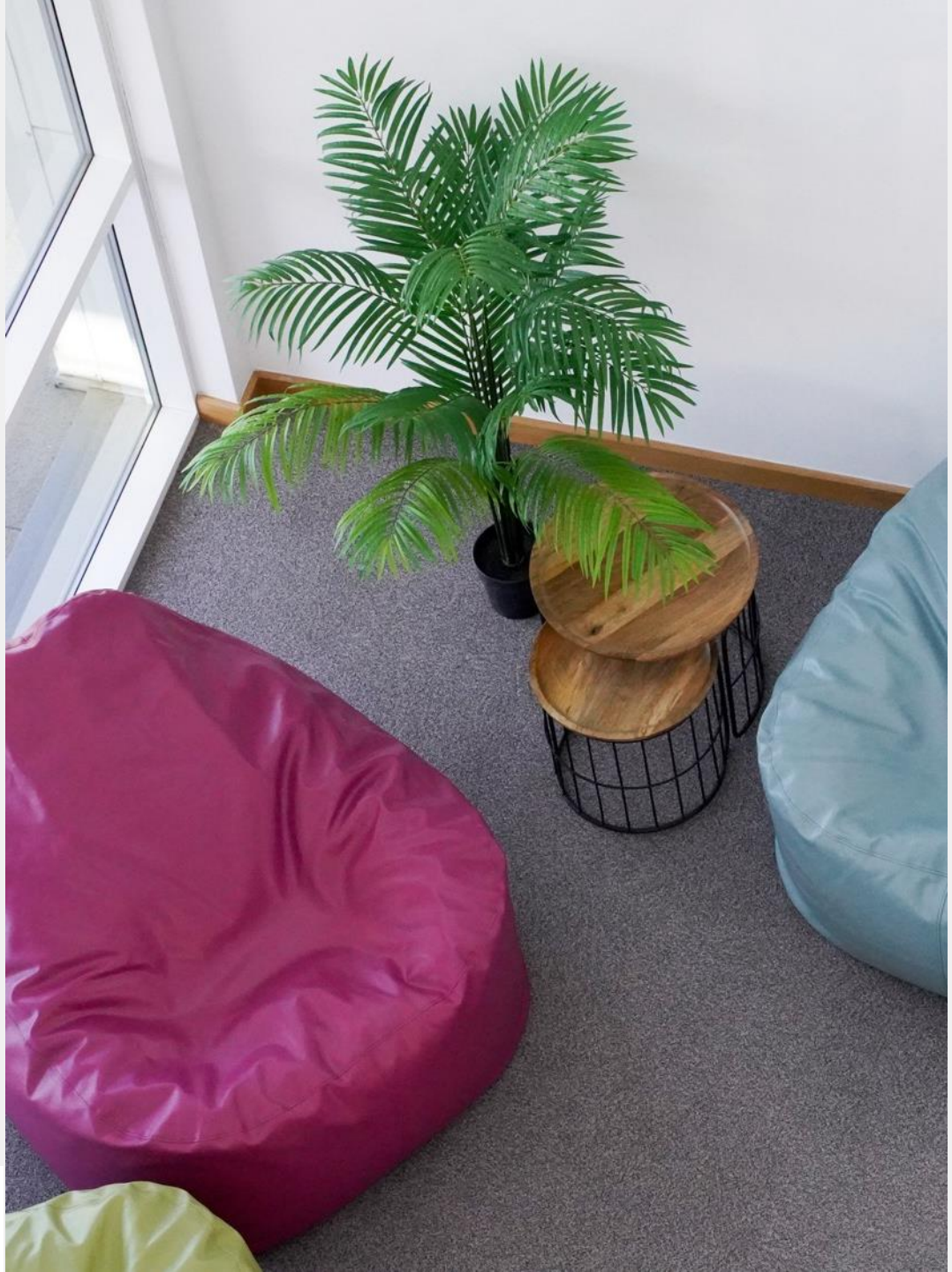
UK PODS

The Safety Pod

Innovation & Safety



Aims/Objectives

01. **Introduction**

02. **Overview**

03. **Purpose/Goal**

04. **Systemic Position**

05. **Analytics**

06. **Common approaches**

07. **Risks**

Ground Restraint

RISKS.

Organisational Monitoring Support & Guidance

- **Positive and proactive care 2014**
- **Mind 2015**
- **Nice NG10/11. 2015**
- **CQC**
- **Department of health 2017** Reducing the need for restraint & restrictive interventions
- **Agenda campaign 2017**
- **STOMP 2016**
- **SENI Law 2018 MHU**
- **Force reduction plans 2019 RRNTS**
- **Reducing the Need for Restraint &RI 2019**

Guidance

Staff should avoid, if at all possible, holding down on the floor or any surface (Positive and proactive care) Most importantly, you should not be held in any way that makes it hard for you to see, hear, speak or breath, or that affects your blood circulation.

This means that the person holding you shouldn't press on rib cage, neck, or abdomen, or cover your eyes, ears, nose or mouth. You should be held for as short a time as possible; NICE1.4.29 says this should not usually be for more than 10 minutes. But any restraint must always be ended as soon as possible. One staff members involved in the restraint should keep communicating with you from before the restraint and during it, continually trying to de-escalate the situation.

