



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Protective Apparel: A Multi-disciplinary programme on Least Restrictive Practice**

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**Introduction**

Siu Lam Hospital serves patients with profound intellectual and multiple disabilities. Challenging behaviours (CB) and self-injurious behaviours (SIB) are common in them. While pharmacological and behaviours intervention are generally adopted in managing those behaviours, the use of “protective apparel” offered an “least restrictive option”.

“Protective apparel” refers to clothing specially designed to protect patients from hazards that might be caused by the environment, SIB or other CB. They are designed with the principles of not imposing restriction on patient’s range of movement and minimizing risks in restriction of circulation and skin lesion. Clinical safety and service quality are fundamental to any clinical practice. Effort should be paid to monitor the application, the quality and effectiveness.

**Objectives**

- 1.Evaluate the effectiveness of protective apparel
- 2.Standardize the practice
- 3.Ensure the quality and quantity of protective apparel provision

**Methodology**

- 1.(a) Collect data on the number of patients who were successfully off Level I restraint as categorized in the Guidelines on Physical Restraint and Seclusion (SLH-C-CS-004-V1) after the use of protective apparel from 2013-2015.  
(b) Collect cross-sectional data on the number of patients whose CB or SIB were better managed after the use of protective apparel in Nov 2017.
- 2.Develop a hospital level guideline to govern the use of protective apparel and standardize the practice and monitoring.
- 3.Collect feedback, plan and implement related quality improvement measures

**Result**

1.(a) 42 patients were included during June 2013 - May 2015. 39 patients (92.9%) were successfully off Level I restraint.

(b) Totally 148 patients showed benefits after use of protective apparel. 94 patients' CB (e.g. pull out clothes) and 54 patients' SIB (e.g. self-scratching) were better managed.

2. "Guideline on Protective Apparel" (SLH-C-CS-024-V1) was endorsed in May 2017.

3. Quality improvement measures were implemented: (a) reinforcing durability of apparel (b) setting up a data base to facilitate therapist to check the items (c) speeding up fabrication by installing new machines and manpower reengineering (d) Outsourcing some of the fabrication.