

Application of Mittens as a Form of Physical Restraint for Patients requiring Naso-gastric Feeding

| | |
|---|--|
| Department / Service: | Corporate |
| Originator: | Deborah Narburgh, Head of Safeguarding Dr Riberio, Consultant Physician |
| Accountable Director: | Paula Gardner Chief Nursing Officer |
| Approved by: | Integrated Safeguarding Committee Clinical Governance Group (CGG) |
| Date of approval: | Integrated Safeguarding Committee 25 th January 2022 Clinical Governance Group 19 th April 2022 |
| Review Date: | 19 th April 2025 |
| This is the most current document and should be used until a revised version is in place | |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments | Trustwide |
| Target staff categories | Medical & Nursing Staff directly involved in the management of patients requiring the use of mittens. |

Policy Overview:

A number of conditions can affect a patient's ability to swallow oral fluids, food and medications e.g. stroke. Patients may lose their swallow and gag reflex and are therefore at risk of choking and aspiration. An alternative route is sometimes necessary and naso-gastric tubes are considered the safest alternative.

Patients in the acute phase of their illness can sometimes present as unaware of their surroundings, confused, restless and agitated: this can result in inadvertent removal of naso-gastric tubes and other essential access devices by the patient. For some patients, there may be a lack of comprehension of the potential consequences of regular insertions, poor compliance with medications and reduced oral fluid and food intake.

Mittens are a form of physical restraint to reduce the patient's ability to accidentally remove the naso-gastric tube. This is in order to maximise the potential for recovery and minimise the need for invasive interventions and ensure patients receive optimal fluids, nutrition and medications by the safest route possible when oral swallowing is impaired.

This Policy should be used alongside Trust Policies in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Latest Amendments to this policy:

| Date | Amendment | By: |
|---------------|--|---------------------|
| June 2015 | Guideline reviewed, no changes made | P Sanmuganathan |
| November 2016 | Documents extended for 12 months as per TMC paper approved on 22 nd July 2015 | TMC |
| November 17 | Document extended whilst under review | TLG |
| December 2017 | Sentence added in at the request of the Coroner | |
| December 2017 | Document extended for 3 months as per TLG recommendation | TLG |
| March 2018 | Document extended for 3 months as approved by TLG | TLG |
| June 2018 | Document extended for 3 months as approved by TLG | TLG |
| May 2019 | Document extended for 6 months whilst review takes place | Lisa Miruszenko |
| May 2019 | Full review of policy for use Trust wide. Review by Local Authority Deprivation of Liberty Safeguards team | DN |
| February 2022 | Review by Local Authority Deprivation of Liberty Safeguards Team Manager – no amendments. Trustwide Divisional review. | DN Caroline Mann |

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1. Introduction

Some medical conditions can affect a patient's ability to swallow oral fluids, food and medications. They may lose their swallow and gag reflex and are therefore at risk of choking and aspiration. An alternative route is necessary and naso-gastric tubes are considered the safest alternative to ensure patients receive optimal fluids, nutrition and medications by the safest route possible when oral swallowing is affected to maximise recovery potential.

Patients in the acute phase of their illness e.g. stroke can be unaware of their surroundings, confused, restless and agitated: this can result in inadvertent removal of naso-gastric tubes and other essential access devices by the patient. There is a lack of comprehension of the potential consequences of regular insertions, poor compliance with medications and reduced oral fluid and food intake.

This topic is ethically sensitive and fraught with emotion for the patient, their relatives and staff members. These sensitive situations need to be managed alongside the requirement to provide optimal hydration and nutrition for the patient.

Current evidence suggests that prolonged use of chemical restraint in the form of sedative medications can be harmful to the patient, particularly when they have neurological pathology such as acute stroke. The aim is to avoid the use of chemical restraint and use less restrictive and potentially less harmful interventions.

Application of mittens is not considered an extended scope of practice.

