Policy for the use of mittens in patients who lack capacity to make the specific decision

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Ratified by: Senior Nursing & Midwifery Leadership Committee
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Policy Owner: Dee Bousfield, Stroke Specialist Dietician
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ASHFORD & ST PETER’S HOSPITALS NHS FOUNDATION TRUST

Policy for the use of mittens in patients lacking capacity

See also:
- Mental Capacity Policy
- Adult Safeguarding policy
- Deprivation of Liberty Policy
- Enteral Feeding Policy

1. INTRODUCTION

Patients in the acute phase of their illness frequently become restless and inadvertently remove feeding tubes and other essential access lines. This could be due to the patient having delirium or an acute confusional state secondary to their illness. At this stage they may lack capacity to make decisions for themselves in relation to having a feeding tube or access line inserted. If they have a feeding tube or access line in place it is vital to remember that this can be distressing. However it will only have been inserted after discussion with the patient or their carers or relatives. A Capacity Assessment must be completed to assess the Capacity of the patient. If the patient has Capacity, the patient may consent to the decision specific to the assessment. A Best Interest Decision may be completed after Capacity Assessment if the patient lacks Capacity. Refer to the Mental capacity Act policy. The family and carers may be consulted in relation the decision but are not the key decision makers. The mittens should be regarded as the least restrictive alternative for these patients.

This policy and supporting guideline (appendix 1) have been written to enable practitioners to follow an agreed decision making, assessment and procedure process.

2. PURPOSE

This clinical policy describes how Ashford and St Peter’s Hospitals Trust (ASPH) will manage the use of mittens in adult patients.

3. DEFINITIONS

Mittens are designed to restrict the movement of one or both hands and used with patients who have removed essential lines or tubes on more than one occasion. The trust fully believes in the value of having correct mittens that are fit for purpose for these patients. Bandaging patient’s hands is not condoned.
4. PROCESS

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mittens are only considered if patients have removed essential lines or tubes. There is no definitive number of incidences which will trigger assessment and the decision about need for assessment should be based upon clinical judgment and best interests of the patient</td>
<td>This is an ethically sensitive decision and has to be undertaken following a clinical assessment process (appendix 2)</td>
</tr>
<tr>
<td>Patients and their families or carers should be involved in the decision making process and provided with information as appropriate (appendix 3)</td>
<td>The provision of advice and support for individuals and families is an essential step in the decision-making process.</td>
</tr>
<tr>
<td>A review of use of mittens must be undertaken if:</td>
<td>To ensure use remains appropriate and documented clearly</td>
</tr>
<tr>
<td>a) the patient’s condition changes or b) within 24 hours of initial assessment and c) daily thereafter</td>
<td>To ensure correct positioning of the hand, hand hygiene and ‘off-time’ is followed. Demonstrate clear decision making process and clear documentation of use, evaluation, continuation or discontinuation</td>
</tr>
<tr>
<td>A care plan for the use of mittens will be followed (appendix 4)</td>
<td></td>
</tr>
<tr>
<td>Frequent checks of the patient will be made, mittens removed to facilitate, toileting, meal and drink provision, physiotherapy and any other time considered appropriate including during visiting</td>
<td>To ensure patients are given time without the mittens</td>
</tr>
</tbody>
</table>

5. RESPONSIBILITIES

- Ashford and St Peter’s Hospitals Trust is responsible for providing optimal treatment for patients and ensuring appropriate training is available to those involved in the selection, fitting and use of mittens.

- Clinical nurse leaders and ward managers are responsible for ensuring the implementation of this policy and associated guidelines and for monitoring compliance.

- The decision for use of mittens will only be undertaken after discussion with the clinical team and following mental capacity assessment, ensuring it is the least
restrictive option for the patient. The decision for the use of the mittens must be clearly documented in the medical notes in accordance with the Mental Capacity Act (2005). A least restrictive option must always be considered. The intervention required identified and rational for use must be identified and documented. The duration of the intervention and frequency of intervention documented and effect on the patient. Restraint must be proportional to patient needs and a best interest decision under the Mental Capacity Act (2005).

- A family member would not have the authority to consent to the use of mittens on their relative unless they have Lasting Power of Attorney for Health and Welfare or a Deputyship for Health and welfare, however they should be consulted as part of the best interest decision making process with the doctor or nurse or health professional.

- Each clinical area is responsible for monitoring compliance with this guideline.

6. RATIFICATION

This policy was reviewed by the Dementia Steering Group and the Nutrition Steering Group. Ratification will be sourced from the Senior Nursing and Midwifery Leadership Committee.