(Mind 2015)

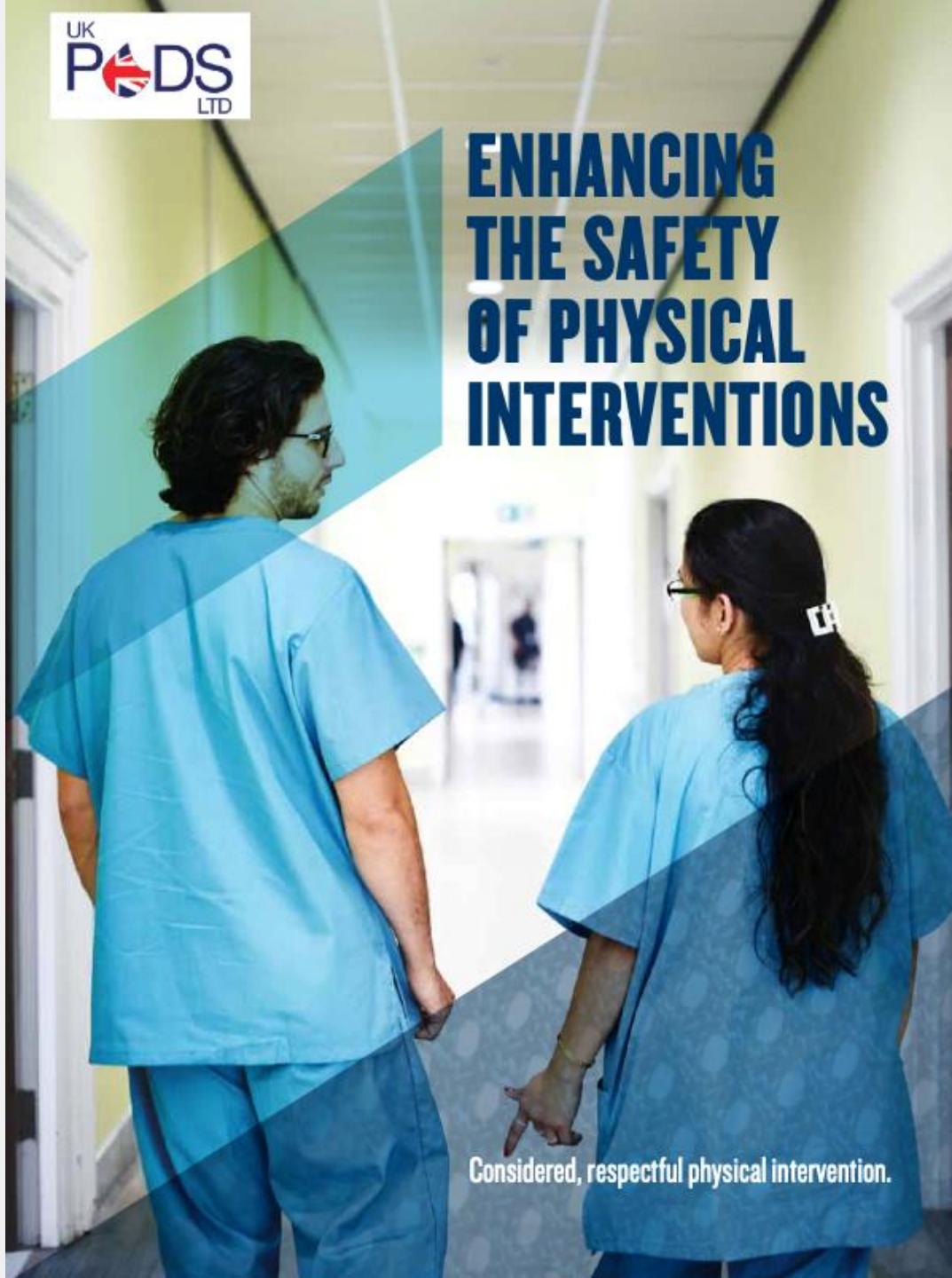
Search
For a Solution

With the seemingly constant concerns and interest nationally surrounding the subject of restraint we found organisations proactively searching for safer ways in which manual support can be given in situations where absolutely necessary.

The main considerations clearly pointed towards preventative methods of practice and less restrictive, safer alternatives for clients as well as staffing teams.

Taking on board the recommendations and guidelines regarding restraint and trying to apply them in a real situation can sometimes can be extremely challenging for teams.

We found that not many options are available and as a result we commonly see prone, supine and seated holds in reports provided on manual physical intervention data.



Alternative

EXAMPLES.

Alternatives

With the growth of national efforts to improve this area of care we have started to see the use of innovative ideas like the use of bean bags within a restraint. This has been something which has improved many aspects of an intervention, however the beanbags we found in services came in many different sizes, shapes and types non of which were designed specifically for a physical intervention.

We found that in the past Bean bags have been used for physical interventions in healthcare settings however for very specific cases.

The main reasons we found organisations allowing the use of a bean bag in a restraint situation were for certain cases of pregnancy, severe obesity, elderly cases and records were found for this type of practice as far back as 1997.

