

## Toolbox Talk / Note – Physical Restraint in Healthcare

Local Managers should communicate these key safety messages to their staff at handovers, staff meetings, huddles etc. They are developed in response to events that have occurred or identified hazards.

### Introduction

Within NHSGGC, it is recognised that clinical staff may have to use physical restraint to ensure safety, deliver care and/or manage emergency situations. This note provides staff with an overview of what physical restraint is and outlines the key considerations & responsibilities.

### Defining Physical Restraint

There is sometimes confusion surrounding what Physical Restraint actually is. Sometimes the terms restrictive physical interventions or safer holding are used instead of the word 'restraint'. This can lead to a belief that physical restraint is different from restrictive physical interventions or safer holding. However, in reality they are all phrases which are used to describe the same thing:

**'Physically stopping a person doing something they appear to want to do'**

This definition means that anytime a physical action is carried out by staff which stops a patient doing what they appear to want to do, then those staff are undertaking physical restraint or a restrictive physical intervention / holding technique.

Examples of physical restraint can include:

- A member of staff using a low level guiding hold to redirect a confused patient from the ward exit and back to their bedspace, whilst waiting for them to be seen by a doctor.
- 3 members of staff using a specifically taught technique to hold a patient on the bed so that medication can be administered, without the patient's consent via the Adult's With Incapacity Act.

### Legal considerations

The use of physical restraint in any instance is a restrictive practice and involves the use of force against another person. The law states that any use of force (including physical restraint) must be justified. Physical Restraint must **never be used for retaliation, revenge or 'to teach the person a lesson'**. It will only be considered lawful if it can be clearly demonstrated that the force used was:

- **Necessary** – Are there other options?
- **Reasonable** – in relation to the circumstances?
- **Proportionate** – is it relative to the threat and harm it seeks to prevent?

In addition, the following legal frameworks and legislation are most commonly associated with the use of physical restraint:

1. Health & Safety at Work Act 1974
2. The Human Rights Act 1998
3. The Adult's With Incapacity (Scotland) Act 2000
4. Mental Health (Care & Treatment) (Scotland) Act 2003.
5. Children's Act (Scotland) 1995

None of these Acts give staff the automatic right to use physical restraint. However, they do give staff key rights and responsibilities relating to protecting life, ensuring safety, administering treatment and receiving appropriate training. The right to use Physical Restraint is found within the principle of necessity in Common Law / Duty of Care.

Where Physical Restraint has been used without Adults with Incapacity or Mental Health Act Orders, this incident must be immediately reported and reviewed by relevant senior medical staff.

### Physical Restraint in healthcare

Within healthcare there are generally 2 types of situations where staff may have to use physical restraint. These are:

1. **To administer treatment, without the patient's consent.** Where this occurs, staff should ensure that relevant Adults With Incapacity or Mental Health Act Orders are in place. Staff should always work to find an alternative and less restrictive option. Restraint in these cases should always be seen as a last resort.
2. **To manage an emergency situation where they have no other choice but to use physical restraint.** Examples of this could be, to save someone's life or to prevent a physical assault.

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### Who is allowed to use Physical Restraint?

There is no law that says physical restraint can only be used by mental health nursing or security staff. Instead, what the health & safety legislation states is that if there are foreseeable risks within a work environment, then the employer must take steps, including training, to help staff manage those risks.

Therefore, in areas where it is foreseeable that physical restraint may be used then staff can use it, but they **must** be trained to do so, which involves attending training that educates staff on how to apply appropriate holds lawfully, safely and appropriately.

(NB at times the need for physical restraint may arise from situations which are unforeseen and/or are not part of a planned intervention. In these cases staff, who aren't appropriately trained may have to carry out a physical restraint procedure in order to preserve safety and/or life. They should be replaced by a member of staff who is appropriately trained ASAP. Their subsequent training needs should then be reviewed).

### Risks Associated with Physical Restraint

The physical restraint techniques taught within NHSGGC have been designed to be as safe & free from harm as possible. However always risks are always associated with physical restraint. The main risks involved are:

- Positional asphyxia
- Sudden death
- Exacerbating pre-existing injuries / medical conditions
- Bruises / skin abrasions
- Stress / Re-traumatisation

Staff using physical restraint should be continuously aware of these risks, with one person taking a lead role and communicating effectively throughout the Restraint.

### Considerations after a Physical Restraint incident

Following the use of physical restraint staff should consider the need for the following (dependent on the level of force used):

- Physical health check for the patient (and staff if required)
- Contacting relevant members of MDT, family members, the police (if required) & adult support & protection staff (if required).
- Relevant risk assessments, procedures, care plans and patient notes should be reviewed
- A DATIX report should be submitted
- The person restrained, staff involved, witnesses and other affected parties, should be offered post incident support / de-brief.

There are **always** Human Rights considerations where physical restraint is going to be/has been used. Therefore, staff teams should develop a culture of learning, support and respect. Staff teams should always reflect upon the use of restraint, the reasons why it occurred and strive to develop alternative strategies.

### Different types of Restrictive Practices

Physical restraint is only one type of restrictive practice that is used in healthcare. The other main types are:

- **Chemical** – medication used solely to alter a person's behaviour
- **Mechanical** – the use of equipment which can restrict a person's movement. Eg. bedrails
- **Psychological** – Telling people what they can/cannot do
- **Technological Surveillance** – the use of equipment such as CCTV to monitor people's movements

It is important that staff have an understanding of these other types of restrictive interventions, the key responsibilities / legal considerations associated with them.

#### References

- Adults with Incapacity (Scotland) Act 2000
- Health and Safety at Work Act 1974
- Human Rights Act 1998
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Royal College of Nursing (2010), Restrictive Physical Intervention and Therapeutic Holding for Children and Young People, Guidance for Nursing Staff
- Royal College of Nursing (2008), 'Let's Talk about Restraint: Rights, Risks & Responsibility'
- Royal College of Nursing. Advice Guide: 'Duty of Care'