NHSGGC Restraint Policy
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NHSGGC Restraint Policy

1. Introduction
   1.1 Policy Statement 3
   1.2 Definition of Restraint 3
   1.3 Legal Framework 4
   1.4 Associated Guidance 7

2. Scope 9

3. Accountability and Responsibilities 9

4. Principles of Policy 11
   4.1 Contributory Factors 11
   4.2 Role of Relatives and Carers 11
   4.3 Strategies to Minimise the Need for Restraint 11
      4.3.1 Primary Controls 11
      4.3.2 Training Provision NHSGGC 13
      4.3.3 Secondary Controls 13
      4.3.4 Tertiary Controls 14

5. Types of Restraint 14
   5.1 Physical Restraint 14
   5.2 Chemical Restraint 16
   5.3 Technological Restraint 16
   5.4 Psychological Restraint 16
   5.5 Mechanical Restraint 17
   5.6 Indirect Restraint 17

6. Incident Review process 17
   6.1 Recording of restraint 17
   6.2 Physical restraint Review Process 17
   6.3 Post incident review 18

7. Audit of use of restraint 18

8. Policy Review 18

9. Other References 19

10. Appendices
   1 Flow chart for Emergency and Non-Emergency Restraint 20
   2 Use of Technological Monitoring (Wandering Technology) 21
   3 Post Physical Restraint Actions Flowchart 22
   4 Post Incident Care Review Proforma 23
1. Introduction

1.1 Policy Statement

NHS Greater Glasgow and Clyde:

Will ensure that restraint will only be considered when all other practical means of managing the situation, such as de-escalation, verbal persuasion, voluntary 'time out', or gaining consent to taking medication, have failed or are judged likely to fail in the circumstances.

Recognises that in certain situations the application of restraint is the only option available to staff responsible for the safety of patients, other persons in health settings and themselves.

Seeks to provide staff with a framework which allows the identification of legal, ethical and professional issues which must influence a decision to restrain.

Expects that any decision to use restraint will be person centred, that measures are in place to optimise the safety of the person being restrained, other persons and staff and to review the effectiveness of the restraint applied in managing the situation.

Will ensure that the self respect, dignity, privacy, cultural values, race and any special needs of the patient will be taken into account in so far as is reasonably practicable.

Ensures risk assessment systems and processes are in place to record and review all incidents where restraint is used, to ensure that any restraint used is reasonable, proportionate and necessary.

Will ensure that professional and legal support is available, where necessary, to any member of staff acting lawfully and in good faith in situations where restraint has been used.

1.2 Definition of Restraint

“Restraint is taking place when the planned or unplanned, conscious or unconscious actions of staff prevent a patient [or other person] from doing what he or she wishes to do and as a result places limits on his or her freedom. Restraint is defined in relation to the degree of control, consent and intended purpose of the intervention.” Rights, Risks and Limits to Freedom, Mental Welfare Commission 2013

1.2.1. What Constitutes Restraint?

Each instance is different: a piece of equipment, physical hold or medication may equal restraint in some circumstances but not in others. Applying too high a level of enhanced observation can constitute restraint, since the physical environment can affect decisions on levels of observation. In these circumstances the environment must be reviewed and appropriate changes made where possible.

See Appendix 1: Flowchart for Emergency and Non-emergency Restraint.

1.2.2. Is Restraint Legally and Ethically Justifiable?

Restraint is legally justifiable when the patient can be involved with and agree to planned measures to improve their safety (e.g. use of bedrails). In other instances, there may be a professional duty of care to restrain a patient [or other person] in order to protect them from a greater risk of harm or to prevent foreseeable harm to staff or others.
Restraint may also be legally justifiable when a patient requires treatment and/or the need to be maintained in a secure environment by a legal order e.g. under the Mental Health (Care and Treatment) (Scotland) Act (2003).

Restraint is ethically justifiable when staff are able to demonstrate that the risk of harm from the application of restraint is less than the risk of harm present without staff intervention. Staff must balance their duty of care and the rights of the person being restrained.

Whenever restraint is applied staff must adhere to these universal principles:

- The person’s behaviour must be causing, or having the potential to cause, harm to themselves, to others, or to property
- All alternatives to restraint must be considered and where appropriate implemented, except in emergency situations
- Any form of restraint must be a necessary last option and must be proportionate in relation to risk, degree and duration

1.3 Legal Framework

1.3.1 Overview

Scots law imposes on every individual a general duty not to cause unjustifiable harm to others. This duty is owed to all persons who could be harmed if the duty is not observed. The duty is imposed through the operation of statute or of common law, or a combination of both.

In practice this means that all staff owe a duty to patients in their care and other persons in health settings not to cause harm, intentionally or unintentionally, either through positive action on the part of the member of staff, or by omission to act.

