

# Mittens Policy

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Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 1 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------

## History:

Issue	Date Issued	Brief Summary of Change	Approved by
1	Dec 2013	New policy	SNMLC
2	Mar 2017	Change to Infection Control guidance, Appendices 1 and 4	NMAC, Chair's action
3	March 2021	Review and update	Safeguarding committee

For more information on the status of this document, please contact:	
Policy Owner	Adult Safeguarding
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Ratified by	Safeguarding Committee (Chair's action)
Audience	All staff

# Contents

1. INTRODUCTION .....	4
2. PURPOSE .....	4
3. DEFINITIONS .....	4
4. RESPONSILBILITIES .....	5
5. DISSEMINATION.....	6
6. MONITORING .....	6
7. REFERENCES .....	6
Appendix 1. Clinical Guidelines for the use of Mittens .....	8
Appendix 2: Mittens assessment tool .....	9
Appendix 3: Information Sheet for patients and Relatives .....	10
Appendix 4: Care plan for the use of mittens.....	11
Appendix 5. Equality Impact Assessment Summary .....	13

Policy for the use of mittens

**See also:** Mental Capacity Act Policy  
Adult Safeguarding Policy  
Deprivation of Liberty Policy  
Enteral Feeding Policy  
Vascular Access Policy  
Restraint 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, or have fluctuating 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 and patients lacking capacity, it would have been documented as part of a best interest plan.

A capacity assessment must be completed to assess the patient's ability to understand the proposed treatment plan and implications if essential access is removed. If the patient has capacity, the patient should consent to the decision specific to the assessment. Additional capacity assessments may need to be completed for patients whose capacity is identified as fluctuating.

A best interest decision must be completed after the capacity assessment if the patient is found to lack capacity. Refer to the Mental Capacity Act policy for MCA assessment and best interest forms to support and document decision making.

The family and carers should be consulted in relation to the decision but are not the key decision makers unless they have a valid Lasting Power of Attorney (LPA). The complexity of the decision being made will influence who needs to be included in the process, and the mental capacity act policy should be used to support decision making processes as necessary. The use of mittens for patients lacking capacity must be identified as the least restrictive option for care management purposes within the best interest plan and the senior clinician (consultant) should support the care pathway being followed.

### 2. PURPOSE

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

### 3. DEFINITIONS

**Mittens** are adjuncts designed to restrict the movement of one or both hands and are used with patients who have removed essential lines or tubes on more than one occasion.

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 4 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------

**Capacity** relates to the ability to make a decision, capacity decision within health should be time and decision specific. Patients should be included as part of any decision regarding the use of mittens; this includes supporting patients who lack capacity. For patients with capacity, normal consent procedures should be followed and agreement reached regarding use of mittens or alternative mutually agreed interventions.

**Best interest** relates to the interventions which need to be undertaken on behalf of a patient who lacks capacity. Decisions relating to best interest should be undertaken in consultation with family/friends/carers who know the patient well and can help ascertain what the PATIENT would have chosen if they had capacity. Best interest decisions may be relatively simple, or complex. More complex decisions must be completed in consultation across a multi-disciplinary team (clinical, carers, family etc.) and in the event that the patient has no-one to advocate on their behalf, then an IMCA (independent mental capacity advocate) referral must be completed (see Trustnet MCA pages for further information).

**Deprivation of Liberty Safeguards (DoLS)** relates to full and effective control measures being required; the use of mittens would not normally constitute a deprivation of liberty. DoLS should be considered if further interventions are required which constitute full and effective control or restriction applied to the patient (i.e. 1:1 care). Treatment may be provided as part of a best interest plan (not DoLS) but DoLS may be required to ensure that the patient does not remove themselves from the hospital.

**Least restrictive options** - All interventions undertaken in the best interest of the patient must be the least restrictive option possible; for example, consideration should be made as to whether mittens could be applied to only one hand which would be less restrictive than both; or for agreed periods of time i.e. overnight only.

#### 4. RESPONSILBILITIES

- ASPH is responsible for providing support to practitioners using this policy and applying mittens within the Trust.
- Matrons and ward managers are responsible for ensuring the implementation of this policy, associated guidelines and for monitoring compliance.
- Ward managers are responsible for ensuring that a supply of mittens is available for staff to use in their clinical area.
- Staff delivering care to the patient are responsible for supporting decision making in relation to use of mittens as part of a MDT when formulating a best interest plan
- The decision for the use of mittens will only be undertaken after discussion with the patient and clinical team and following mental capacity assessment as above.
- For patients lacking capacity, if they have family/friend/professional with a lasting power of attorney (LPA), that person must be consulted with to make the decision on their behalf. Good practice model will include relatives/carers as part of all

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 5 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------

decision making for patients who lack capacity, however, the clinician will be the decision maker when there is no LPA in place.

