plan has been discontinued and then re-started again for good reason - further full assessments & new documentation is reqd.