In order for no harm to be caused, restraint may require to be considered. The nature and extent of the restraint used, while a matter for the judgement of the individual member of staff should not result in unjustifiable harm to the patient. If it does, compensation can be sought.

Therefore, anyone considering individual patient restraint or service level forms of restraint, must ensure that they are familiar with the relevant legislation and other policy documents and ensure that any intervention applied is compliant with these.

A number of statutes are of relevance in the context of restraint:-

1.3.2. Health and Safety at Work etc. Act (1974)

The basis for health and safety law in Great Britain which sets out, amongst other provisions, general duties for both employers and employees. The main general principles of the act are:

Employers must

- Provide and maintain safe systems of work (e.g. procedures and equipment)
- Provide information, instruction, training and supervision to ensure the health and safety at work of all employees
- Provide and maintain a safe working environment
Employees must

- Take care of their own health and safety and that of others who may be affected by their acts or omissions
- Co-operate with their employer in health and safety matters

These duties are qualified by the term ‘so far as is reasonably practicable’.

1.3.3. The Management of Health and Safety at Work Regulations 1999

This introduced more explicit requirements, particularly the undertaking of risk assessment. Employers are required to: make appropriate health and safety arrangements; employ competent health and safety assistance; lay down appropriate procedures for serious and imminent danger; provide information for employees; have due consideration for individual capabilities and training with regard to health and safety.

1.3.4. Human Rights Act (1998)

All public authorities must ensure that their actions are compatible with the European Convention on Human Rights (ECHR). The articles of the act most relevant to restraint are:

- Article 2 – Right to Life.
  A person has the right to have their life protected by law. Staff may use restraint and force to stop and prevent imminent threat to life or serious harm being caused

- Article 3 – Prohibition from torture including inhumane or degrading treatment.
  This right is referred to as an ‘absolute right’ and should never be contravened.
  It is therefore unlawful for any person to use force with the intention of causing inhumane or degrading treatment and/or punishment or for the purpose of torture

- Article 5 – Right to liberty and security.
  This right is referred to as a procedural right, which in some specific circumstances may be legitimately limited i.e. if a person is arrested on a criminal charge or detained because of mental disorder

- Article 8 – Right to respect for private and family life
  Everyone has the right to respect for his private and family life, his home and his correspondence

- Article 14 – Prohibition of discrimination
  The enjoyment of rights and freedoms contained in the ECHR without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status

1.3.5. Equality Act (2010)

This Act provides a uniform level of protection against discrimination in the provision of goods and services for people with one or more 'protected characteristics'. These protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; sexual orientation.
1.3.6  Adults with Incapacity (Scotland) Act 2000

This Act provides a system for safeguarding the welfare and managing the finances and property of adults (age 16 or over) who lack the capacity to take some or all decisions for themselves because of mental disorder or inability to communicate by any means. The Act allows other people to make decisions on behalf of an incapable adult subject to attaining the following general principles:

- It must benefit the adult
- It must take into account the adult’s past and present wishes
- It must restrict the adult’s freedom as little as desirably possible
- It must promote the adult to maximise and develop their skills
- It must consider the views of others with an interest in the adult’s welfare.

It is an infringement of a person's rights to detain someone without their consent. If people lack capacity to make decisions about their treatment, then all five principles of the Adults with Incapacity Act must be applied.

1.3.7. Mental Health (Care and Treatment) (Scotland) Act (2003)

This Act sets out powers and duties in relation to people with mental disorder. The law is based on a set of principles which must be taken into account by anyone involved in a person’s care and treatment. These principles can be summarised as:

- The patient’s past and present wishes. Information should be provided which supports the patient in taking part in decisions relating to their care
- The views of their named person, carer, guardian or welfare attorney. Where appropriate others who can provide the patient with both support and guidance should be involved in the decision making process
- The care and treatment that will be of most benefit. The nature of the treatment, including any strategies to manage behaviours, should be identified within the patient’s care plan. The person being treated under the Act shouldn’t be treated any less favourably than anyone else being treated for a mental illness, or other mental disorder
- The patient’s abilities and background. Important issues relating to equality and diversity must be taken into account by people providing care and treatment i.e. age, gender, racial origin, religion, sexual orientation, ethnicity

People carrying out duties under the Mental Health Act where a child is involved (under the age of 18) must try to ensure that they do what is best for the child’s welfare.
1.3.8 **Children (Scotland) Act 1995**

The Children (Scotland) Act centres on the needs of children (up to age 18) and their families and defines both parental responsibilities and rights in relation to children. It sets out the duties and powers available to public authorities to support children and their families and to intervene when the child's welfare requires it.

The essential principles behind the Act are:

- Each child has a right to be treated as an individual
- Each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes
- Parents should normally be responsible for the upbringning of their children and should share that responsibility
- Each child has the right to protection from all forms of abuse, neglect or exploitation
- So far as is consistent with safeguarding and promoting the child's welfare, the public authority should promote the upbringning of children by their families
- Any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration

1.3.9. **Criminal Procedures (Scotland) Act (1995)**

This Act gives the courts powers to ensure that individuals involved with criminal justice services receive appropriate care and treatment under the Mental Health (Care and Treatment) (Scotland) Act (2003).