Within the past 4-5 years a serge of cases have been recorded where bean bags have been used for physical interventions and this method of restraint has become a popular choice for certain cases within some Eating disorders services, Children's services (education/healthcare), Autistic/learning disability services and some adult mental health services etc.

Stage One

By Identifying this issue our objective was to provide organisations that may use physical interventions with a suitable piece of equipment which could be used as a clinical aid for staffing teams to use in challenging situations.

Clinical professionals (Nursing teams, HCA teams, Managers, heads of services)

Experts by experience (Client groups asked for suggestions)

Physical intervention teams (multiple PI companies were contacted)

Engineer (engineer and health and safety manager of British steel)

Performance and safety experts (world leaders in performance testing were involved)

Medical Risk assessing expert (one of govs preferred risk assessor Dr A.Bleetman)

Design & Specification

- **Safety Pod Type**
- **M/G**
- **Maintenance Logs**
- **Medical Risk Assessments**
- **Servicing**

The Safety Pod

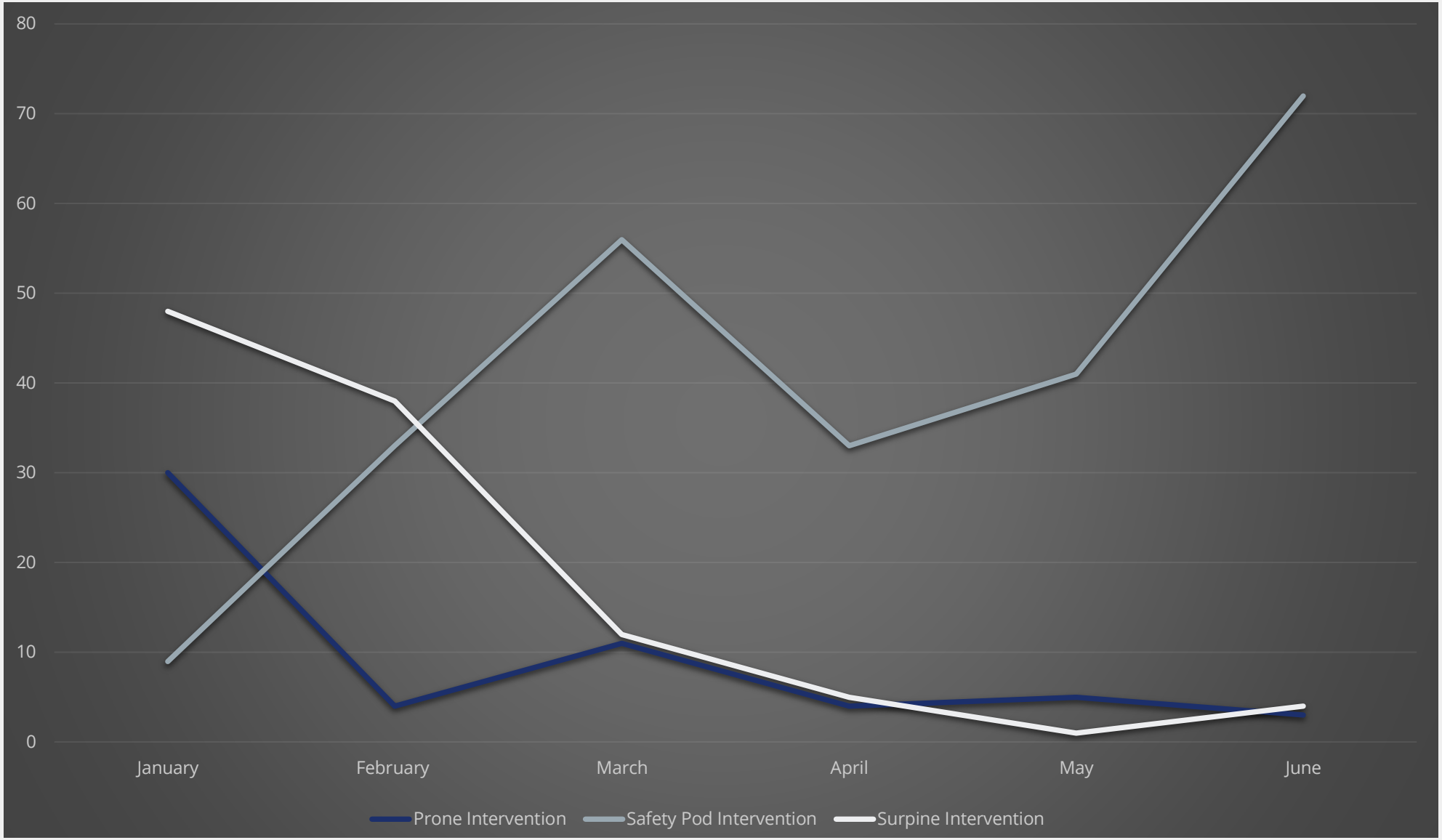
The first clinical trial of a Safety Pod was carried out within an NHS CAMHS low secure unit in 2015.

DATIX data was gathered with safety pods for the first time been entered into the system as a type of intervention.