All Trust staff receive mandatory Mental Capacity Act and Deprivation of Liberty Safeguards training relevant to their job role. Restriction of a person's freedom of movement, whether they are resisting or not can be considered a form of restraint. Any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following two conditions are met:

- The person taking the action must reasonably believe that restraint is **necessary** to prevent harm to the person who lacks capacity, and
- The amount or type of restraint and the amount of time it lasts must be a **proportionate response** to the likelihood and seriousness of harm – a 'proportionate response' means using the least intrusive type and minimum amount of restraint to achieve a specific outcome in the *best interests of the person who lacks capacity*.

2. Scope of this document

This document applies to medical and nursing staff directly involved in the management of patients requiring the use of mittens in order to deliver care in the least restrictive manner possible where it is deemed to be in their best interests.

3. Definitions

The use of mittens is defined as a form of physical restraint. Section 6(4) of the Mental Capacity Act 2005, Code of Practice, states that someone is using restraint if they:

- a) Use force-or threaten to use force- to make someone do something that they are resisting, or
- b) Restrict a person's freedom of movement, whether they are resisting or not.

4. Responsibility and Duties

This guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with

the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

5. Policy detail

Details of guidelines

Prior to the use of mittens as a form of physical restraint, discussion should be held with the multi-disciplinary team, the Consultant responsible for the patients care, the patient (where possible) and the patient's relatives. The discussion and outcome should be documented clearly in the patient records. Where restraint is necessary to prevent harm to the person who lacks capacity, it must be:

- the minimum amount of force, for
- the shortest time possible

Clinical indications

Mittens may be considered for the following patients:

- Acutely ill patients
- Disorientated patients
- Restless and agitated patients
- Confused patients

Contraindications and special considerations

Physical restraint in the form of mittens should only be used when all other options have been explored and exhausted. Examples include: diverting patient's attention, nurses/ carers/ relatives holding patient's hands. Only when these methods have been proved unsuccessful can mittens be applied to permit effective and safe delivery of fluids, food and medications.

Contraindications

Mittens cannot be used in patients who are aware of the consequences of removing the naso-gastric tube are therefore making an informed decision not to be fed via the naso-gastric tube. This is in accordance with the requirements of the Mental Capacity Act. Where staff are concerned that the patient is making an 'unwise decision' that may pose a significant risk of harm then the mental capacity assessment (including risk, benefit , alternatives and any options considered) should be formalised and clearly recorded in the patient record.

Special Considerations

Mittens must not be used as an alternative when staffing levels are reduced, patient dependency high or in situations where resources are low.

Mental Capacity Act (2005)

The Mental Capacity Act (2005) provides a statutory framework for people who lack capacity to make decisions for themselves. The Act sets out who can take decisions, in which situations, and how they should go about this. The legal framework is supported by the Mental Capacity Act (2005) Code of Practice. Staff working within the Trust have a legal duty to have regard to the MCA Code of Practice when working or caring for adults who may lack capacity to make decisions for themselves.

Deprivation of Liberty Safeguards

Sometimes there is no alternative way to provide care or treatment other than depriving the person of their liberty. Actions that amount to a Deprivation of Liberty will not be lawful unless formal authorisation is obtained. Further information can be found at:

[Deprivation of Liberty Safeguards \(DoLS\)](#)

Maria Ferreira, a woman with Down's syndrome, died in an intensive care unit after she dislodged a tube with her mittened hand. A recent Court of Appeal ruling R (Ferreira) V HM Senior Coroner for Inner South London and others (2017) ruled that Ms Ferreira was not deprived of her liberty because she was being treated for a physical illness and the same treatment would have been administered to a person who did not have her mental impairment.

In the event staff are unsure as to whether a patient is being deprived of their liberty then a DoLS application should be made.

Training

- Nursing staff must be able to demonstrate competence prior to use of mittens.
- Clinical managers/ ward sisters are responsible for ensuring competence.

Procedure

This should be a socially clean procedure which is conducted at the bedside. Every effort must be made to maintain the patient's privacy and dignity at all times.