The courts can use this law at any stage of criminal justice proceedings from when a person is first arrested up until the time when the court makes its final decision about the case. A range of orders can be put in place to ensure that mental health issues are assessed, treated (immediately and ongoing) and that the person receives care in the most appropriate setting (e.g. being transferred from prison to a mental health hospital if necessary).

**1.4 Associated Guidance**

In addition to the above statutes there are additional sources of national and UK guidance of relevance to use of restraint, including the following:

1.4.1. **Mental Welfare Commission for Scotland**

The Mental Welfare Commission for Scotland (MWC) is an independent organisation set up by Parliament which aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. This is done by empowering individuals and their carers and guiding and challenging service providers and policy-makers by: regular review of services; themed visits focusing on specific services; publishing guidance reports; and conducting and publishing individual case reviews.
The Mental Welfare Commission issues very practical and specific guidance which should be used for reference when bed rails, chair and bed alarms and methods of restricting patients from leaving ward areas (such as locked, or keypad entry doors, or by disguising exits) are being considered. This is a complex area; care may not only be perceived to be poor when inappropriate restraint is applied, it may also be illegal. Specialist advice is available from MWC.

**Rights, Risks and Limits to Freedom, Mental Welfare Commission 2013**
(These excerpts are included to highlight the nature of the guidance, rather than providing a comprehensive summary).

“Restraint should be seen as a ‘last resort’, where there is absolutely no alternative.

“Many actions by care staff, conscious and unconscious, can unnecessarily limit the freedom of the people they are looking after. Often these are not in the interests of the individual but in the interests of the care home, hospital or other setting in which the person is being cared for. People using restraint in care settings need to make sure that what they are doing complies with the law and relevant care regulations.”

“This guidance points to the importance of careful assessment to understand why someone is behaving in a particular the way, of recognising what the risks actually are and arriving at appropriate interventions in an open and transparent way that has involved all interested parties.”

“Life is never risk-free; risk is a part of everyone’s existence. Some degree of risk-taking is an essential part of good care. Each care home or hospital should have an explicit policy which determines the balance between residents’ personal autonomy and staff’s duty to care.”

“The principal aim of any policy should be to avoid restraint wherever possible”.

**1.4.2. Relevant Guidance from England and Wales includes:**


2. Scope of the Policy

This policy applies to all NHSGGC employees, partnership and agency staff, contractors, volunteers, students, those on work experience, patients and members of the public.

The restraint policy is designed to address a specific policy gap in NHSGGC and sits within a well developed framework of existing national and NHSGGC policies and organisational structures as outlined in Section 1.3.

It sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been taken into consideration, with the aim of minimising the number of situations that escalate to the extent that restraint is necessary in order to minimise adverse effects for all involved.

It is intended to provide guidance for managers and staff in relation to the nature, circumstances and use of approved restraint techniques currently adopted by NHSGGC

3. Roles and Responsibilities

3.1 NHSGGC (Chief Executive) is responsible for:

- Providing a safe working environment in line with health & safety legislation
- Providing healthcare in a safe and efficient manner
- The full and effective implementation of this policy
- Ensuring that the risks associated with restraint are subject to robust assessment and evaluation, including audit of occasions where restraint is used, as identified through Datix and/or line management processes, with a system for post incident reviews
- Providing the resources required to train staff on all aspects relating to restraint
- Ensure that the Restraint Policy is reviewed every three years to maintain both efficacy and topicality.

3.2 Senior Managers are responsible for:

- Ensuring that all Service / Departmental Managers are aware of this policy and of the requirements within it
- Supporting the completion of relevant service risk assessments and other assessments relating to the risks presented by the individual patient
- Ensuring that strategies are in place to reduce and manage risks and to monitor the ongoing effectiveness of these strategies
- Resourcing the mandatory/statutory training of all staff that may be expected to undertake any element of restraint, the necessary level of training being identified through risk assessment
- Ensuring that all aspects of the guidance contained within the Incident Management Policy are being rigorously followed, including proper use of local documentation
- Promoting the implementation of post incident support strategies for those individuals who may be adversely affected by restraint issues.
3.3 Service/Departmental Managers are responsible for:

- Ensuring that all staff are aware of this policy and the requirements within it
- The completion of relevant service risk assessments and other assessments relating to the risks presented by the individual patient
- Implementing the strategies that have been identified to reduce and manage risks and that these strategies are regularly monitored and reviewed
- Communicating the outcomes of risk assessments to ensure that staff and senior management are fully aware of the identified risks and the measures required to reduce and manage them safely
- Facilitating attendance to the level of mandatory/statutory training identified through risk assessment and training needs analysis
- Ensuring that staff adhere to all aspects of the guidance contained within the Incident Management Policy
- Accessing the specialist advice and support available from Risk Management, Violence Reduction Service, Health & Safety Department and other identified support services (as appropriate for local area)
- Facilitating the implementation of post-incident support strategies for those individuals who may be adversely affected.

