



Position statement on the involvement of anaesthetists in restraint teams

It has become apparent that some hospitals are including anaesthetists as part of a response team to provide physical, mechanical and/or pharmacological restraint of acutely agitated or aggressive patients with mental health issues outside of the operating theatre/intensive care environment. The College fully support the views expressed by the AAGBI that the management of such patients should only occur under the strict control of local written policies¹. These policies should be based on national guidance² and must take into account the complex ethical, legal, safety and clinical issues including relevant legislation such as the Mental Capacity Act 2005 and the Adults with Incapacity Act (Scotland) 2000. In addition we wish to highlight the very useful suite of guidance on the prevention and management of clinically related challenging behaviour available from NHS Protect³.

Following consultation with The Royal College of Psychiatrists, the College would wish to emphasise the following principles relating to the involvement of anaesthetists in these difficult scenarios:

- Anaesthetists should only act as part of a multidisciplinary response team incorporating mental health care professionals including a psychiatrist
- Trainee anaesthetists should not routinely be involved in initiating pharmacological restraint (also commonly referred to as 'rapid tranquillisation' in many local protocols) but if the urgency of the clinical situation dictates they must only act within their competence and, whenever possible, after consultation with a consultant anaesthetist
- Anaesthetists should receive appropriate locally delivered training to safely fulfil their role as part of the response team
- When rapid tranquillisation is deemed appropriate the minimum intervention possible should be used as guided by the local protocol
- Equipment for ventilatory support and the full range of resuscitation equipment must be immediately available when rapid tranquillisation is administered along with trained assistance for the anaesthetist
- Careful consideration must be given to post sedation management including the venue for recovery of the patient, adequacy of monitoring and availability of nursing care with appropriate airway management skills
- Organisations should ensure that there are processes in place for post incident reflection and debriefing to ensure that individual and team learning is maximised
- The College does not support under any circumstances the use of rapid tranquillisation to manage violence or aggression in visitors or other individuals on hospital premises.

References

1. AAGBI position statement on hospital restraint policies. AAGBI, September 2013 (<http://www.aagbi.org/search/node/restraint>).
2. Violence: The short-term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency department. NICE clinical guideline 25. NICE, February 2005 (<http://www.nice.org.uk/nicemedia/live/10964/29716/29716.pdf>).
3. Meeting needs and reducing distress: guidance on the prevention of of clinically related challenging behaviour in NHS settings (<http://www.reducingdistress.co.uk/reducingdistress/users/clinical-staff/>).