- Each clinical area is responsible for monitoring compliance with this policy

## 5. DISSEMINATION

This policy will be placed on the Trust Intranet and a copy will be issued through the Aspire E-Bulletin and it will be discussed in the safeguarding adult mandatory training

## 6. MONITORING

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
This policy is followed when patients require mittens whilst in hospital	Compliance using DATIX for complaints/ incidents raised in relation to use of mittens	Annual	Deputy Chief Nurse	??

## 7. REFERENCES

- Norton B. *et al.* 1996. A randomised prospective comparison of percutaneous endoscopic gastrostomy and nasogastric tube feeding after acute dysphagic stroke. *British Medical Journal*; 312:13-16.
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- Meer J., 1987. Inadvertent dislodgement of nasoenteral feeding tubes: incidence and prevention. *Journal of Parenteral and Enteral Nutrition*; 11(2):187-189.
- Ciocon J.O. *et al.*, 1988. Tube feeding elderly patients: Indications, benefits and complications. *Archives of Internal Medicine*; 148:429-433.
- National Collaborating Centre for Acute Care, 2006. *Nutrition Support in Adults, oral nutrition support, enteral tube feeding and parenteral nutrition*. National Collaborating Centre for Acute Care, London
- Kee K *et al*, 2006. *Evaluating the use of hand control mittens in post stroke patients who do not tolerate naso-gastric feeding*. Poster presentation UK Stroke Forum Conference, Harrogate
- Mahoney C. *et al* 2006. *The acceptability of interventions used to maintain naso-gastric feeding in acute stroke patients*. Poster presentation UK Stroke Forum Conference, Harrogate
- Bray K. *et al*, 2004. British Association of Critical Care Nurses position statement on the use of restraint in adult critical care units. *Nursing in Critical care*;9(5):199-212

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 6 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------

- Royal College of Nursing, 2004. *Restraint revisited –rights, risks and responsibilities*. RCN, London
- Royal College of Nursing, 2008. *“Let’s talk about restraint” Rights, risks and responsibility*. RCN, London
- Mental Capacity Act – 2005
- Deprivation of Liberty Safeguards - 2005

## Appendix 1. Clinical Guidelines for the use of Mittens

### 1. What are mittens?

- Mittens are medical devices used to restrict patient's use of their hands by placing either one or both hands within them.
- The main purpose of mittens is to facilitate the provision of essential treatments to patients who repeatedly remove tubes/lines.
- ONLY approved devices are to be used.

### 2. When are mittens used?

- Mittens are used following careful assessment with patients who have repeatedly 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.
- Mittens must be used with extra care if a cannula is sited in the hand or wrist
- Times when mittens are removed should be carefully documented within the patient's care plan (i.e. around visiting times, meal times) and removal and replacement times should be noted in the patient's notes.
- The hand(s) must be washed, dried carefully and mittens reapplied at least twice per day to ensure skin is seen and any changes or potential problem areas recorded, treated appropriately and handed over to the nurse in charge. For patients who have an identified risk relating to skin integrity this may need to be more frequent.
- Mitten use may be discontinued at any time 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/or 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
- New mittens must be supplied if contamination is found. In accordance with infection control guidelines mittens cannot be laundered and must be disposed of if contaminated
- The Ward Manager is responsible for ensuring that a stock of mittens is available.
- Mittens must be checked for damage and should be taken out of use and replaced if found to be faulty

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 8 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------



<p><b>Mittens assessment tool</b>  <b>(File in medical notes)</b></p>		<p><i>basic information sticker to be used only, not full address</i></p>	
	<b>YES</b>	<b>NO</b>	<b>Please Specify Supporting Information and Actions</b>
1. Has the patient attempted to remove essential medical devices?			
2. Have other methods been tried? (i.e. distraction techniques).			<b>Identify type(s) of technique to be used:</b>
3. Is using mittens the least restrictive option?			
4. Does the patient have capacity to consent to the use of mittens?			
<p><b>If the patient does not have capacity answer questions 5 to 8.</b></p>			
5. Has a Mental Capacity assessment been completed in relation to the use of mittens and a copy placed in the medical notes?			
6. If the patient does not have capacity then has a best interest plan been completed, identifying the need for mittens (including consideration of alternatives) and a copy placed in the medical notes?			
7. Has the use of mittens been explained to the next of kin or carer?			
8. Has the next of kin or carer been given a copy of the information sheet?			
<p>If the answers to any of these questions are yes then implement mittens care plan.</p>			

Name ..... Signature ..... Date .....

Author: Nina Cron and Fiona Mitchell    Version 1.0 Mittens assessment tool. June 2014  
 Named Nurse safeguarding adults  
 V1.01 – minor amendments Reviewed August 2020

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 9 of 14
--------------------------	--	---------------------------------	-------------------------	---------	--------------

## Appendix 3: Information Sheet for patients and Relatives

### Information sheet for relatives on the use of mittens

#### Using hand mittens in hospital

Seeing your relative in hospital may be distressing, particularly if they have tubes and attachments that may not always make sense.

These tubes are used to provide fluid, medication and food for 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.

