# POLICY FOR THE USE OF MITTS (HAND CONTROL MITTENS) IN ADULT PATIENTS

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>171</th>
<th>Supercedes:</th>
<th>Reference No:</th>
<th></th>
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<tbody>
<tr>
<td>Publication Date:</td>
<td>31/05/2011</td>
<td>Review Date:</td>
<td>31/05/2014</td>
<td></td>
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<tr>
<td>Brief Summary of Document:</td>
<td>This policy relates to the use of hand control mittens (Mitts) which are designed to restrict the movement of one or both hands and are used with patients who have removed essential feeding lines/tubes which need to be reinserted. It applies to all health care practitioners involved in the recommendation and/or use of hand control mittens.</td>
<td>Action Required by Reader:</td>
<td>Read and adhere to.</td>
<td></td>
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<tr>
<td>To be read in conjunction with:</td>
<td>Guidance on the Mental Capacity Act (HD 018) Deprivation on Liberty Safeguards Guidance and Procedure (HD024) Restraint Policy (currently in draft)</td>
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<tr>
<td>Classification:</td>
<td>Clinical</td>
<td>Category:</td>
<td>Policy</td>
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Authorised by: Caroline Oakley  
Job Title: Director of Nursing & Midwifery  
A signed copy of this policy is stored in Corporate Services.
Policy for the Use of MITTS Hand Control Mittens in Adult Patients

<table>
<thead>
<tr>
<th>Responsible Officer/Author:</th>
<th>Gina Hughes</th>
<th>Job Title:</th>
<th>Lead CNS Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details:</td>
<td>Dept: Nutrition</td>
<td>Base: Withybush General Hospital</td>
<td></td>
</tr>
<tr>
<td>Tel No</td>
<td>01437 773825</td>
<td>E-mail: <a href="mailto:gina.hughes@wales.nhs.uk">gina.hughes@wales.nhs.uk</a></td>
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**Scope**

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<th>ORGANISATION WIDE</th>
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<tbody>
<tr>
<td>Administrative/ Estates</td>
<td>Allied Health Professionals</td>
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<td>Medical &amp; Dental</td>
<td>Nursing</td>
<td>Scientific &amp; Professional Other</td>
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<td>Corporate Services</td>
<td>Finance Directorate</td>
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<td>Medicine Directorate</td>
<td>Family Directorate</td>
<td>Community Directorate Clinical and Support Services</td>
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<td>A&amp;E, Critical Care, Patient Flow and Bed Management</td>
<td>Mental Health</td>
<td>Primary Care</td>
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**Consultation**

<table>
<thead>
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<th>Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.</th>
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<tbody>
<tr>
<td>Individual(s)</td>
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<tr>
<td>Group(s)</td>
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<tr>
<td>Committee(s)</td>
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**Ratifying Authority**

| KEY |
|-------------------|----------------|
| A = Approval Required | Date Approval Obtained |
| FR = Final Ratification |

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<th>NAME OF COMMITTEE</th>
<th>COMMENTS/ POINTS TO NOTE</th>
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<tbody>
<tr>
<td>Clinical Policies Group</td>
<td>28/04/11</td>
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Date Submitted for Equality Impact Assessment: 16/05/11
Group completing Equality impact assessment: Mitts Action Group

Please enter any keywords to be used in the policy search system to enable staff to locate this policy: Mitts, Hand Control Mittens
1. PURPOSE
This policy describes how Hywel Dda Health Board will manage the use of Mitts in adult patients.

2. SCOPE
This policy applies to all health care practitioners involved in the recommendation and/or use of hand control mittens.

3. DEFINITIONS
Hand control mittens (Mitts) are a specific product (Appendix 1) designed to restrict the movement of one or both hands and are used with patients who have removed essential lines/tubes which need to be reinserted.

ONLY the recommended Mitts are to be used (see Appendix 2). Alternatives such as bandaging MUST NOT be used.