3.4 All staff are responsible for:

- Ensuring that the decision to restrain is based on a process of informed assessment and regular evaluation
- Taking reasonable care of themselves and any others who may be affected by their actions or omissions
- Adhering to all policies and procedures that have been designed to promote safe and effective working practices
- Contributing to the risk assessment process, adhering to the methods of intervention identified within the patient’s care plan and ensuring that all assessments and interventions are appropriately documented
- Attending the level of training identified as appropriate for their working conditions which includes the safe usage of necessary restraint procedures and applying training in practice
- Reporting all incidents and near misses in accordance with the guidance contained within the Incident Management Policy. Datix reporting should be used where physical restraint is used for a sustained interval in a significant incident
- Reporting any concerns of danger identified in relation to the implementation of restraint procedures.
4. Principles of Restraint Policy

4.1 Contributory factors

There are many clinical factors which can contribute to patients behaving in an aggressive manner e.g. metabolic imbalance, delirium, acute or chronic cognitive impairment, alcohol or drug use. Sensitive assessment may assist to identifying situations where a patient is under stress and more likely to respond adversely. Restraint should always be a ‘last resort’, where there is absolutely no alternative and following a full consideration of all other reasonable control measures.

When restraint is being considered in a care plan the following questions should be considered

- Is there an aim to the patient’s behaviour?
- What is the patient’s emotional / psychological condition?
- Are there any underlying medical conditions that may make restraint more dangerous than normal?
- Is the appropriate communication support in place? Staff should be familiar with NHSGGC Interpreting Service including British Sign Language (BSL) or any other Communication Support.
- Is there an environmental impact on the behaviour – e.g. light or noise?
- What is the patient’s mental capacity?
- What risks are associated with restraining this patient?

4.2 Role of Relatives and Carers

Family members and other carers should be involved in care planning as much as is practicable. They should be asked what triggers to behaviour they are aware of, how they avert violent situations at home and how they deal with such situations if they occur. If restraint is identified as part of the plan of care they should be informed of this.

4.3 Strategies to Minimise the Need for Restraint

The risk of violence can be reduced through a continuous cycle of measures which can be divided into primary, secondary and tertiary control measures.

4.3.1. Primary Control Measures

Primary Control measures including policies, local guidelines and protocols, good communication skills, training, risk assessments, reporting process for incidents etc., designed to prevent or reduce aggression occurring or escalating.

Clinical Guidance
Along with legal statutes, a wide range of guidance is available concerning best practice in management of behavioural issues in different situations to ensure that patients receive necessary treatment, even when they are unable to consent to this.

For advice on management of patients with dementia see: SIGN Guideline 86: management of patients with dementia (2006); and CSCI: Restraint of Patients, particularly older patients with Dementia (2007). ‘Stress and Distress’ and Learnpro Dementia training are available locally.
People with learning disabilities may present as confused or become aggressive in response to new situations or experiences that they do not understand, or where they are in pain or afraid; this may be complicated further if the patient has impairments which impact on communication. The GGC Learning Disability Service area teams can be contacted for advice.

Children may not have developed the cognitive ability to understand what care is required, so may require interventions which constitute restraint to ensure necessary management and treatment. See RCN: Restrictive physical intervention and therapeutic holding for children and young people: guidance for nursing staff (2010) and Holding Safely: a guide for residential child care practitioners and managers on physically restraining children (2013).

Guidelines for ‘Clinical Holding’ skills for dental services for people unable to comply with routine oral health care are available from The British Society for Disability and Oral Health: Unlocking Barriers to Care (2009).

NHSGGC Policy on the Management of Violence and Aggression which provides a framework including Risk Management; the appendices of this document contain additional guidance on responses staff should use when faced with unacceptable violence and sources of staff help.

Use of the Health and Safety Management Manual should ensure regular risk assessment takes place. This encourages the identification of existing risks and application of appropriate control measures both for the environment as a whole and to best manage the care of individual patients, using patient-specific care plans.

NHSGGC Service Specific Good Practice Guidelines

Management of alcohol detoxification in the Acute Division in accordance with GMAWS has been shown to reduce the frequency of alcohol related violence; staff are encouraged to apply GMAWS actively where clinical assessment has identified this as appropriate.

Mental Health Service uses policies on Clinical Risk Screening, Safe and Supportive Observation and Covert Medication Policy (which guides when patients with cognitive impairment can be given medication without their knowledge, when it is their best interests).