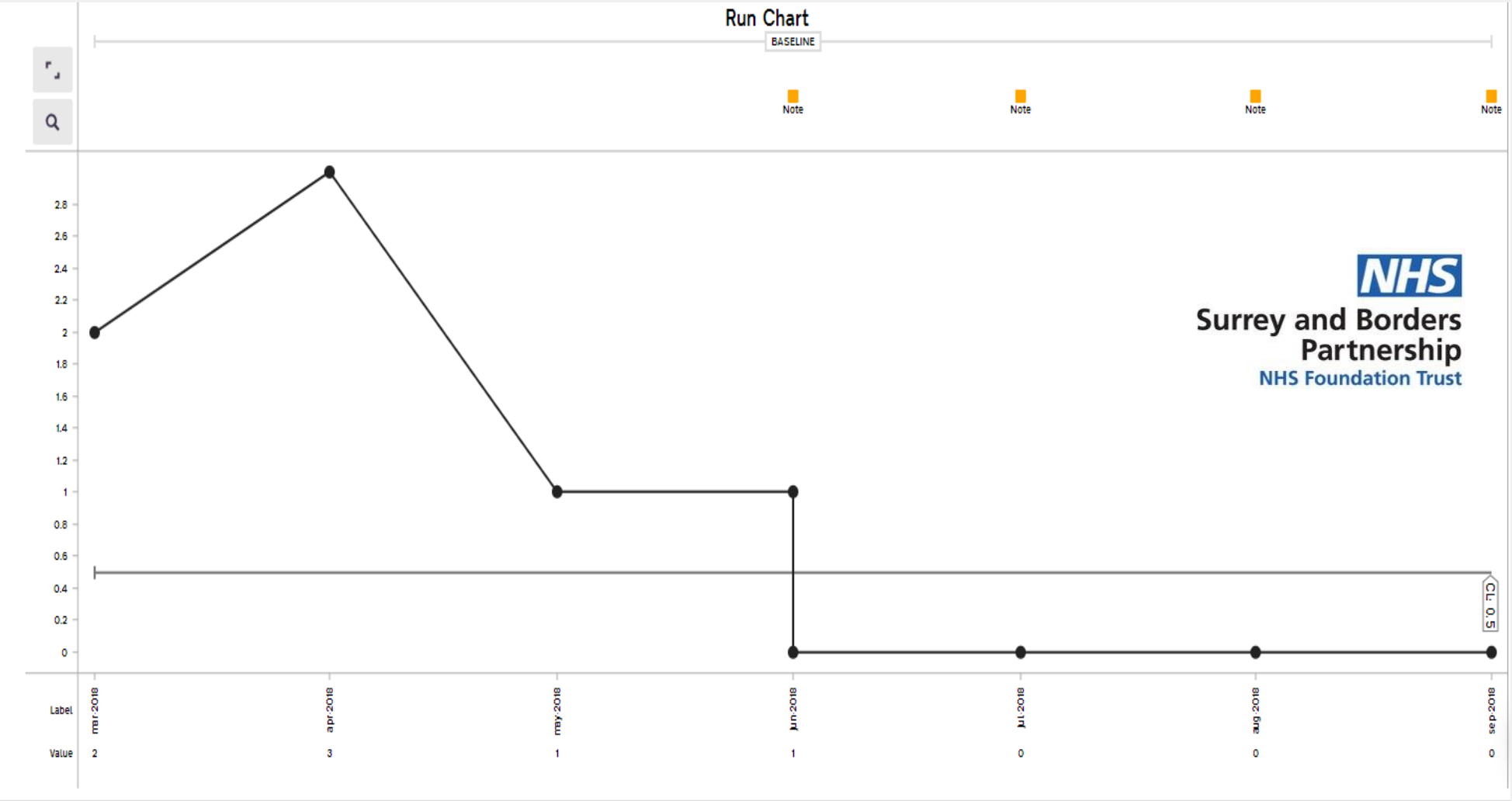
The data was monitored for 6 months with intense physical intervention team support, training and guidance.

De-briefs were conducted after incidents involving the Safety Pods with both staff and clients