The Mitts are supplied with restraint straps that are designed to fix the hand to a bed rail. THESE MUST BE DISCARDED AS SOON AS THE PACKET IS OPENED AND UNDER NO CIRCUMSTANCES ARE THEY TO BE USED.

4. BACKGROUND
Patients in the acute phase of their illness frequently become restless and inadvertently remove feeding tubes and other essential access lines. The use of Mitts is ethically sensitive and this needs to be managed whilst providing optimal treatment.

The use of Mitts is recognised as a form of restraint (although they are not considered to be a deprivation of liberty – See Deprivation of Liberty Safeguards Guidance and Procedure HD024). This policy has been written to enable practitioners to follow an agreed decision-making, assessment and review process using the Assessment Form in Appendix 3. The form ensures that the patient’s capacity is assessed and that decisions taken for patients who lack capacity are made in their best interests.

5. DUTIES AND RESPONSIBILITIES
- Hywel Dda Health Board is responsible for providing optimal treatment for patients and ensuring appropriate training is available to those involved in the selection, fitting and use of Mitts.
- The Mitts project team, led by the CNS Nutrition Nurse Specialist is responsible for the production, maintenance and review of guidelines related to the use of Mitts.
- Clinical managers are responsible for ensuring the implementation of this policy and monitoring compliance.
- The decision for use of Mitts will only be undertaken by a registered health professional who understands the risks and benefits associated with their use. Professionals who are personally regulated have professional accountability under their code of conduct to ensure that while caring for clients they are assured they have been given information about their condition and understand the risks and implications of any proposed restraint. (RCN 2008)
Each clinical area is responsible for monitoring compliance with this policy and for purchasing their own supply.

6. USE OF MITTS
Mitts 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. This is an ethically sensitive decision and has to be undertaken following a clinical assessment process (see appendix 3).

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
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<td>Patients and their families or carers should be involved in the decision making process and provided with information as appropriate, including the ‘Information sheet for relatives on the use of Mitts’ (see Appendix 4).</td>
<td>The provision of advice and support for individuals and families is an essential step in the decision-making process in order to ensure that any decisions made are in the patient’s best interests.</td>
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<tr>
<td>A review of use of Mitts must be undertaken if: a) the patient’s condition changes or b) within 24 hours of initial assessment and c) daily there after</td>
<td>To ensure use remains appropriate and clearly documented.</td>
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<td>An individual core care plan for Mitts use will be written in consultation with the multi-professional team (Appendix 5).</td>
<td>To ensure correct positioning of the hand, hand hygiene and ‘off-time’ is clearly identified and followed. Demonstrate clear decision making process and clear documentation of use, evaluation, continuation or discontinuation.</td>
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<td>Frequent checks of the patient will be made, Mitts removed to facilitate toileting, meal and drink provision and during visiting if appropriate.</td>
<td>To ensure patients are given time without the Mitts.</td>
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6.1 When can Mitts be used?
Mitts are used following careful assessment with patients who have removed essential tubes/lines, using the Assessment Form in Appendix 3.

The following people may be considered for the use of hand control mittens:
- Acutely ill patients
- Disorientated patients
- Restless and agitated patients
- Confused patients for clinical or functional reasons
6.2 Guidance for wearing and monitoring use of Mitts
   a) Mitts are supplied to fit either hand.
   b) The medical team must be in agreement with the use of Mitts.
   c) If the patient has neurological or musculo-skeletal impairments of the hand or wrist
   use of Mitts must be discussed with the medical and therapy teams to ensure
   appropriateness of use and to agree a timetable for wearing of Mitts.
   d) Mitts must be used with extra care if a cannula is sited in the hand or wrist.
   e) Times when Mitts are taken off must be timetabled. If possible this should be around
   visiting times, meal times etc.
   f) The hand(s) must be washed and dried carefully at least three times per day (i.e. once
   per shift) to ensure skin is visualised and any changes or potential problem areas are
   recorded, treated appropriately and handed over.
   g) The patient should be reassessed every 24 hours to see if use of Mitts is still
   appropriate. Mitts may be discontinued at anytime by any practitioner if:
   • The patient becomes more agitated distressed when wearing the Mitts
   • Consent is withdrawn by the patient or use of the Mitts is no longer in the patients
     best interests
   • Deterioration is skin condition is noted
   • The patient’s condition changes and Mitts are no longer required.