The Institute of Neurological Sciences Institute (SGH) uses the following: Risk Assessment-management of patients with challenging behaviour; and Management of patients with challenging behaviour- Monitoring Tool.

Hand Safety Mittens may be used in exceptional circumstances to prevent a patient removing life saving treatment (trachiestomy tube/nasogastric tube) but only following careful risk assessment. Family members should be informed of rationale for use and should be involved in further decision making. Use of Safety Mittens must be recorded carefully and reviewed regularly. SOP Hand Safeguard Mittens

Other Specialised services have specific guidance e.g. Forensics; Security staff

Police Scotland and Scottish Prison Service, including prison Security Guards, have their own policies. NB. Ward staff should not normally be required to assist in physical restraint for patients escorted by police or attending from prison accompanied by Security Guards.
4.3.2. Training Provision in NHSGGC

Conflict Management, Physical Breakaway Techniques and Safer Holding training (Training models and providers) is provided on the basis of risk assessment. The following teams provide training designed specifically for different groups of staff: Violence Reduction Team (Acute Division/Corporate); Violence Reduction Service (Mental Health); Partnership Health and Safety trainers.

4.3.3 Secondary Control Measures

These involve the use of interpersonal skills with defusing and calming strategies to de-escalate situations thus reducing the risk of violence.

De escalation
De-escalation involves making a dynamic risk assessment and using both verbal and non verbal communication to reduce the level of aggression. De-escalation techniques should be used before any other intervention; - and importantly - verbal de-escalation should continue throughout, even if physical interventions/ restraint become necessary.

Key Points for de-escalation
One member of staff should take the lead. Other staff should be available to assist / witness / take over if required. Key skills are as follows:

- Maintain self control
- Use non-aggressive (open) stance
- Give undivided attention
- Be empathetic
- Listen carefully
- Observe for verbal and non-verbal cues
- Paraphrase and reflect back

Communication with other staff members during incident
- Leader to ensure other staff members know their role during high risk situations, giving clear simple directions
- Record incident and actions taken in nursing notes
- Update care plan, risk assessment and risk management plan, recording any triggers and also what defused the situation.

Review of Treatment
When a patient's behaviour is presenting a recurring level of exposure to risk, staff should focus their attention on identifying the underlying factors which are causing the behaviour, as well as on managing the behaviour. Where possible, the issues identified should be addressed by a therapeutic approach designed to have a positive impact on the patient’s behaviour.

For example, consideration of the patient’s treatment may identify opportunities to provide more diversional activities, increased exercise, increased staffing levels, or other changes to the physical environment with the intention of reducing the need for restraint.
4.3.4 Tertiary Control Measures

These are actions taken when violence is occurring and subsequent action to prevent or reduce the potential for physical and psychological harm. This may involve: disengagement (breakaway); implementing emergency or exit procedures; and, as a last resort, use of physical interventions including restraint.

Staff must complete Datix as soon as possible after incident; this includes a drop-down list requiring more information about the level, duration and type of physical restraint used. The incident is then reviewed and approved by line managers.

Tertiary controls also include providing support for the victim, managing the situation through to recovery and finally (to complete the cycle) reviewing primary controls to reduce likelihood of further incidents of violence.

5. Types of Restraint

5.1 Physical restraint (Safer Holding)
N.B. This is the last resort; to be considered after all other options have been exhausted.

Physical restraint is the actual or threatened laying of hands on a person, by one or more members of staff, to stop him or her from either embarking on some movement or activity, or following it through. The grounds for intervention are that the person’s action is likely to lead to hurt or harm to the person or others, or prevent necessary help being given.

Physical restraint can range in intensity from physically guiding someone away from an area to actual bodily restraint, depending on the circumstances. The level of force applied must be necessary, reasonable and proportionate to a specific situation, and be applied for the minimum possible amount of time, with continual review and monitoring of the physical wellbeing of the person being restrained.

It may be appropriate to use restraint or holding to facilitate treatment or investigation where a patient lacks capacity to make a decision regarding a planned intervention and when the intervention has been assessed in the patient’s best interests.

To avoid prolonged physical intervention/immobilisation, consider measures which may be safer such as rapid tranquillisation or seclusion/use of a side room (where appropriate).

Any staff using physical restraint should:

- Be appropriately trained
- Continue to use de-escalation techniques irrespective of the stage of the restraint
- Be aware of any factors of the patient’s physical condition which may increase the risks from physical restraint, including any medication, drugs or alcohol taken prior to restraint
- Use the minimum level of restraint required, and reduce to a lower level as soon as possible
- Continuously review the level of restraint being applied.
Consideration should be given to factors such as: the patient has a known history of sexual or other gender-based violence; cultural and religious factors; people registered on MAPPA etc; that may influence which staff members apply physical restraint. Choice of staff may be limited in an emergency situation, but these considerations should form part of the care planning process where need for physical restraint is identified as a risk.