CAMHS Control & Restraint
DATIX Safety Pod 2015

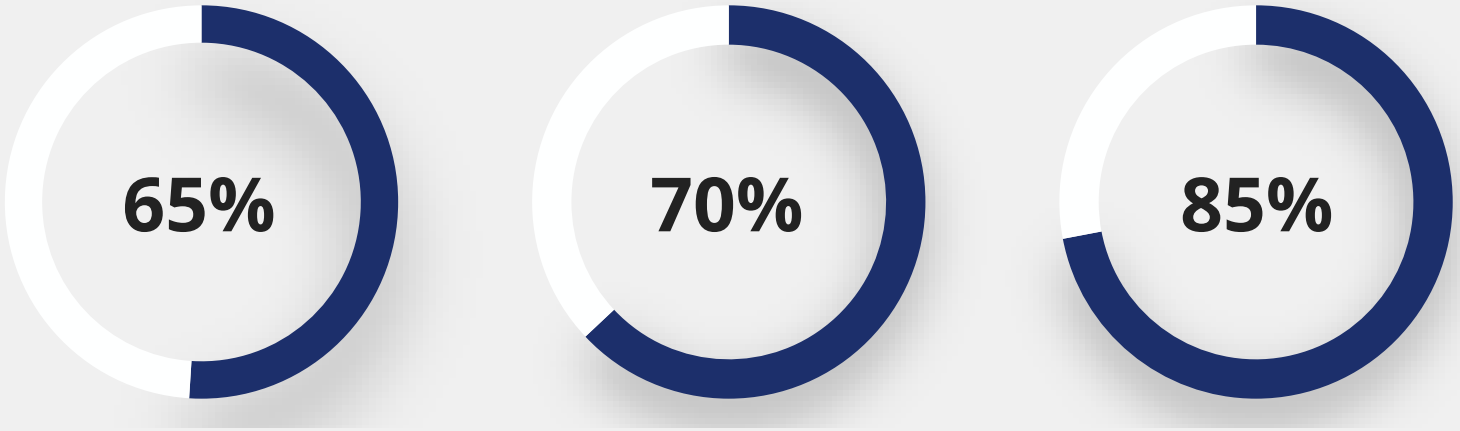


Elimination of Supine Restraint in LD Services Using Safety Pods 2018



Service Improvements

Prone/Supine Restraint



Mersey Care | ED Services | Priory Group

Client Debrief

- Less Frightening
- Less Staff involved
- No head person
- Less Claustrophobic
- Easier to hear and see staff
- Felt Safer / comfortable

Staff Debrief

Safety Pod's were used as part of a planned interventions within the pilot phase and staffing teams stated in de- briefs that this felt far safer and less restrictive on a service user. Staff were able to de-escalate throughout an intervention without feeling exhausted and on many occasions stated that concentration levels were higher throughout as well as moral and empathy levels.

- **Comfortable less painful than floor holds**
- **Easier to gain control/Focus**
- **Less exhausting both physically and mentally**
- **Easier to monitor clients presentation**
- **Post incident monitoring easier**
- **Less need for head person and sometimes legs**

Distance Management

Manage the distance =

Manage the potential risks

Possible Indicators:

- **Body Language**
- **Face expression**
- **Feet location**
- **Environmental risks**