6.3 Control of Infection
   a) Mitts must be checked frequently and at least daily for contamination.
   b) Clean Mitts must be supplied if contamination is found.
   c) The Mitts must be laundered between patient uses following manufacturer’s
   guidelines (Appendix 6) and according to infection control guidelines. If patients are
   colonised with infection, then the Mitts should be disposed of after patient use.
   d) Mitts must be checked for damage after laundering for tears, damaged stitching etc
   and taken out of use and replaced if found to be faulty.
   e) Each unit/area is responsible for purchasing Mitts (see Appendix 2 for procurement
   information).

7. TRAINING
Ward based training will be provided by CNS Nutrition to support the use of Mitts. Ward
managers are responsible for coordinating training with CNS Nutrition.

REFERENCE LIST
Royal College of Nursing, 2008. “Let’s talk about restraint” Rights, risks and responsibility.
RCN, London
8. BIBLIOGRAPHY


APPENDIX 1: Photograph of hand control mittens (Mitts)
Appendix 2: Procurement information

Supplier: Repton Medical Ltd. Telephone: 01623 827903

<table>
<thead>
<tr>
<th>Code</th>
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<th>Uom</th>
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<td>POSEY DOUBLE SECURITY MITTS (PAIR) 2814</td>
<td>GMA</td>
<td>PAIR</td>
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**NB:** The Mitts are supplied with restraint straps that are designed to fix the hand to a bed rail. THESE MUST BE DISCARDED AS SOON AS THE PACKET IS OPENED AND UNDER NO CIRCUMSTANCES ARE THEY TO BE USED.
### APPENDIX 3:

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

**NB:** All appropriate ‘Yes’ / ‘No’ boxes to be completed. Before a decision is taken to proceed ‘Yes’ must be ticked in either box 7, 9, 10b or 12 to indicate consent or best interests decision).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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1. Has the patient removed essential tubes/lines?  
Details:  

2. Have other methods been tried? (i.e. distraction techniques, supervision, additional taping of NG Tubes, etc)  
Details:  

3. Are the medical team in agreement that Mitts are appropriate?  

4. Has the patient/carer had the use of Mitts explained?  

5. Has the patient/carer been provided with an information leaflet?  

6. Does the patient have capacity to consent to the use of Mitts?  
(If ‘Yes’ go to question 7. If ‘No’ or ‘Unsure’ go to question 8)

7. If the patient has capacity, does the patient give verbal consent to the use of Mitts? (go to question 13)

8. If there is doubt about the patients capacity then assess their capacity by answering questions (i) – (iv) below:

   (i) Can they understand the information about why Mitts are needed?  
   
   (ii) Are they able to retain the information long enough to make a decision?  
   
   (iii) Can they use or weigh the information to make the decision?  
   
   (iv) Can they communicate their decision in any way?  

9. If ‘Yes’ to all of (i)-(iv), the patient has capacity - Do they consent to the use of Mitts? (go to question 13)  
If ‘No’ to any of (i) – (iv), then the patient lacks capacity to make this decision:

10a. Is there a relevant documented authority in place for this decision e.g. advance decision / Health & Welfare Lasting Power of Attorney / Court appointed Deputy? (If ‘Yes’ then obtain copy for the notes and answer 10b. If ‘No’, go to 11.