There are significant risks associated with physical restraint, primarily positional asphyxia, (preventing the restrained person from maintaining a clear airway so that they are unable to breathe properly) or other injury. **Physical restraint can lead to harm and even death** B Paterson et al. (2003). Over the last thirty years there have been more than 15 restraint related deaths in health and social care settings in the UK.

### 5.1.1. Positional Asphyxia

For safety reasons, during restraint it is only permissible to hold / apply pressure to the person’s limbs. Under no circumstances must direct pressure be applied to the neck, thorax, abdomen, back or pelvic area.

If there are multiple staff (more than 4) participating and applying poor technique causing severe pressure to the neck and back of the patient *e.g. neck hold* this can cause serious injury or even death.

Restraining persons on the floor should be avoided, wherever possible. If, however, the floor is used, holding someone in a face down (Prone) position should be used for the shortest period of time and only for the purpose of gaining reasonable control.

The number of staff involved in any physical restraint will depend on the level of restraint required. It is recommended that for any physical restraint a minimum of two people are required. For full body restraint no more than 4 staff members should be involved in holding the patient. It is important in all restraints that there is an identified staff member maintaining overall control of the situation and ensuring the patient’s head and neck is appropriately supported and protected, airway and breathing are not compromised and vital signs (pulse, BP and RR) are monitored using Resuscitation Council (UK) principles.

Positional asphyxia is not limited to restraint in a face down position. Restraining a person in a seated position may also reduce the ability to breathe, if the person is pushed forwards with the chest on or close to the knees *e.g. basket hold*. The risk of positional asphyxia is higher in cases where the restrained person has a high Body Mass Index (BMI) and/or a large waist.

### 5.1.2. Care of the patient post physical restraint

The person who has been physically restrained to a significant degree (higher level restraint) will need to be monitored to the appropriate observation level using NEWS and the Glasgow coma scale for a period of up to 24 hours (as necessary) and should have a full physical review by medical staff. Relatives or carers must be given a regular update.

The process of re-engagement with the patient must commence again in order to build a therapeutic relationship using a re-integration plan for the client post-restraint where required. Staff should be aware of the high risk of re-igniting aggression during this recovery phase. **See Appendix 3: Post Physical Restraint Actions Flowchart.**
5.2 Chemical Restraint

This is the use of sedative or tranquillising drugs purely for symptomatic treatment of restlessness or other disturbed behaviour. Drug treatments for underlying medical or psychiatric conditions are not included. Such sedative drugs should, where possible, be used with the patient’s consent, and/or when the threat of harm is less immediate. In certain circumstances they can also be administered, if necessary, against the patient’s wishes, but only where the patient has been assessed as not having full mental capacity and where the risk of not treating the condition is greater than the risk of giving treatment.

Individuals who are restless or have reduced mobility should have a full physical examination to look for causes and identify effective treatment and management strategies.

NHSGGC Guidelines for safe pharmacological management of anxiety and agitated behaviour are available- Mental Health Service Rapid Tranquillisation Guidelines and Acute Division Therapeutics: a Handbook for Prescribing in Adults.

NB. In specific circumstances clinical judgement recognises that dosages given in these guidelines may need to be exceeded to restore a safe situation. However, this increases risk and should only be undertaken where sufficient resuscitation facilities are available. Staff should rapidly escalate situations which remain uncontrolled to senior medical and nursing colleagues.

5.3 Technological Monitoring (Wandering Technology)

This involves using ‘wandering technology’ (electronic tagging, pressure pads and door alarms) to alert staff that a patient is moving or trying to leave the area. A wide range of types of technological monitoring are available, but use of these must always be the least restrictive option. See Appendix 2: Use of technological monitoring/wandering technology. Staff must be properly trained in the use and maintenance of these devices.

5.3.1 MWC Guidance ‘Safe to Wander’ advises on principles for use of ‘Wandering Technology’ (preferring this to the more emotive term ‘tagging’) and other means of restraint. This guidance applies to:

- Sensor pads (beds, chair, floor)
- Nurse/carer call systems
- Panic buttons
- Fall and movement sensors
- Concealed exits (subjective barriers)
- Electronic tagging and tracking systems
- CCTV/video surveillance
- Intruder alerts

5.4 Psychological Restraint

This involves telling patients what they can and cannot do, i.e. stay in a chair, go to bed. When a situation persists there is a danger of ‘de facto detention’, which is considered poor practice. Patient-centred care plans for patients with cognitive impairment are essential to ensure as many strategies to minimise stress and distress are in place as possible. If the patient continues to exhibit distress or agitation the care plan must be reviewed to see if other options could improve the situation (e.g. increasing the opportunity for regular exercise or diversional activities) in order to prevent psychological restraint being necessary.
5.5 Mechanical Restraint

This involves the direct or indirect use of equipment to restrict a patient from moving. Typical examples of this are chairs, bed rails, lap straps or strategically places pieces of furniture. The patient should not be left unattended for any length of time, no matter how safe they appear to be, as significant risks remain, particularly if the patient is active and strong.

