

STANDARD OPERATING PROCEDURE CAMHS SAFETY POD

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Jan 2023	<i>New SOP: Approved by CAMHS/Neuro Clinical Network and RRI Group on 20.01.23. Extraordinary QPaS meeting on 16.01.23 as part of suite of CAMHS Eating Disorders documents.</i>
1.1	April 2024	<i>Reviewed. Approved at Reducing Restrictive Interventions (RRI) Group (9 April 2024).</i>

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1. INTRODUCTION

Safety Pods have been introduced to reduce need for restraint and seclusion. Use of the Safety Pods can support primary and secondary preventative strategies with patients opting to use them independently.

The safety pods are easy to transport, allowing teams to manoeuvre the pod to the patient, 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.

Where restraint is assessed as a proportionate, required response to manage immediate risk, then Safety Pods should be considered as a preferable option ahead of any floor based position. Safety Pods offer increased opportunity for verbal engagement and de-escalation techniques compared to other positions of restraint.

“Restrictive interventions may be required in hospital settings as part of a broader therapeutic programme. When required they should be planned, evidence based, lawful, in the patient’s interests, proportionate and dignified” (MHA Code of Practice 26.7).

Restrictive interventions should only be used when absolutely necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of patients, and in proportion to the risks involved. (Reducing the Need for Restraint and Restrictive Intervention. June 2019 Gov.uk).

- To reduce restrictive practice and promote service user and staff experience and reduce harm.
- To support best clinical practice and ensure dignity of the service user is protected.
- To provide a function that allows the service user requiring support to receive an individualised response in terms of head and neck support, spinal alignment and seating angle and potentially reduce the need for floor support.
- To offer alternatives to support a service user in a more dignified and personal way at the point of need (where they are at that moment in time or in another area of the unit).
- To reduce need for other types of restraints such as floor restraints.
- To reduce risk of harm to self or others by providing a seating facility that is comfortable and supportive.
- To support safe exit from seclusion where appropriate to do so and where safe to leave the POD in the room.
- To provide guidance to ensure correct use, storage, cleanliness and maintenance of the Safety Pods in Clinical areas.

2. RESPONSIBILITY

DMI Trainers/Ward managers:

- To ensure all staff using the Safety Pod have received specific training from the Trust Positive Engagements Team This should be recorded and repeated as necessary.
- To ensure all staff using the Safety Pod for Naso-gastric tube insertion under restraint must have received the additional training relating to holding the head.
- Training will include all aspects of the SOP, identified usage, correct usage, storage, cleaning arrangements and maintenance plan.

Ward Manger/ Team Clinical Leads and Matrons:

- To ensure the use of the Safety Pod is risk assessed and care-planned on an individual basis. This is to include considerations for usage – taking bloods, supporting distress, harm to self or others, etc. take account of risks for example trip hazard, inability to get out of, area of the unit to be used, privacy and dignity.
- Discuss and agree at team level, with service user and family where able to. Provide explanation and leaflet of information to service use.
- Review and reflect on usage as part of ward/unit processes and feedback from service users.
- Review with service users as part of post incident review processes.

3. SAFETY POD EQUIPMENT

The Safety Pod is a specialist piece of equipment. Other bean bags are not designed in the same way and do not provide the same postural support to reduce physical risk.

Other bean bags, including weighted bean bags, must never be used during restraint.

During an incident where it is felt restraint techniques are needed to mitigate risk, the Safety Pod allows the patient to be held in a way which allows physical support to the head and neck, improves spinal alignment and places the patient into a more seated position which will avoid the use of prone or supine restraint on the floor.

The Safety Pod is designed to provide a seating angle of approximately 135 degrees from the top of the knees to the individual's head which aims to reduce the risk of head trauma. This optimum seating angle allows for adequate chest expansion and lung function.

To ensure the Safety Pod is ready to be used by a patient, it requires staff to prime before use. Priming the Safety Pod can be done by lifting the Safety Pod and dropping it onto the ground. This should be done at the "head" of the Safety Pod. A successful priming is demonstrated by the Safety Pod being square and the "head" flap folded down onto the Safety Pod.

All staff must receive training by a DMI Trainer before using the Safety Pod.

4. STAFF AND PATIENT SAFETY

- The safety pod weighs approximately 15kg. It should be set up for use and placed on its side when manoeuvring.
- The pod is never to be placed on top of a service user.
- There is never any face down restraint on the safety pod.
- The safety pod needs to be primed prior to each use as per training instructions.

5. PROCEDURE

All patients will have within their inpatient risk management plan information around primary preventative strategies, secondary preventative strategies and tertiary strategies which they find beneficial during times of increased distress.

Where an advanced statement is available, it will form the basis of these care plans. Where an advanced statement is not yet available, these care plans should be co-produced wherever possible. This will support a trauma informed approach and help to develop an individualised advanced statement for any future interventions.

The use of Safety Pods can be added under primary and secondary preventative interventions to enable use of the Pod independently, as this can support emotional regulation and reduce distress levels. When tertiary interventions are required, Safety Pods must be considered ahead of floor based options such as supine restraint.

All staff will be trained to use the Safety Pod by a DMI Trainer and only approved DMI techniques should be used in conjunction with the Safety Pod.

On admission to the ward, wherever possible, patients and their carers will be shown the Safety Pod and staff will discuss with them its purpose in order to reduce anxiety at times where the Safety Pod may need to be used. The "Use of Force" leaflet should be available on all ward areas to give further information.

