



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### USE OF PROTECTIVE SHIELD

**Effective Date:** June 29, 2020

**Policy:** ER-08

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#### **I. PURPOSE:**

- A. Montana State Hospital (MSH) is committed to a violence-free environment.
- B. To define the accepted use of a protective shield when there is a potential threat of assault.
- C. To care for each patient in the least restrictive manner possible while protecting the safety, rights and dignity of all parties involved.

#### **II. POLICY:**

- A. Montana State Hospital (MSH) patients will be served in the least restrictive manner possible while preserving their rights, dignity and safety.
- B. Trauma informed principles will be utilized when determining the necessary action to take when patients act in a violent manner.
- C. The protective shield will be utilized by staff who are properly trained in its safe use and the medical risk involved with its use.
- D. A protective shield will be utilized when a patient is posing a risk of danger to self or others. Protective shield use will not be a substitute for attempts at de-escalation.
- E. An incident report will be completed reporting the use of the protective shield and forwarded to the MSH Safety Officer.

#### **III. DEFINITIONS:**

- A. **Protective Shield:** A protective device used to deflect and redirect assaultive behavior and allow for safety while securing an assaultive patient.
- B. **Restraint:** The use of any manual method, physical or mechanical device, material, or equipment which immobilizes or reduces free movement of a patient's arms, legs, body or head.
- C. **Trauma Informed Care:** Care which is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence, and is informed by knowledge of the prevalence of traumatizing experiences in persons who receive medical or mental health services.

- D. **Compressional Asphyxia:** Asphyxia due to limitations of respiratory movements of the chest and diaphragm. Occurs when the chest cavity is compressed, and the patient cannot breathe as a result. This is most commonly seen in restraints on the floor.
- E. **Positional Asphyxia:** Also known as postural asphyxia, is a form of asphyxia which occurs when someone's position prevents the person from breathing.

**IV. RESPONSIBILITIES:**

- A. It is the responsibility of all staff working at MSH to support a violence free environment in conjunction with trauma informed principles.
- B. Staff will make all efforts to preserve the privacy, safety, human dignity, and the physical and emotional comfort of the patient at all times.
- C. Staff will monitor a patient continually in a face-to-face manner when the protective shield is utilized and terminate its use as soon as the need is over.
- D. The use of a protective shield will only be initiated with authorization from either the unit RN, the on-site RN nursing supervisor or the Licensed Independent Practitioner managing the situation.
- E. **Registered Nurse** will:
  - 1. Observe all uses of protective shields.
  - 2. Monitor the patient continually in a face-to-face manner while the protective shield is utilized.
  - 3. Continually monitor the patient for medical distress paying special attention to the risk of compressional and positional asphyxia while the protective shield is in use.
  - 4. Discontinue the use of a protective shield as soon as the patient is physically restrained.
  - 5. Document the use of the protective shield on an incident report form and forward the form to the hospital Safety Officer.
- F. **Staff Development Department:** Provide and/or coordinate training regarding the appropriate use of protective shields.
- G. **Quality Improvement Director:** Track the use of a protective shield and collect, analyze and share quality improvement data.
- H. **Patient Safety Committee:** Retrospectively review all instances where a protective shield is used.

V. **PROCEDURE:**

A. A protective shield is a blocking device and should never be used as a weapon to strike a patient.

B. A protective shield will only be used under the direct observation of a Registered Nurse.

C. The patient will be monitored for signs/symptoms of respiratory distress.

D. Application of Protective Shield:

1. All responders involved in the incident will be thoroughly briefed prior to deployment to ensure they are fully aware of the plan for utilizing the protective shield.
2. Team members will receive specific assignments, a minimum of which will include one trained staff member to manipulate the protective shield.
3. Once the patient is under physical control, the shield operator will remove the shield from the immediate area of the patient. Once the shield has been removed from the area, the staff member will stand by to provide assistance.
4. The staff member utilizing the protective shield will monitor the patient's movement and activity by observing the patient through the viewport.
5. Staff will promptly inform the RN of any changes in a patient's behavior or physical condition including when the patient appears calm.
6. The application of the protective shield will cease as soon as feasible.

E. Monitoring of Patient during Protective Shield use:

1. The patient will be under face-to-face evaluation by a Registered Nurse while the protective shield is in use.

F. Training Procedures:

1. Staff Development is responsible for coordinating all staff education.
  - a. All direct care staff will be educated, and their competency tested regarding the use of protective shields during initial orientation and ***annually***.
  - b. Staff will receive annual de-escalation training.
  - c. Staff will be educated on the medical and psychological risks associated with the use of protective shields.
  - d. Documentation of this training will be maintained by the Staff Development Department.

G. Cleaning of the protective shield will be consistent with MSH policy IC-07, Infection Control- Care of Contaminated Articles.

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- VI. REFERENCES:** None.
  
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, Director of Nursing, and Quality Improvement Director.
  
- VIII. RESCISSIONS:** None, new policy.
  
- IX. DISTRIBUTION:** All hospital policy manuals.
  
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
  
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Quality Improvement.
  
- XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Hospital Administrator

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Medical Director