Equipment

Purpose made mittens: Posey peek-a-boo mitt

Decision making process (see appendix 5)

1. Assess patients mental capacity
2. Does patient lack mental capacity to consent to examination/ treatment?
3. Alternative methods applied to prevent naso-gastric tube e.g. distraction techniques
4. Patient has removed ≥ 2 naso-gastric tubes in last 24 hours
5. Decision for mittens discussed and approved by Consultant, MDT and family
6. If all above applicable then mittens can be applied.

Doctors responsibility

- Assess mental capacity of patient and ensure mittens are justified
- Discuss the use of mittens with the patient (where possible) and the patient's relatives/carers
- Clearly document discussion and outcome in patient's medical notes.
- Ensure medical review and record in medical notes every 24 hours for continued use of restraint
- Initiate treatment for any abnormalities

Nursing care management

During procedure

- Will require two nurses or one nurse and one healthcare assistant

- Wash hands and wear apron
- Ensure adequate privacy for the patient
- Explain procedure to patient and gain verbal consent (if possible)
- Ensure Doctor has assessed mental capacity for patients who cannot give verbal consent and appropriate discussions with MDT and relatives/carers have taken place
- One nurse is required to raise the patient's hand(s), one at a time, to ensure optimal positioning of mitten(s). Mittens do not always need to be applied to both hands after a stroke.
- The other nurse to attach mitten to mobile hand ensuring appropriate positioning of mitten.
- Mitten needs to be secure but not tight, as this may reduce circulation to limb.
- Please ensure that they fit the patient.

Monitoring of mittens

- Time when mittens are taken off are timetabled e.g. meal times, visiting times
- Remove mittens and observe hand every 6-8 hours looking for:
 - Signs of tissue damage
 - Swelling
 - Redness
 - Inflammation
 - Pressure sores
 - Other abnormalities
- Document findings and initiate treatment as required (see appendix 1)
- Hand must be washed and dried carefully before mittens are reapplied
- Change mitten every 24 hours – these mittens are machine washable but at present no washing machines on site for this to occur.

Control of infection

- Mittens must be checked on removal (three times per day) and daily for contamination
- Supply clean mittens if contamination found

Complications and side effects

Potential complications:

- Reduced circulation to limb if mitten is secured too tightly
- Development of pressure sores to limb
- Reduced ability to communicate especially if aphasic and mitten is applied to good hand after a stroke

Mitten use must be discontinued at any time if:

- Consent is withdrawn [where patient has capacity]
- Patient becomes more distressed or agitated wearing the mittens
- Deterioration in skin condition is noted
- Patient's condition changes and mittens are no longer required

Nursing responsibility

- To ensure safe and effective care is delivered and documented

- Evaluate and document the use of mittens every 6-8 hours
- Escalate any abnormalities and concerns to appropriate healthcare professional e.g. nurse in charge, doctor
- Ensure medical review and record in medical notes every 24 hours for continued use of restraint
- Each clinical area is responsible for monitoring compliance with this guidance.

6. Implementation of key document

6.1 Plan for implementation

Revision of existing document amended for use Trust wide.

6.2 Dissemination

Trust wide via Document Finder on the Trust Intranet

6.3 Training and awareness

Revision of the policy will be taken via the Integrated Safeguarding Committee for dissemination.

7. Monitoring and compliance

Annual audit will be undertaken by the Named Nurse Adults Safeguarding. Further information in monitoring tool on pg16.

8. Policy review

This Policy will be reviewed in accordance with Key Document review timeframes or in the event of any new or emerging legislation or practice developments.