When the decision has been made to use the Safety Pod, wherever possible the Pod should be taken to the person rather than the person moved to the Pod. Consideration must be given to space, risk, privacy and dignity.

One of the benefits of the Safety Pod is the flexibility of where it can be used. This should reduce the need to move a patient against their will, allowing them to be supported where they are and reduce the instances when seclusion may be needed. The aim is to create a situation where the best possible chance at de-escalation and therapeutic support can occur.

When the Safety Pod is being used for restraint purposes, the least restrictive holds/position should be used.

Patients will be offered post incident debrief following any period of distress, or where DMI techniques have been used. During the post incident debrief, consideration of the benefits or challenges around the use of the Safety Pod should be explored. This information should inform future care planning to ensure an individualised and co-produced approach for future care.

6. AVOIDING UNINTENTIONAL MECHANICAL RESTRAINT

To prevent the possibility of the Safety Pod being utilised inadvertently or unintentionally for the purpose of mechanical restraint:

Once the incident has been resolved, risks have reduced and the patient no longer requires physical restraint, staff should offer to support the patient to transfer from the Safety Pod.

In the event the patient wishes to continue to use the Pod for a while longer, staff must ensure the patient is able to transfer from the Pod independently.

If the patient is not able to make the transfer independently then staff must remain immediately available to assist with the transfer when required by the patient.

Where the patient lacks capacity they should be assisted from the Safety Pod once restraint is no longer required.

Staff should take account of mobility issues when considering whether to use the Safety Pod with an individual and evidence their decision making within the clinical records.

7. TRAINING

All staff using the Safety Pods must receive training from a DMI certified trainer prior to use.

The use of Safety Pods will be demonstrated and taught within DMI basic training and update training going forward. Training will always advocate least restrictive option when supporting someone in distress.

8. SECLUSION

- Staff must be trained in using the Safety Pod for seclusion room exit.
- Staff must be confident that the service user cannot hurt themselves with the POD once left in the room with them.
- Some service users may find the POD comforting and usable if in seclusion and this should be supported if safe to do so.

9. MAINTENANCE AND CLEANING

According to the manufacturers, the Safety Pods can be cleaned using Antichlor solution.

Safety Pods should be checked after each use and once a week for damage or faults. Any faults or damage should be escalated immediately to the nurse in charge to make an assessment if the Safety Pod is no longer safe to be used. The Ward Manager is to be informed.

Safety Pods should be maintained with the correct level of fill.

See Appendix 1 for further information on how to assess this and how to use the refill service.

10. RECORD KEEPING

All incidents where the Safety Pod is used will be recorded in the electronic patient record, on an Adverse Incident Form and on a Datix.

APPENDIX 1 - SAFETY POD MAINTENANCE AND CLEANING

Safety Pod™ Refill Guide




Safety Pod™ in the set up position (as shown in manual of guidance)

Safety Pod™ half way seam


- We recommend that your Safety Pod™ maintains an even level from front to back & across to each side as shown above in the Safety Pod™ set up position.
- If the hood of your Safety Pod™ passes the half way seam (half way seam highlighted in the above images), or if you do not have an even surface when the Safety Pod™ is in the set up position your Safety Pod™ may require a refill or service
- Please contact a member of our team if you require any further information regarding a service & refill info@ukpodsltd.co.uk

Safety Pod™ Refill Guide

- To maintain good performance, it is advised your Safety Pod™ is checked on a weekly basis. Please find overleaf a maintenance log for your reference. If you require further information on this please contact manufacturers info@ukpodsltd.co.uk
- We advise if any damage appears or if you have any questions about your Safety Pod™ condition please contact info@ukpodsltd.co.uk
- For guidance on cleaning your Safety Pod™ please refer to manual of guidance
- It is advised that risk assessments are carried out regarding the safe use of the Safety Pod™ and that this is done on an individualised basis.
- UK Pods Ltd accepts no responsibility for damage or faults to a Safety Pod™ that does not carry a clear record of consistent maintenance
- We highly recommend that your Safety Pod™ is regularly maintained. It is the user's responsibility to ensure regular maintenance is carried out and evidenced. A maintenance log is provided with every Safety Pod™ as a guide
- It is recommend that you check your Safety Pod™ after each use & once a week for damage or faults



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Safety Pod™
Maintenance Log & Refill
Guide

APPENDIX B - EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:
2. EIA Reviewer (name, job title, base and contact details):
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Medium	The service is commissioned for Children and young people aged 13- 18
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	<p>For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.</p> <p>The team will adapt to meet the needs of Children and young people and will use accessible resources.</p>
Sex	<p>Men/Male Women/Female</p>	Low	For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.
Marriage/Civil Partnership		N/a	
Pregnancy/ Maternity		Low	For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Race	Colour Nationality Ethnic/national origins	Low	For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.
Sexual Orientation	Lesbian Gay men Bisexual	Low	For all children and young people between the age of 13-18 using policy and guidance to deliver an inclusive and equitable service.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Working with the wider system to ensure we are an inclusive offer for all children and young people using Trust policy and national guidance.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

This has been reviewed based on a strong working knowledge/ evidence and experience of delivery in this service area.

EIA Reviewer: Victoria Wilson

Date completed: 04/07/2024

Signature: V.Wilson