

Patient Safety ALERT: *The importance of vital signs during and after restrictive interventions / manual restraint*

This alert has been raised to remind staff of the guidance previously circulated in an NHSPSA in December 2015 regarding the importance of monitoring vital signs during and after restrictive interventions / manual restraint.

Whilst the risk of death from positional asphyxia **during** restraint has been increasingly recognised, harm can also occur in the period **following** restraint from the effect of illicit substances, alcohol, prescribed medications (including any rapid tranquilisation) and co-existing medical conditions. People with diagnoses of severe and enduring mental illnesses are at increased risk of coronary heart disease, cerebrovascular disease, diabetes, infections, epilepsy and respiratory disease, all of which can potentially be exacerbated by the psychological and physical effects of restrictive intervention; between 2008-2012 there were 11 deaths within 24 hours of restraint in mental health settings in England.

The risk of death after restrictive interventions may also affect people without a previous history of mental illness. Delirious behaviour that requires manual restraint or rapid tranquilisation may indicate a life-threatening underlying medical cause or head injury. Between 2009 and 2015 there were 19 incidents reported to the National Reporting and Learning System (NRLS) as death or severe harm possibly associated with a period of restraint in acute/general hospital settings; a direct causal link was not always evident from the free text of the report. HM Coroner also issued a Regulation 28 report in March 2015 when a death occurred after restraint in an acute/general hospital setting.

The risk of death following restraint may be increased if the patient is also in seclusion or staff are avoiding close observation for fear of distressing the patient. NICE guidance gives advice on vital signs after manual restraint and very specific advice on the nature, frequency and duration of vital signs that should be taken after rapid tranquilisation.

ACTION REQUIRED BY ALL MANAGERS AS BELOW:

- 1. Please ensure that all staff have read and understood this patient safety alert and this is recorded in your clinical area.**
- 2. Please ensure that all staff are aware that vital signs must be monitored and documented during and after using restraint interventions and acted on as per Trust policy.**