9. References

- Adapted from Heart of England NHS Foundation Trust Guidelines: Use of physical restraint with acute stroke patients – Peter Carr drafted 25/11/2010, approved 15/12/10 and review 30/12/12
 - Adapted from Portsmouth Hospitals NHS Trust Clinical Policies: Hand control mittens project team – Dr Jane Williams approved 27/11/2008, annual review commenced September 2009
 - Adapted from Sandwell and West Birmingham NHS Trust: Procedure for the appropriate use of safety mittens in patients requiring enteral feeding – Assistant Director of Nursing drafted June 2004, approved January 2009, reviewed January 2011
 - Mental Capacity Act (2005) Code of Practice, London HMSO
 - Deprivation of Liberty Safeguards Code of Practice , London HMSO
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7. Human Rights Act (1998) London HMSO
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11. Meer J., 1987. Inadvertent dislodgement of nasoenteral feeding tubes: incidence and prevention. *Journal of Parenteral and Enteral Nutrition*; 11(2):187-189.
12. Mental Capacity Act (2005) London HMSO
13. Micek *et al* (2005) *Delirium as detected by the CAM-ICU predictor. Restraint use among mechanically ventilated patients*. *Critical Care Medicine* 33 (6) 1260-1265
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15. Nirmalan M. Physical and pharmacological restraint of critically ill patients: clinical factors and ethical considerations. *British Journal of Anaesthesia* 2004; editorial IV: 789-91
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17. Norton B. *et al*. 1996. A randomised prospective comparison of percutaneous endoscopic gastrostomy and nasogastric tube feeding after acute dysphagic stroke. *British Medical Journal*; 312:13-16.
18. Royal College of Nursing, 2008. *"Let's talk about restraint" Rights, risks and responsibility*. RCN, London
19. Royal College of Nursing, 2004. *Restraint revisited –rights, risks and responsibilities*. RCN, London
20. Soames C, Hawker S (Eds) (2005) *Compact Oxford English Dictionary of Current English* 3rd ed Oxford University Press Ox
21. Williams, J. (2008) Exploring ethically sensitive decision-making in acute hospital care: using hand control mittens in adult patients. In Shaw, T. and Sanders, K. (Eds) *Foundation of Nursing Studies Dissemination Series*. Vol. 4. No. 8

10. Background

10.1 Equality requirements

Please refer to Supporting Document 1

10.2 Financial Risk Assessment

Please refer to Supporting Document 2

10.3 Consultation Process

Contribution List

This key document has been circulated to the following individuals for consultation;

Key individuals involved in developing the document

| Name | Designation |
|---------------------------------|---|
| Full update /revision May 2019. | |
| Caroline Mann | DoLS Team Manager, MCA/DoLS Team, Worcestershire County Council. Approved – no amendments 24.05.2019. |

Circulated to the following individuals for comments

| Name | Designation |
|---|--|
| Division of Specialty Medicine | |
| Division of Emergency Medicine /Urgent Care | |
| Division of Surgery | |
| Division of Specialised Clinical Services | |
| Division of Women & Children | |
| Caroline Mann 12.01.2022 | DoLS Team Manager, MCA/DoLS Team, Worcestershire County Council. Approved – no amendments. |

Circulated to the chair of the following committee's / groups for comments

| Name | Committee / group |
|---------------|-----------------------------------|
| Paula Gardner | Integrated Safeguarding Committee |