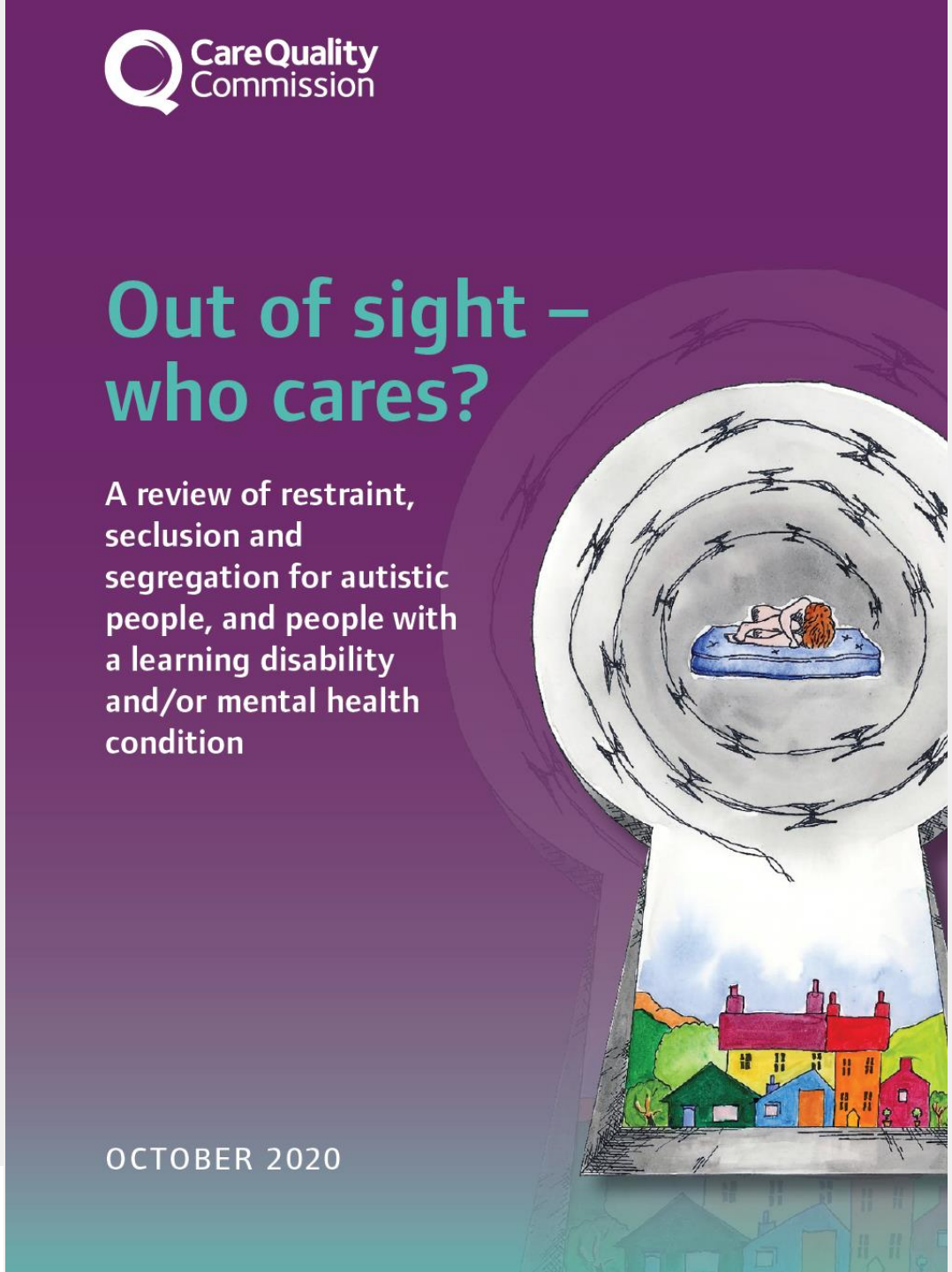
Medical Review

2017 / 2018 / 2019/2020/2021/2022

The Safety Pod is examined annually by member of the Royal college of emergency medicine, Royal college of surgeons of Edinburgh DR Anthony Bleetman PhD FRCSEd FRCEM DipIMC RCSEd.

The safety pod was highly commended by Dr A Bleetman with clear recommendations for it use in any organisation that may use physical interventions.

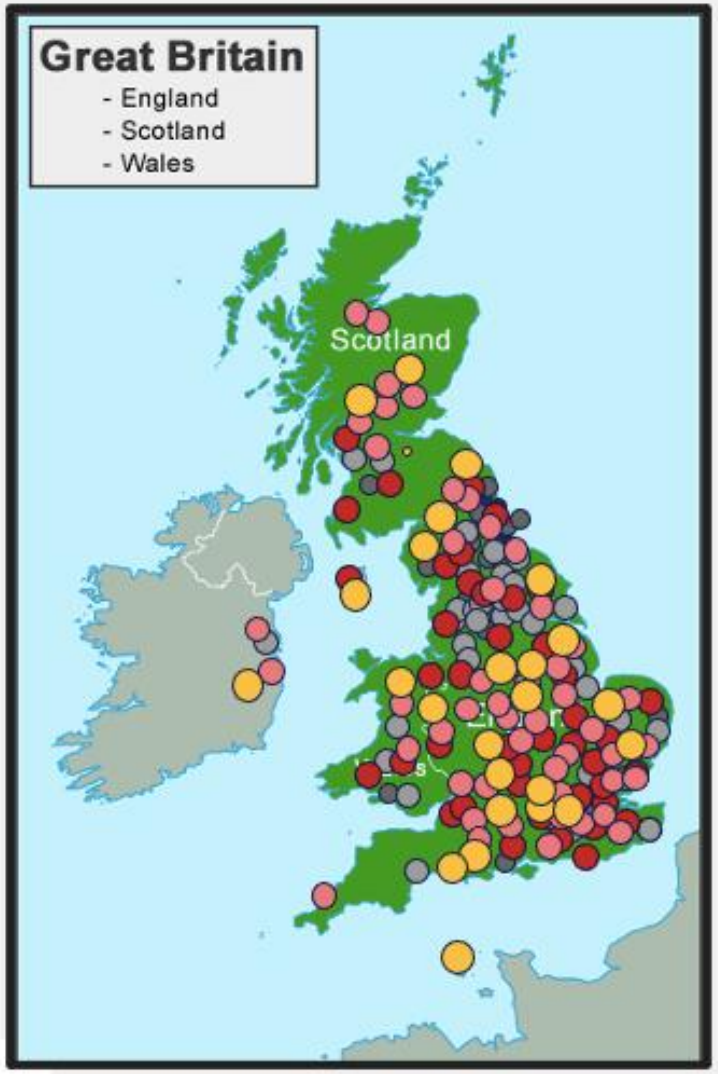
> “In broad terms, I believe that the safety pod is likely to enhance the safety, reduce injury and render restraint a less unpleasant experience for the subject and for staff”.
> “I give my strong support to the safety pod which I believe will significantly reduce the potential for injury in a restraint.”



Examples of Good Practice

- **Using de-escalation techniques to pre-empt early signs that someone might be distressed.**
- **Several providers had introduced safety pods to reduce the risk of harm from physical restraint, while others used an impact mat or cushion.**
- **Care plans that included the person's views and wishes detailing when and how to use physical restraint.**

Safety Pod Coverage



2016
2017
2018
2019
2020
2021

individual recovery pathways) is the hope that this may have as much positive impact on their recoveries as it has on mine. The notion that the work I do may inspire and give confidence to others to engage in research is as humbling as it is meaningful.

I really hope I get the chance to realise my aspirations regarding my new role.

Dr Sarah Markham, Patient Reviewer, QNFMHS

Priory Healthcare

The Use of Safety Pods for De-Escalation and During Restraint

As part of the Kemple View's on-going commitment to reducing restrictive interventions, safety pods were introduced to enhance safety, reduce injury and improve the experience of using physical interventions. They were developed in 2014, in an attempt to reduce ground, prone and prolonged restraint due to the risk to patients and staff.