10b. Consent given via advance decision / Health & Welfare Lasting Power of Attorney / Court appointed Deputy? (please circle) ( go to question 13 )

11. If the patient does not have capacity to consent ensure that:
   - The patients past and present wishes and any beliefs and values that may influence their decision are considered and they are involved as much as possible in the decision-making process
   - People close to the patient (unpaid carers / relatives) have been consulted as appropriate and had reasons for the use of Mitts explained and had the opportunity to see Mitts before they are fitted?
   - Other professionals (multidisciplinary team) have been consulted as appropriate

12. **Taking all of the above factors into account,** is the use of Mitts judged to be in the patients best interests?
<table>
<thead>
<tr>
<th>13. Decision taken to apply Mitts?</th>
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<tr>
<td>14. Care plan formulated and commenced?</td>
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</table>

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<tr>
<th>Signed:</th>
<th>Date:</th>
<th>Time:</th>
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</table>
Appendix 4: Information Sheet for Relatives

HYWEL DDA HEALTH BOARD

PATIENT INFORMATION LEAFLET

USING HAND MITTENS IN HOSPITAL

Seeing your relative in hospital can sometimes be distressing, especially if there are tubes and attachments, which may not always make sense.

These tubes are used to provide fluid, medicine or food to patients. If your relative is confused or restless they may find it difficult to keep these tubes in. This can mean that the tubes are removed or dislodged by mistake.

The nursing staff will always try to keep these tubes in place. However sometimes this is not possible. Hand mittens can be used for a short period of time to make sure that your relative receives the treatment that they need. It is distressing for patients to have tubes put in over and over again. Using hand mittens helps to stop this happening.

The nursing staff will only use hand mittens for the shortest possible time. This decision is reviewed every day. There is also a guideline for staff to make sure that they are used appropriately.

The decision to use hand mittens will only be made when it is felt by the team providing care to your relative that it is in their best interests. Where possible, your relative will always be involved in that decision. Sometimes, this is not possible and your relative will not be able to give their consent.
You should be shown the mittens before they are used. Sometimes, they may have to be put on before you visit to make sure that your relative receives the treatment that they need.

The mittens will be taken off regularly to check skin condition and 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 mittens being used for your relative or would like to discuss it any further, please speak to the nurse in charge of the ward.

**UNACCEPTABLE BEHAVIOUR**
Our staff deserve the right to do their jobs without being verbally or physically abused. Most of our patients and visitors respect this right.

Thank you for being one of them. We will work with the police to prosecute those who continue to abuse our staff.

**GIVING YOUR INFORMED CONSENT**
Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision may be needed. You will then be asked to sign a consent form.

Before you give your consent the health professionals looking after you must ensure you know enough to enable you to decide about treatment. It is up to you to choose whether or not to consent to what is being proposed. Always ask as many questions as you like. As well as giving you information health professionals must listen and do their best to answer your questions. As a reminder, you can write your questions down. The person you ask should do his or her best to answer, but if they do not know they should find someone else who is able to discuss your concerns.
More information on consent is available in the Trust’s leaflet ‘About the Consent Form: Information for Patients’. Please feel free to ask for a copy.

COMPLAINTS AND COMPLIMENTS
We would like to hear your views about your experience of our services. We want to provide the highest standards of care at all times, but we recognise that things can sometimes go wrong.

If you have any concerns, speak to the local service manager (such as the ward sister or senior therapist) who will be able to help and, hopefully, resolve matters to your satisfaction.

Where this is not successful, ask for our leaflet “If things go wrong – a guide to our Complaints Procedure”. This advises you how to make a formal complaint and the various stages of the procedure.

In making a complaint, help and advice is available from your local Community Health Council, which represents the interests of patients and the public in the NHS. The Community Health Councils are skilled in handling complaints:

Carmarthenshire CHC  
103 Lammas Street  
Carmarthen  
SA31 3AP  
Tel: (01267) 231384  
Carmarthen@chwales.org.uk

Pembrokeshire CHC  
Suite 2, Cedar Court  
Havenshead Business Park  
Milford Haven  
Tel: (01646) 697610  
Pembrokeshire@chwales.org.uk

Ceredigion CHC  
8 Portland Road  
Aberystwyth  
SY23 2NL  
Tel: (01970) 624760  
Ceredigion@chwales.org.uk
The Community Health Council Complaints Advocate can provide free and independent patient information and advice during the process of your complaint. Contact them directly on 0845 6650763.