10.4 Approval Process

Approval will be via the Integrated Safeguarding Committee

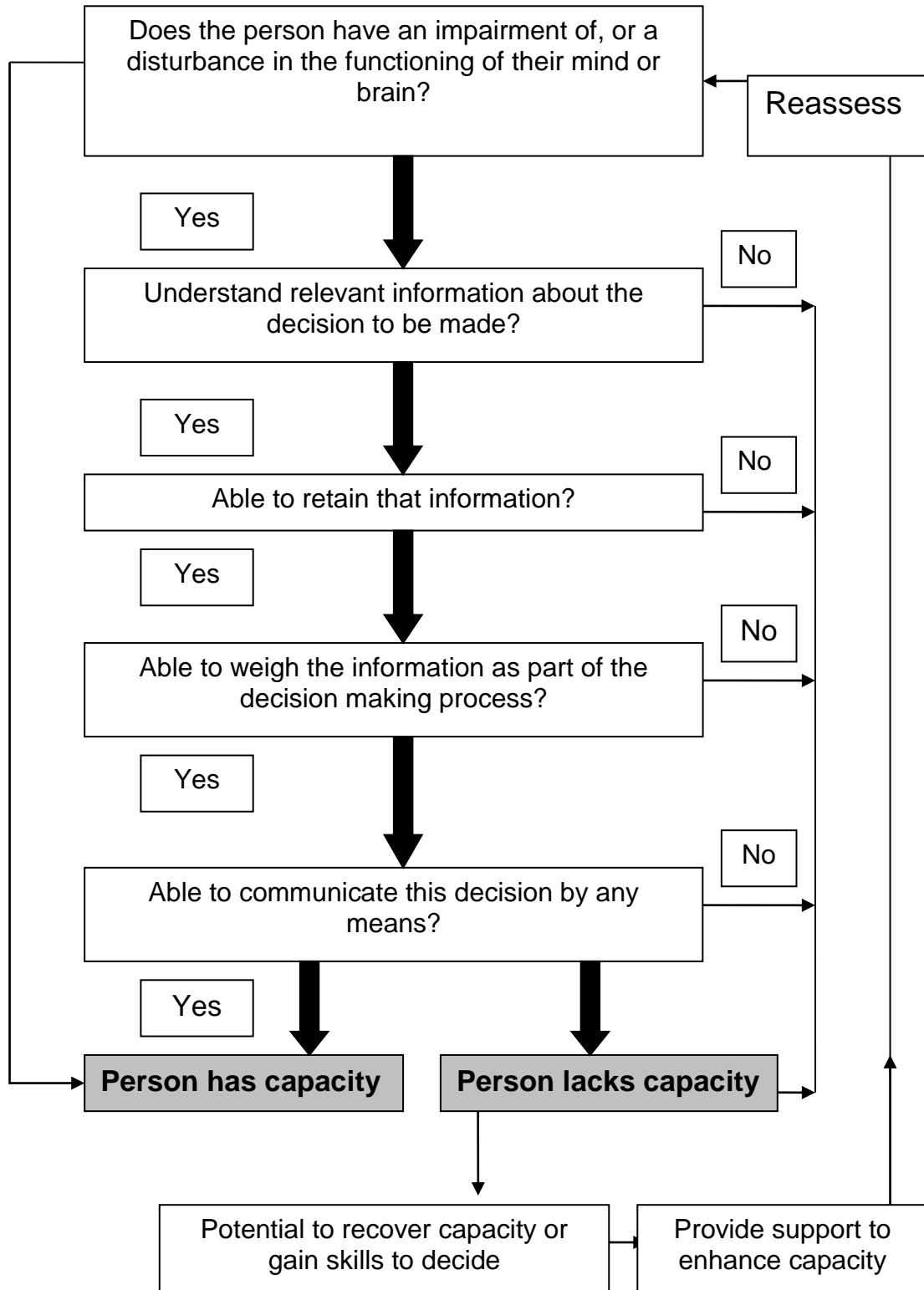
10.5 Version Control

Refer to Key Amendments Section. The latest version of this Policy will be available on Document Finder on the Trust Intranet.

Appendices

Appendix 1

Flow Chart
Assessment of Capacity



Appendix 2

Patient label

Patient Assessment form for the safe use of Hand Control Mittens

| PATIENT | YES | NO | Please Specify Supporting Information and Actions |
|---|-----|----|---|
| 1. Has the patient removed essential tubes/lines? | | | |
| 2. Have other methods been tried? (i.e. distraction techniques, additional taping, re-siting etc) | | | Identify type(s) of technique to be used: |
| 3. Does the patient have capacity to consent to the use of mittens? | | | |
| 4. Has the patient given informed consent? | | | |
| 5. If no to 3. Does the patient have a nominated next of kin who can provide assent? | | | |
| 6. Has the nominated next of kin had reasons for the use of mittens explained and had the opportunity to see and try mittens before they are fitted? | | | |
| 7. If the patient has no next of kin, is there documented evidence that the clinical team agree that the use of mittens is in the patient's best interests? | | | |
| Has the plan of care been <ul style="list-style-type: none"> • Discussed (patient, NOK, team) • Documented | | | |

Why have hand control mittens been issued for this patient? Please refer to Clinical Guidelines for the Use of Hand Control Mittens.

1. Risk of aspirating contents of NG tube if pulled out when still running
2. Risk of tissue damage e.g. cannula, NG tube, PEG tube
3. Risk of reduce nutrition or hydration
4. Risk that vital medications cannot be given
5. Other

Signature date..... Next review date.....