Since the introduction of the safety pods at the beginning of 2018, by the Prevention and Management of Violence and Aggression (PMVA) team at Kemple View, there has been a marked reduction in prone position, ground and prolonged restraint. The physical interventions used are no different to how approved PMVA techniques are utilised, in relation to supporting a patient into a seated position, as the same techniques apply.

However, the safety pods are easier to transport, so the team can manoeuvre the pod to the patient thus minimising the higher risk movement of patients during restraint. This reduces the likelihood of injury to both staff and patients and minimises moving and handling issues related to health and safety.

The safety pod needs to be primed prior to use and this takes seconds to do and is repeated prior to every use. Once primed, when used, the designed hood of the Safety Pod will inflate in an ergonomically driven response to whatever size head, neck and width of shoulders enter the pod.

This allows the patient to receive a completely individualised response in terms of head and neck support, provides a much more comfortable experience than floor restraint and reduces higher risk interventions by staff. It also reduces the time it takes for the patient to stand up, allowing staff to exit rooms safer and to be able to disengage holds more effectively.

Patient feedback after restraint has been positive and there have been no issues in relation to the use of the safety pods.

Kemple View's restraint statistics can be seen on the next page.

Follow us on Twitter **@ccqi_ @rcpsych**
And use **#qnfmhs** for up-to-date information

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Year	Ground Re-straint	Prone (Position)	Prolonged (10 mins or more)	Injuries to staff (due to restraint)	Injuries to Patient (due to restraint)
2015	68	20	62	12	0
2016	25	10	36	9	3
2017	42	17	33	16	3
2018	8	3	29	4	1
2019	5	0	8	4	0

The following narrative is in relation to two occasions when Patient X was secluded. Although the circumstances of seclusion have been different, Patient X did exhibit similar behaviours and actions leading up to being transferred to seclusion. It shows the effectiveness of the use of the safety pod within the process of exiting a seclusion room. The frequency and duration of restraint is greatly reduced and ground restraint has been avoided. Within the first incident, attempts to leave the room lasted for almost two hours, with prone restraint being required along with Rapid Tranquilisation.

The second incident when the safety pod was used, the staff were able to exit immediately and no prone restraint or Rapid Tranquilisation was required. This is because it takes the patient longer to get out of the safety pod. Patient X also placed the mattress against the door to block the observation window, which was not possible when the safety pod was utilised during the second incident, due to its size and design:

Case Study

December 2017

For almost 2 hours, staff attempted to safely exit seclusion – Patient X continued to grab at staff, and various attempts to exit seclusion were attempted but failed. Patient X would get up and immediately grab hold of staff and their clothing, as they were exiting the seclusion room. He also placed his hand between the seclusion room door as staff attempted to exit, which increased the risk of injury to his hand. This resulted in the team having to go back into the seclusion room to implement PMVA interventions.

When staff eventually managed to exit the seclusion room safely, staff had to return to the room as Patient X had placed his mattress against the door restricting staff from observing him. Eventually Patient X became fatigued and allowing staff to lock the door safely.

May 2018

Patient X was secluded due to being significant risk towards others, due to a deterioration of his mental state and the behaviours exhibited. The safety pod was used to assist the staff in exiting the room, which was completed without any issues.

The MDT provided the following information during a seclusion review, soon after seclusion was initiated:

At 5 PM Patient x was secluded but fortunately the seclusion process was uneventful with Patient x not displaying severe challenging behaviours as he has done in the past. He appeared calm as compared to seen before. There was no evidence of EPSEs. He denied any injuries or any physical distress.

The safety pod is one of the interventions utilised by Kemple Views PMVA team, in conjunction with; SafeWards, Least Restrictive Practice, Patient Views, Lessons Learnt, Positive Behavioural Support (PBS) and Legislation. The PMVA team also provide theory sessions with the aim to develop staff's knowledge around the risks associated with restraint, in order to prevent/reduce the risk and preventative measures, de-escalation skills and knowledge of patients PBS plans. The PMVA team has been a contributing factor in assisting Kemple View to attain its current outstanding rating in all five CQC domains.

