Use of Non Tear Garments Procedure

Effective: 13 December 2016

1. Guiding Principles

1.1 Non-tear garments for patients' use are only to be utilised as part of a risk management plan.

1.2 Non-tear garments may be used for patients whose behaviour results in damage to their personal clothing which is then used as a means to attempt self-harm.

1.3 A patient's dignity and privacy must be respected.

1.4 For all patients including those who are of Aboriginal[1] origin or those who are from culturally and linguistically diverse (CaLD) backgrounds, understanding should be facilitated where appropriate by:

- an approved interpreter service
- involvement of an Aboriginal MH Liaison Officer
- involvement of carer, close family member or other personal support person (PSP). A PSP should also be informed where a non-tear garment is used.

2. Procedure

2.1 Only patients in the High Dependency Unit (two person capacity) who are under close observation will be considered suitable for the use of non-tear garments.

2.2 Where clinical staff believe the use of non-tear garment should be considered, they must consult the Shift Coordinator.

2.3 The Shift Coordinator is responsible for ensuring the following occurs prior to implementation of a non-tear garment:

- Consultation with the psychiatrist and the Clinical Nurse Manager as soon as practicable
- A risk assessment and safety plan is completed and documented and discussed with the Consultant Psychiatrist or the on call psychiatrist within 24 hours, and is reviewed on a daily basis
- the psychiatrist documents the reasons for the decision to use non-tear garments as soon as practicable
- where possible, the decision to use a non-tear garment is explained to the patient prior to use.

2.4 Where possible, same gender staff are to request and offer assistance to the patient to change into a non-tear garment. If risk indicates the need for additional staff to be present, a staff member of the same gender must remain in the room at all times and have the primary role in this process.

2.5 Patient privacy and dignity is to be considered in determining an appropriate area for the patient to change into a non-tear garment.

2.6 Underwear may be removed from the patient in exceptional circumstances.

[1] Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

2.7 Where a patient is under the MHA 2014 and placed in seclusion, the person must be provided with the bedding and clothing appropriate to the circumstance - s222(5).

2.8 Where a non-tear garment is implemented:

- to determine the ongoing need, the minimal requirement is that a risk assessment must be completed each shift
- the use of the non-tear garment and the effectiveness of the intervention must be documented in the patient health record each shift
- the use of non-tear garment is to be discontinued as soon as deemed safe to do so.

3. Definitions

Non-Tear Garment	A non-tear garment is a canvas nightdress

4. Roles and Responsibilities

4.1 **Clinical Director**
The Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure.

4.2 **Consultant Psychiatrist**
The Consultant Psychiatrist is responsible for the medical management of patients and daily documentation where a non-tear garment is used in patient care in accordance with this procedure.

4.3 **Clinical Nurse Manager**
The Clinical Nurse Manager is responsible for the implementation of this procedure.

4.4 **All Staff**
All staff are required to work within this procedure to make sure that the Broome Mental Health Unit is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all applicable WA Health policy frameworks."

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health Misconduct Policy or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed every two years.

7. Standards

National Safety and Quality Health Care Standards (NSQHS): 1.5.2; 9.4.3
EQuIPNational Standards: 11.5.1; 12.3.1
National Standards for Mental Health Services : 1.1; 1.3; 2.11; 4.1; 10.5.1
National Standards for Disability Services : 1.1

8. Legislation

WA Mental Health Act 2014

9. References

Graylands Hospital Policy and Procedure Manual – Non Tear Garments

This document can be made available in alternative formats on request for a person with a disability

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