Signature date..... Next review date.....

Signature date..... Next review date.....

NB: Reassess every 24 hours or as soon as the patient's condition changes.

File in patient notes

Adapted with kind permission from Portsmouth Hospitals NHS Trust

Appendix 3

Patient Assessment
Patient wearing a Mitten restraint

Patient label

The main purpose of hand control mittens is to facilitate the provision of essential treatments to patient who remove tubes/line. Mittens can only be applied after assessment of Mental Capacity Function has found a requirement to treat patient in their best interest. The recommended mittens ONLY are to be used. Alternatives such as bandaging MUST NOT be used.

Observe skin three times per day – mittens can ideally be removed when relatives present

| | 08.00-14.00 | 14.00-21.00 | 21.00-08.00 |
|--|---|---|--|
| Mittens still required | Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____ |
| Circulatory Checks- Remove mittens if Pulse, colour, temperature, sensation are altered | Good circulation Yes <input type="checkbox"/> No <input type="checkbox"/> Removal Required Yes <input type="checkbox"/> No <input type="checkbox"/> | Good circulation Yes <input type="checkbox"/> No <input type="checkbox"/> Removal Required Yes <input type="checkbox"/> No <input type="checkbox"/> | Good circulation Yes <input type="checkbox"/> No <input type="checkbox"/> Removal Required Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Signs of tissue damage | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is a venflon on this hand | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Resited | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Swelling present | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Redness | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Inflammation | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pressure sores | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other problems eg patient distressed | Yes <input type="checkbox"/> No <input type="checkbox"/> state _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> state _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> state _____ |
| Mitten clean and dry | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Change every 24 hours | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dominant hand and the patient also has aphasia | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mittens removed and replaced after checks. Problems Escalated to Drs | Signed _____ _____ | Signed _____ _____ | Signed _____ _____ |
| No longer required and removed | Signed _____ _____ | Signed _____ _____ | Signed _____ _____ |

If the mitten is situated on the dominant hand after a stroke and the patient is aphasic- extra vigilance will be required to ensure the patient can ask for assistance.

Appendix 4

Information sheet for relatives on the use of hand control mittens

Seeing a relative in hospital can be very frightening. Patients sometimes seem to have many tubes and attachments, which may not always make sense to you. This leaflet has been written to explain why hand control mittens are sometimes used.

Tubes may be placed to provide fluid, medications or feed to a patient. Hand control mittens are only considered for use when patients are unable to keep in these tubes. This can be because of restlessness or confusion and the patient may not be aware that they need to keep these tubes in. The Naso-gastric tubes are often removed unintentionally and can be fairly easy to dislodge.

The nursing staff will have tried other methods to try and keep these tubes in place, but sometimes we have to use hand mittens for a short period of time to ensure that patients receive the treatment they need.

These mittens are only used on these occasions and the need for them has to be reviewed daily. There is a guideline for staff to follow to ensure that they are used appropriately.

Sometimes the team caring for your relative will have to make a clinical decision to use the mittens in the best interests of the patient. Where possible, we will always involve the patient in that decision, but sometimes they are not able to give their consent. Ideally you will have been shown the mittens before they are used, but on occasion we may have to put them on before you visit in order to ensure your relative receives the treatments needed to aid their recovery. It is also distressing for patients' to have tubes put in over and over again and using the mittens can reduce this.