**DATA PROTECTION ACT 1998**
Under the Data Protection Act 1998, we are committed to protecting the privacy of patient information. If you require a fact sheet explaining why information is needed, or how you can access information or your health records, please write to the Medical Records and Data Quality Manager, Withybush General Hospital, Haverfordwest or the Mental Health Act Administrator, Hafan Derwen, Carmarthen. You are entitled to receive a copy but should note that a charge will usually be made. You should also be aware that in certain circumstances your right to see some details in your health records may be limited in your own interest or for other reasons.

**FINALLY**
We want to know when things go wrong, so we can quickly put them right for you, learn from your experience and improve our services. If you have any comments or suggestions about how things may be improved please talk to a member of staff or post them in one of our suggestion boxes.
## APPENDIX 5: Mitts Care Plan

**Patient problem /Nursing diagnosis**
Patient is at risk of dislodging nasogastric feeding tubes / essential lines leading to inadequate care and repeated procedures.

**Nursing intervention/ Patient outcome**
Patient management with the use of Mitts to maintain essential lines/tubes.

### MITTS CARE PLAN

<table>
<thead>
<tr>
<th>Patient ID STICKER</th>
<th>PATIENT ID STICKER</th>
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### Initial plan of care:

1. ‘Policy for the Use of Mitts in Adult Patients’ being followed
2. Assessment Form for Mitts has been completed and Mitts have been recommended.

### 24 hour plan of care:

3. Need for Mitts reassessed every 24hrs
4. Communicate with the patient and / or NOK regarding the use of Mitts

### Each shift:

5. Mitts have been checked for contamination on each shift and replaced if required
6. Mitts have been removed and skin integrity checked every shift
7. The patient has had some periods of ‘off time’ during each shift, for example during visiting times, mealtimes, assistance with personal hygiene
8. The hand has been washed and dried carefully on each shift

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<th>Date</th>
<th>Initials</th>
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Mitts discontinued

Reason:

YES   NO (Please circle)
**Mitts must be discontinued if:**
- The patient becomes more agitated distressed when wearing the Mitts
- Consent is withdrawn by the patient or use of the Mitts is no longer in the patients best interests
- Deterioration is skin condition is noted
- The patient’s condition changes and Mitts are no longer required.
## Policy For the Use of MITTS Hand Control Mittens in Adult Patients

### References

- Hywel Dda Health Board Policy on the use of Hand Control Mittens (Mitts)
- RCN Guidelines on restraint

### Key:

- E: Early
- L: Late
- N: Nights
- NOK: Next of Kin

### 24 hour plan of care (continuation):

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<th>Continuation or removed?:</th>
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#### 3. Need for Mitts reassessed every 24hrs

#### 4. Communicate with the patient and / or NOK regarding the use of Mitts

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<th>Comments?:</th>
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### Each shift (continuation):

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<th>N</th>
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#### 5. Mitts have been checked for contamination on each shift and replaced if required

#### 6. Mitts have been removed and skin integrity checked on every shift

#### 7. The patient has had some periods of ‘off time’ during each shift, for example during visiting, meals, assistance with personal hygiene

#### 8. The hand has been washed and dried carefully on each shift

### MDT (Individualised care planning)

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Policy For the Use of MITTS Hand Control Mittens in Adult Patients
LAUNDERING INSTRUCTIONS (if applicable):
- Fasten all buckles and locks to reduce risk of damage during wash and dry cycles. **DO NOT** put buckles or locks through extractors. For maximum life, launder in a laundry bag.
- Before laundering, zip up and turn the product inside out to protect zipper.
- Hook and loop fasteners may collect lint after repeated use or laundering, reducing grip strength. Fasten the “hook” to the “loop” before laundering to help prevent lint buildup. As needed, use a stiff-bristle brush to remove lint from the “hook” side.
- These products, other than foam products, can be machine washed under CDC guidelines for material soiled with blood or bodily fluid.
- For non-contaminated material, use lower temperature wash and dry cycles to extend product life.
- For foam products:

![Laundry symbols]