#### When will hand mittens be used?

The nursing staff will have tried other methods to try and keep these tubes in place, but sometimes hand mittens will need to be used for a short period to ensure that patients receive the treatment they need. It is distressing for patients to have tubes inserted again and again. Using hand mittens can help to stop this happening.

The decision to use hand mittens will only be made when it is felt to be necessary by the team providing care to your relative, and that it is in their best interest. Where possible we will involve the patient in that decision, but sometimes they are not able to give their consent. Ideally you will have been shown the mittens before they are used, but occasionally we may need to put them on before you visit to ensure your relative receives the treatment needed to aid their recovery.

#### How long will hand mittens be used for?

The use of the hand mittens will be reviewed daily by the team caring for your relative. There are guidelines available to the staff to ensure that they are used appropriately.

The hand mittens will be taken off regularly to check the patient's skin condition and give hand hygiene. This may be timed around your visits so that they can be removed when you are on the ward.

The hand mittens are checked regularly by the nursing staff to ensure they remain clean, if a hand mitten becomes soiled it will be removed and replaced with a clean one.

If you have any concerns about hand mittens being used for your relative or would like discuss it further, please ask to speak to the nurse in charge of the ward.

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 10 of 14
--------------------------	--	---------------------------------	-------------------------	---------	---------------

<p><b>CARE PLAN No. 93</b>  <b><i>The use of mittens</i></b></p>	<p><i>basic information sticker to be used only, not full address</i></p>
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**PROBLEM:** The use of mittens is necessary for those patients who have interfered with their medical device on more than one occasion and are deemed to lack capacity to make their own decision on this specific intervention.

**GOALS:**

- To prevent removal of a medical device to optimise medical treatment

**PLAN OF CARE:**

A Mental Capacity Assessment must be completed using the MCA assessment form and use of mittens must be documented in the patient’s best interest plan, a copy to be placed in the medical notes.

All patients must have been assessed using the Mittens Assessment Tool before mittens can be applied and a copy to be placed in the medical notes.

**Monitoring mitten use:**

- Ensure mittens are secured.
- Ensure mittens are clean, intact, not torn or damaged and hook and loop closes securely.
- Ensure the patient is not attempting to use his or her teeth, or other methods to remove the mittens, and inflict self-injury.
- Check skin integrity of hands at the start of each shift and more frequently if the patient is at risk of skin deterioration.

**Infection Control:**

- Mittens are for single patient use only.
- Mittens must be checked at least twice daily for contamination (i.e. faecal matter, stains, blood or spillages). New mittens should be supplied if contamination is found.
- In accordance with infection control guidelines mittens cannot be laundered and must be disposed of if found to be contaminated

**Consider the withdrawal of mittens if:**

- The patient becomes more agitated and distressed when wearing mittens
- Consent/assent is withdrawn, or using the mittens is no longer in the patient’s best interests.
- Deterioration of skin condition is noted.
- Patient’s condition changes and mittens are no longer required.
- If the medical device or access line is no longer needed.

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 11 of 14
--------------------------	--	---------------------------------	-------------------------	---------	---------------

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

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

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

**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)

Volume 8 Patient Care	<b>Current version is held on the Intranet</b>	First ratified December 2013	Next review May 2024	Issue 3	Page 12 of 14
--------------------------	--	---------------------------------	-------------------------	---------	---------------

## Appendix 5. Equality Impact Assessment Summary

Name:

Policy/Service:

<p><b>Background</b></p> <ul style="list-style-type: none"><li>• Description of the aims of the policy</li><li>• Context in which the policy operates</li><li>• Who was involved in the Equality Impact Assessment</li></ul>
<p>As per introduction.</p> <p>The policy author led the assessment.</p>
<p><b>Methodology</b></p> <ul style="list-style-type: none"><li>• 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)</li><li>• The data sources and any other information used</li><li>• The consultation that was carried out (who, why and how?)</li></ul>
<p>All relevant evidence and data available was considered.</p>
<p><b>Key Findings</b></p> <ul style="list-style-type: none"><li>• Describe the results of the assessment</li><li>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</li></ul>
<p>This policy does not discriminate against race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.</p>

<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Provide a summary of the overall conclusions</li> </ul>
<p>This policy does not discriminate against race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.</p>
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• State recommended changes to the proposed policy as a result of the impact assessment</li> <li>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li> <li>• Describe the plans for reviewing the assessment</li> </ul>
<p>n/a</p>

### Guidance on Equalities Groups

<p><b>Race and Ethnic origin</b> (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</p>	<p><b>Religion or belief</b> (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</p>
<p><b>Disability</b> (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)</p>	<p><b>Sexual orientation including lesbian, gay and bisexual people</b> (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</p>
<p><b>Gender</b> (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</p>	<p><b>Age</b> (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)</p>
<p><b>Culture</b> (consider dietary requirements, family relationships and individual care needs)</p>	<p><b>Social class</b> (consider ability to access services and information, for example, is information provided in plain English?)</p>