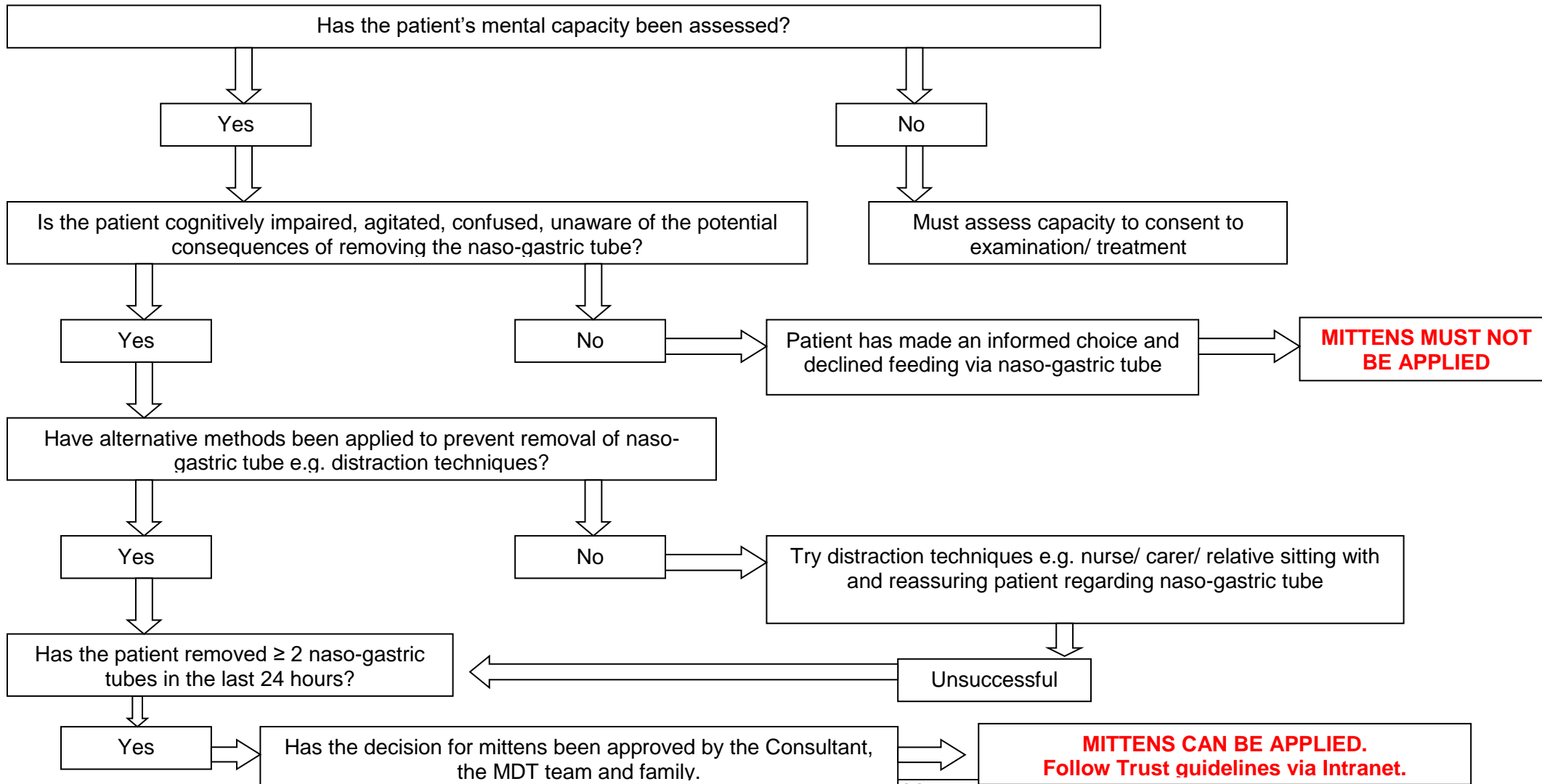
If the mittens are used, it is important that they are removed regularly to check their skin and to give hand hygiene. This may be timed around your visits so that they can be removed when you are visiting.

If you have any concerns about the mittens being used or would like to discuss it, then please speak to the nurse in charge of the ward.