5.6 Indirect Restraint

The concept of restraint is not limited to just acute actions or medications. Restriction of a patient in any way can be considered indirect restraint. This is particularly pertinent to the care of older adults, some of the most vulnerable members of society, where the longer term 'restriction' of a patient, usually with the intention of reducing the risk of harm to them, can occur. Treating patients with dignity and providing safe and effective care whilst simultaneously maintaining their freedom as much as possible is the goal.

It is never acceptable to use night attire with the purpose of preventing a person from leaving the building. There may be those who choose to wear less formal clothing, and some who, at particular times of day, like to wear night attire. However, this should not be imposed on people. It is potentially stigmatising and confusing.

Restricting patients’ movements around and out of buildings by doors that are difficult to open or by disguising exists so that the patient does not attempt to leave is tantamount to restraint and needs to be considered in the same way. Each unit should have a locked doors policy, including details of measures taken to ensure the safety and security of wards, use of keypad access etc.

6. Incident Review process

6.1 Recording of Restraint

Use of all types of restraint should be recorded in patients’ notes, medication charts (where appropriate) and care plans and the use of restraint must be reviewed regularly.

The use of mechanical restraint must be in accordance with the NHSGGC Falls Policy/Falls Management Guidelines (Acute Division) NHSGGC Specialist Seating Assessment and Mental Health Service Falls policy¹. A NHSGGC Bedrail Risk Assessment must be completed (as appropriate). Risk Assessments must be regularly reviewed to make sure the use of restraint is still necessary.

Use of significant physical restraint must be recorded in the clinical casenotes once the situation is under control. The patient’s individual Risk Assessment and care plan should be routinely updated. A Datix report should be completed giving details of the situation, what type of restraint was used and the duration of restraint.

6.2 Physical restraint review process

The aim of a post-incident review is to seek to learn lessons, and to support staff and patients. The review process should address:

- What happened during the incident
- Any trigger factors
- Each person’s role in the incident
- How to access support services if necessary
What can be done to address any concerns
Whether practice could be improved in any way

Where patients have been physically restrained:

- A post-restraint review should be completed by senior clinical staff in accordance with the Risk Management process. See Appendix 3: Post Physical Restraint Actions Flowchart
- A Post Incident Review Proforma (Appendix 4) should be completed (Acute/Corporate Divisions)
- All persons involved in the use of physical interventions must be offered post-incident support by the appropriate line manager and be involved in any support or feedback process within 24 hours
- A review should take place as soon as practicably possible (but certainly within 7-10 days) after a significant incident, unless there are exceptional circumstances which prevent this
- Use of physical restraint should be discussed at ward meetings to identify any lessons that can be learned for the future

6.3 Formal H&S/SCI Review

A formal review/SCI review is generally required only following incidents when significant or catastrophic impact on the patient, staff or organisation have occurred with potential for wider learning (category 4 or 5 incidents). Near miss events with no adverse outcome and complex lower severity incidents can also warrant review within this process due to the potential for learning, See Significant Clinical Incidents Policy and Incident Management Policy.

7. Audit of Use of Restraint

Regular ward based review is required into the use of all types of restraint. There should be an automatic review of the plan of care after restraint has been applied on two occasions.

Audit of physical restraint from the information recorded on Datix will be carried out regularly by the Board Violence Reduction Group.

8. Policy Review

Review policy three years after implementation or if legislative changes have taken place that materially impact on the policy.
9. Other References

At the time of writing this Restraint policy, the Guidelines below are still in draft. Hyperlinks will be added once these has been ratified and placed on StaffNet

1. TBA NHSGGC Falls Policy/Falls Management Guidelines (Mental Health Service)
Appendix 1 – Flow chart for Emergency and Non-Emergency Restraint

**Emergency Restraint**

- Identify appropriately trained staff.
- Identify approved restraint technique.

- Implement emergency restraint procedure. Maintain good levels of patient and staff communication.


- If required, access internal support (Clinical or Security). If required, access external support (Police).


**Non-Emergency Restraint**

- Explore other alternatives and document within patient care plan and medical records before using any method of restraint.

- Decide on method required and document within patient care plan. Before application discuss the process with the responsible doctor and with the patient’s family.

- Identify the competently trained staff who will initiate the restraint process. Maintain good levels of patient and staff communication.

- Apply identified method of restraint. Observe closely and record both current and subsequent responses to restraint.