7. DISSEMINATION AND IMPLEMENTATION

- Staff must be able to demonstrate competence prior to use of mitten. Ward managers are responsible for ensuring competence.
- Notification of the policy will be put onto Aspire and the training will be incorporated into the feeding component of the Older Person’s study day.
- This policy will be uploaded onto the Trust Intranet and Internet sites, under policies.
- Ward staff are responsible for identifying patients, with support from the nutrition team, who may be appropriate for the use of mittens.

8. MONITORING

The use of this policy will be monitored by the use of inclusion into Mental Capacity Act training and feeding older people teaching session and one to one discussion with individual members of staff after a decision is made about the use of the mittens Completion of Mitten Assessment Tool (appendix 2).
9. REFERENCES


Appendix 1. Clinical Guidelines for the Use of Mittens

1. What are mittens?
   - The main purpose of mittens is to facilitate the provision of essential treatments to patients who remove tubes/lines
   - The recommended mittens ONLY are to be used. Alternatives such as bandaging MUST NOT be used

2. When are mittens used?
   - Mittens are used following careful assessment with patients who have removed essential tubes/lines (appendix 2)

The following people may be considered for the use of mittens:
   - Disorientated patients/patients with delirium
   - Restless and agitated patients
   - Confused patients for clinical or functional reasons

3. Guidance for wearing and monitoring mitten use
   - Mittens are supplied to fit either hand
   - If the patient has neurological or muscular-skeletal impairments of the hand or wrist the use of these mittens must be discussed with the medical and therapy teams to ensure appropriateness of use and agree a timetable for use of mittens
   - Mittens must be used with extra care if a cannula is sited in the hand or wrist
   - Times when mittens are taken off are timetabled, for example around visiting times, meal times
   - The hand(s) must be washed, dried carefully and mittens reapplied at least twice per day to ensure skin is visualised. Any changes or potential problem areas should be recorded, treated appropriately and handed over
   - Mitten use may be discontinued at anytime by any practitioner if:-
     - The patient becomes more agitated or distressed when wearing the mittens
     - Consent is withdrawn when the patient regains capacity
     - Deterioration in skin condition is noted
     - If mittens do not prevent feeding tube and access line removal

4. Control of Infection
   - Mittens are for single patient use only
   - Mittens must be checked frequently and at least twice daily for contamination
   - Clean mittens are supplied if contamination is found
   - The mittens must be laundered following manufacturer’s guidelines and according to infection control guidelines
   - Each ward is responsible for purchasing (see appendix 5 for procurement information), labelling using indelible ink and laundering. Laundering facilities are available in the Equipment Library (St Peter’s Hospital) and on Wordsworth Ward (Ashford Hospital)
   - Mittens must be checked for damage after laundering. Mittens that are torn, have damaged stitching etc should be taken out of use and replaced if found to be faulty
### Appendix 2

**MITTENS ASSESSMENT TOOL (FILE IN PATIENTS NOTES)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Hospital Number</th>
<th>Ward</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>PATIENT</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
<th><strong>Please Specify Supporting Information and Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the patient removed essential tubes/lines?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have other methods been tried? (i.e. distraction techniques, additional taping, re-sitting etc)</td>
<td></td>
<td>Identify type(s) of technique to be used:</td>
<td></td>
</tr>
<tr>
<td>3. Does the patient have capacity to consent to the use of mittens?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has the patient been helped to make this decision?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has the next of kin or carer had reasons for the use of mittens explained and given a copy of the information sheet(appendix 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If the patient does not have capacity, is there documented evidence that the clinical team agree that the use of mittens is in the patient’s best interests?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Has the care plan for the use of mittens been implemented?</td>
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</tbody>
</table>

**Why have mittens been issued for this patient?** Please refer to Clinical Guidelines for the Use of Mittens (Appendix1)


**Signature** .................. **date**.........   **Next review date**........................

**Signature** .................. **date**.........   **Next review date**........................

**Signature** .................. **date**.........   **Next review date**........................

**Signature** .................. **date**.........   **Next review date**........................

**NB: Reassess every 24 hours or as soon as the patient’s condition changes**
Appendix 3: Information Sheet for Relatives

Information sheet for relatives on the use of mittens

Seeing a relative in hospital can be very frightening. Patients sometimes seem to have many tubes and attachments, which may not always make sense to you. This leaflet has been written to explain why mittens are sometimes used.

Tubes may be placed to provide fluid, medications or feed to a patient. Mittens are only considered for use when patients are unable to keep in these tubes. This can be because of restlessness or confusion and the patient may not be aware that they need to keep these tubes in. They are often removed unintentionally and can be fairly easy to dislodge.

The nursing staff will have tried other methods to try and keep these tubes in place, but sometimes we have to use hand mittens for a short period of time to ensure that patients receive the treatment they need.