Rob Holcroft, Quality Improvement Lead, Kemple View

Quality Network For Forensic MH Services DEC 2019

Safety Pod Implementation

Children's Health Queensland Australia

Occupational Violence Prevention

Queensland Government

Sectors
Using Restraint

HEALTHCARE

EDUCATION

POLICING

SECURITY

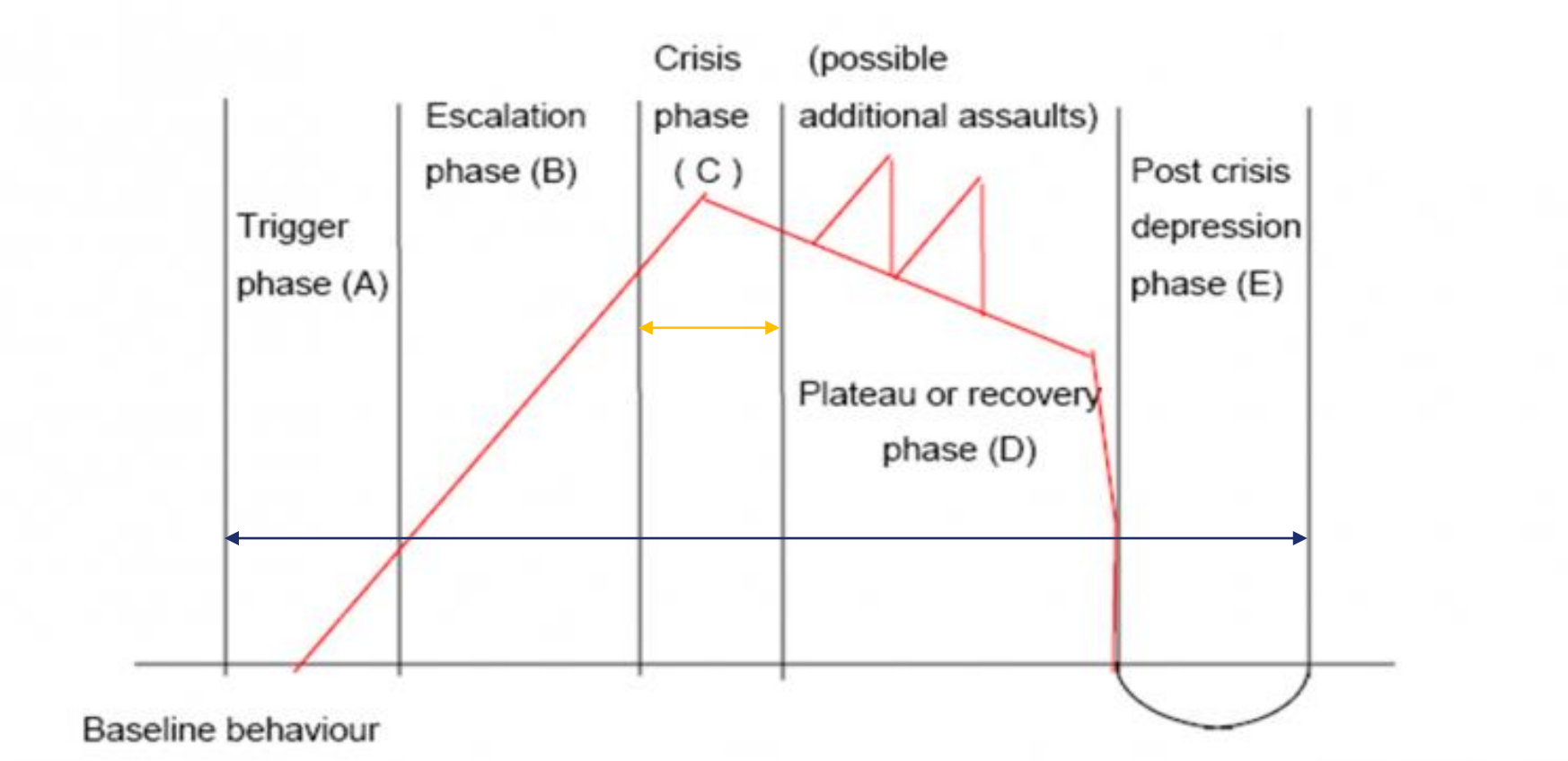
PRISON

Custody Suites Introduce The Safety Pod

Latest news

WEST YORKSHIRE POLICE

Typical Assault Cycle



Safety Pod Use

Most Physical Intervention Use

Safety Pod Use

Primary Care	Safety Pod's can be used as a form of maintaining settled behavior as they provide large snug type zones which has been described from some clients as soothing and secure. During our initial pilot phase occasionally clients would asked if they could use the Safety Pod's to read in or do various low stimulus activity's in. Maintaining baseline level behavior ideal for some clients primary interventions on behavior support plans.
Secondary Plans	Safety Pod's have proven successful for some clients to use as an escape mechanism during moments of frustration or upset and have been placed within de-escalation suites where clients have managed to sometimes control these feelings and avoid further agitation. Safety Pod's have been placed into secondary intervention plans for some clients as a result and also worked well as part of a PBS plan.
Tertiary Strategies	Some clients stated in de-brief that when supported in a Safety Pod the experience was less frightening and that this was due to less staff holding on and not been held on the ground. Clients aware of the Safety Pod's and in control of the care that's given through advanced requests or directives are also choosing the Safety Pod's to be used for them if they need physical support. Safety Pod's are placed on tertiary intervention strategy's within PBS plans as a result.

Bespoke

SAFETY PODS.

Safewards

Clear Mutual Expectations
Soft Words
Reassurance
Mutual Help Meeting
Bad News Mitigation
Positive Words
Calm Down Methods
Discharge Message
Talk Down
Know Each Other

Facts

1. Encourages better communication and more positive interaction

2. Designed to enhance the safety of physical interventions and reduce risk to injury and render restraint a less unpleasant experience for the subject and staffing teams.

3. Serves to reduce floor interventions and reduce the physical impact of restraint

Facts

4 Reduces risks to injury and allows a degree of subject movement - avoids direct pressure to limbs and enhances client safety

5 Provides a more dignified, safer response to restraint

6 Appearance is functional, non-threatening, soft furniture that may be used in a low sensory option

Thank you!

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