- Regular review, frequency according to clinical situation, to ensure that the requirement for restraint remains, and if the current application of restraint has been beneficial to the patient and to the service.
### Appendix 2: Use of Technological Monitoring (Wandering Technology)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consider cause of behaviour: Can alternative measures be introduced that will prevent or minimise the need for restraint to be introduced?</td>
</tr>
<tr>
<td>2.</td>
<td>Assess the risks to the individual: Balance risk to patient and others in the environment if restraint is not introduced</td>
</tr>
<tr>
<td>3.</td>
<td>Consider alternatives to use of technology: What else could be tried before moving to restraint?</td>
</tr>
<tr>
<td>4.</td>
<td>Identify if wandering technology is available and appropriate</td>
</tr>
<tr>
<td>5.</td>
<td>Ascertain views of individual, relatives, care team</td>
</tr>
<tr>
<td>6.</td>
<td>Consider ethical implications, the benefits and disadvantages of the system</td>
</tr>
<tr>
<td>7.</td>
<td>Consider legal implications for individual, in particular the possible use of Adults with Incapacity (Scotland) Act 2000</td>
</tr>
<tr>
<td>8.</td>
<td>Formulate individual care plan, involving family/carers/advocate/guardian as appropriate</td>
</tr>
<tr>
<td>9.</td>
<td>Ensure all staff and involved family/carers/advocate/guardian understand care plan</td>
</tr>
<tr>
<td>10.</td>
<td>Monitor implementation of care plan</td>
</tr>
<tr>
<td>11.</td>
<td>Review care plan (frequency of review determined by clinical setting)</td>
</tr>
</tbody>
</table>

### Precautions for Use of Technological Monitoring

1. All staff, including Bank and Agency staff, must familiarise themselves with operation of any technological monitoring device, reading written guidance where available.

2. A regular maintenance programme must be in place to ensure equipment is complete, fit for purpose and in good working order.

3. Where battery operated alarm systems are used, these must be checked at each staff handover to ensure enough charge is available; otherwise replace batteries promptly.
Appendix 3: Post Physical Restraint Actions Flowchart

**Post Physical Restraint Actions Flowchart**

**Immediate Actions**
Check health and welfare of staff & patients involved in incident.
Ensure all appropriate care measures have been taken to treat any immediate injuries suffered by persons during incident.
Ensure patient is monitored to appropriate observation level for 24 hours (or as required)
Inform family/carers/advocate/guardian of incident
Initiate management plan and re-integration plan if necessary

**Actions within 24 hours (or as soon as possible)**
Complete Datix report.
Contact Health & Safety if RIDDOR reportable.
Contact MH Violence Reduction Service or Health & Safety Violence Reduction Team as appropriate.
Carry out or review risk assessment for patient.
Complete an incident care review (Acute/Corporate Divisions only)

**Actions within 7 days**
Ensure all involved in incident have been offered appropriate support.
Complete appropriate post restraint review/investigation using standard proforma as per local service.
Update Datix as required.
Inform staff and relatives of outcome of review/investigation.

**Further Actions**
Ensure all identified remedial actions are implemented within timescales.
Ensure lessons learned are shared with others as appropriate.
Appendix 4: Post Incident Care Review Proforma (Acute/Corporate Divisions)

**Date of incident**  ____ / ____ / ____

**Ward/Dept**  

**Hospital**  

**Datix Ref No**

The following should be completed by the relevant line manager after any incident which has required the use of physical restraint/safer holding.

1. Has the member(s) of staff been offered support from Occupational Health or recommended they contact the Employee Counselling Service or Victim Support?  
   - [ ] Yes  
   - [ ] No  
   - [N/A]
   
   Tick as appropriate  
   - [ ] Occupational Health  
   - [ ] Employee Counselling Service  
   - [ ] Victim Support

2. Has the individual been provided with the contact details for Occupational Health and/or the Employee Counselling Service?  
   - [ ] Yes  
   - [ ] No  
   - [N/A]

3. Are there any immediate implications for member of staff returning to work if they have been absent, and have these been addressed?  
   - [ ] Yes  
   - [ ] No  
   - [N/A]

4. If the member of staff is absent, have you made arrangements or offered to visit them at home or agreed location? It may be appropriate to consider another work colleague visits them at home  
   - [ ] Yes  
   - [ ] No  
   - [N/A]

5. If there is the possibility of the incident resulting in a court case, have you determined the support and accompaniment the member of staff may need? What action has been taken? E.g. contacted Legal Office  
   - [ ] Yes  
   - [ ] No  
   - [N/A]
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<tr>
<td>6</td>
<td>Has a review or investigation been carried out regarding the incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Have recommendations been made and implemented?</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Have staff been informed of the outcome of any court proceedings?</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Have staff been appraised of all relevant information regarding incident and any remedial action implemented?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Remember:**
- Ask staff member views on post incident follow up.
- Ask what could have been done better during incident and follow up.
- Be available to meet and / or discuss incident further.
- Thank members of staff for help during incident.

This information must be clear to all concerned to ensure that we learn from the incident. This form is confidential and should be retained by the line manager with a copy of the Datix entry and Investigation Report if undertaken.

Completed by  
Role  
Date  