These mittens are only used on these occasions and the need for them has to be reviewed daily. There is a guideline for staff to follow to ensure that they are used appropriately.

Sometimes the team caring for your relative will have to make a clinical decision to use the mittens in the best interests of the patient. Where possible, we will always involve the patient in that decision, but sometimes they are not able to give their consent. We will always aim to show you these mittens prior to putting them on but on occasions a decision may be made to put them on earlier to optimise the patients nutrition/hydration/medication needs. It is also distressing for patients' to have tubes put in over and over again and using the mittens can reduce this.

If the mittens are used, it is important that they are removed regularly to check their skin and to give hand hygiene. This may be timed around your visits so that they can be removed when you are visiting.

If you have any concerns about the mittens being used or would like to discuss it, then please speak to the nurse in charge of the ward.
PROBLEM:
The use of mittens is necessary for those patients who have pulled out their naso-gastric tube/access line on more than one occasion and are deemed to lack capacity to make their own decision on this specific question.

GOAL:
To prevent removal of a naso gastric tube/access line and aid administration of feed, fluids and medication to optimise medical treatment.

PLAN OF CARE: All patients must have been assessed using the Mittens Assessment Tool before mittens can be applied.

Instructions for wearing mittens:
Monitoring mitten use:
A. Ensure mittens are properly secured
B. Ensure mittens are clean, intact, not torn or damaged and hook and loop closes securely
C. Ensure the patient cannot use his or her teeth or otherwise remove the device and inflict self-injury

Infection Control:
D. Mittens are for single patient use only
E. Mittens must be checked at least twice daily for contamination. Clean mittens should be supplied if contamination is found
F. Mittens must be laundered following manufacturer’s guidelines and according to infection control and local trust policy

Withdrawal of mittens;
Consider the withdrawal of mittens if:
G. the patient becomes more agitated and distressed when wearing mittens
H. consent/assent is withdrawn – assent withdrawn, interesting ethical question, even if assent is withdrawn then mittens may still be in the patient’s best interests.
I. deterioration of skin condition is noted
J. patients condition changes and mittens are no longer required
K. if the feeding tube or access line is no longer needed

RN Signature ………………………… Print Name…………………………… Date………………
FURTHER ACTIONS

Any care you have given in addition to items in this specific Care Plan, please record below:

RN Signature ........................................ Print Name........................................
Date........................................

Student Nurse Signature ........................................ (if completed by a Student Nurse, plan must
be countersigned by RN)

RN Signature ........................................ Print Name........................................
Date........................................

Student Nurse Signature ........................................ (if completed by a Student Nurse, plan must
be countersigned by RN)

RN Signature ........................................ Print Name........................................
Date........................................

Student Nurse Signature ........................................ (if completed by a Student Nurse, plan must
be countersigned by RN)
You are reminded that all record keeping must be in accordance with the NMC Record Keeping Guidelines.

References: Portsmouth Hospitals NHS Trust
  Posey Company, Finger Control Mitts, Applications and Instructions
  Version. 1

**Appendix 5. Procurement information**

Available to order on Oracle under non-catalogue request

Description and code: POSEY FINGER CONTROL MITTS 2816
Category: GMA
Unit Price: £34.71 (per pair)
Supplier: Trulife Ltd

Please note orders under £100 will incur a carriage charge of £5.00
Appendix 6. Equality Impact Assessment Summary

Name: 

Policy/Service: 

<table>
<thead>
<tr>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Description of the aims of the policy</td>
</tr>
<tr>
<td>• Context in which the policy operates</td>
</tr>
<tr>
<td>• Who was involved in the Equality Impact Assessment</td>
</tr>
</tbody>
</table>

As per introduction.

The policy author led the assessment.

<table>
<thead>
<tr>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</td>
</tr>
<tr>
<td>• The data sources and any other information used</td>
</tr>
<tr>
<td>• The consultation that was carried out (who, why and how?)</td>
</tr>
</tbody>
</table>

All relevant evidence and data available was considered.

<table>
<thead>
<tr>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Describe the results of the assessment</td>
</tr>
<tr>
<td>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</td>
</tr>
</tbody>
</table>

This policy does not discriminate against race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.
Conclusion

- Provide a summary of the overall conclusions

This policy does not discriminate against race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

n/a

Guidance on Equalities Groups

<table>
<thead>
<tr>
<th>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</th>
<th>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
<td>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
</tr>
<tr>
<td>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
<td>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
</tr>
<tr>
<td>Culture (consider dietary requirements, family relationships and individual care needs)</td>
<td>Social class (consider ability to access services and information, for example, is information provided in plain English?)</td>
</tr>
</tbody>
</table>