Thank you

Adapted with kind permission from Portsmouth Hospitals NHS Trust

Appendix 5 – Application of Mittens for patients requiring naso-gastric feeding flowchart



Trust Policy

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|---|---|---|---|--|---|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| | These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe. | What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.) | Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'. | Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description? | Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference. | Use terms such as '10 times a year' instead of 'monthly'. |
| P11,12,13 | Appendix 2,3 & 4 compliance Trustwide | Audit compliance – 10 cases annually of DoLS datix records where the application involved the use of mittens | Annual | Named Nurse Adults | Integrated Safeguarding Committee | Annual |

Supporting Document 1 - Equality Impact Assessment Tool


Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form
Section 1 - Name of Organisation (please tick)

| | | | | | |
|--|---|-------------------------------|--|----------------------|--|
| Herefordshire & Worcestershire STP | | Herefordshire Council | | Herefordshire CCG | |
| Worcestershire Acute Hospitals NHS Trust | ✓ | Worcestershire County Council | | Worcestershire CCGs | |
| Worcestershire Health and Care NHS Trust | | Wye Valley NHS Trust | | Other (please state) | |

| | |
|----------------------------------|---|
| Name of Lead for Activity | Deborah Narburgh, Head of Safeguarding |
|----------------------------------|---|

| | | | |
|--|-------------------|----------------------|--------------------------|
| Details of individuals completing this assessment | Name | Job title | e-mail contact |
| | Deborah Narburgh | Head of Safeguarding | deborah.narburgh@nhs.net |
| | | | |
| | | | |
| Date assessment completed | 02.03.2022 | | |

Section 2

| | |
|--|---|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | Title: Application of Mittens as a Form of Physical Restraint for Patients requiring Naso-gastric Feeding |
| What is the aim, purpose and/or intended outcomes of this Activity? | A number of conditions can affect a patient's ability to swallow oral fluids, food and medications e.g. stroke. Patients may lose their swallow and gag reflex and are therefore at risk of choking and aspiration. An alternative route is sometimes necessary and naso-gastric tubes are considered the safest alternative. |

| | | | | |
|--|--|---|--|--|
| | <p>Patients in the acute phase of their illness can sometimes present as unaware of their surroundings, confused, restless and agitated: this can result in inadvertent removal of naso-gastric tubes and other essential access devices by the patient. For some patients, there may be a lack of comprehension of the potential consequences of regular insertions, poor compliance with medications and reduced oral fluid and food intake.</p> <p>Mittens are a form of physical restraint to reduce the patient's ability to accidentally remove the naso-gastric tube. This is in order to maximise the potential for recovery and minimise the need for invasive interventions and ensure patients receive optimal fluids, nutrition and medications by the safest route possible when oral swallowing is impaired.</p> | | | |
| Who will be affected by the development & implementation of this activity? | <input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors | <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____ | | |
| Is this: | <input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence? | | | |
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.) | Review by Deprivation of Liberty Safeguards Manager Worcestershire 12.01.2022 – no amendments | | | |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required) | Integrated Safeguarding Committee representatives – approved 25 th January 2022 Circulated to Divisions Trustwide for comment. | | | |
| Summary of relevant findings | Approved 01.03.2022 | | | |

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|----------------|----------------------------------|---------------------------------|----------------------------------|---|
| Age | | x | | Policy applies to all adults over the age of 18yrs |

| Equality Group | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|----------------------------------|---------------------------------|----------------------------------|---|
| Disability | | X | | Policy equally applicable to all |
| Gender Reassignment | | X | | Policy equally applicable to all |
| Marriage & Civil Partnerships | | X | | Policy equally applicable to all |
| Pregnancy & Maternity | | X | | Policy equally applicable to all |
| Race including Traveling Communities | | X | | Policy equally applicable to all |
| Religion & Belief | | X | | Policy equally applicable to all |
| Sex | | X | | Policy equally applicable to all |
| Sexual Orientation | | X | | Policy equally applicable to all |
| Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.) | | X | | Policy equally applicable to all |
| Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | | X | | Policy equally applicable to all |

Section 4

| What actions will you take to mitigate any potential negative impacts? | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|--|-----------------|--|------------------------------|-----------|
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| How will you monitor these actions? | | | | |
| When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation) | | | | |

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

| | |
|--|--------------|
| Signature of person completing EIA | D A Narburgh |
| Date signed | |
| Comments: | |
| Signature of person the Leader Person for this activity | D A Narburgh |
| Date signed | 02.03.2022 |
| Comments: | |



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: | N/A |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.