

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

NHSGGC, recognises that its staff may be required to use physical restraint to ensure safety, deliver necessary, care/treatment and/or manage emergency situations. This note provides an overview of what physical restraint is and outlines, key considerations & responsibilities.

Defining Physical Restraint

There can be confusion surrounding physical restraint. The terms restrictive physical interventions and safer holding are also used. This can lead beliefs that physical restraint is different from restrictive physical interventions or safer holding. In reality they are all phrases describing the same intervention. They are all defined as

“...taking place when the planned or unplanned, deliberate or unintentional actions of care staff prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement.”

Therefore, anytime a physical action is carried out by staff which stops a patient doing what they wish to do, then those staff are undertaking physical restraint or a restrictive physical intervention / holding technique.

Examples of this include:

- A member of staff using a low level guiding hold to redirect a confused patient from the ward exit and back to their bed-space, whilst waiting for them to be seen by a doctor.
- 3 members of staff using specifically taught techniques to, safely, control a patient's arms & legs on a bed, so that necessary medication can be administered, without the patient's consent, as warranted by the Adult's With Incapacity Act.
- 3 - 4 members of staff using specifically taught techniques to, safely, hold a patient on the floor, to administer necessary medications, as warranted by the Mental Health Act

Legal considerations

The use of physical restraint is always, restrictive and always involves a use of force towards another person. **Any** use of force **must** be **lawfully justified**. To do this, staff must clearly evidence that the force used was:

- **Necessary** – Are there any other options?
- **Reasonable** – in relation to the circumstances?
- **Proportionate** – is it relative to the threat and harm it seeks to prevent? i.e will it prevent a higher level of harm from occurring?

Physical Restraint must NEVER be used for retaliation, revenge or 'to teach the person a lesson'.

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

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

None of these provide the automatic right to use physical restraint. However, they do provide key rights and responsibilities to staff, regarding; protection of life, ensuring safety, administering, necessary, treatment and receiving appropriate training. The lawful application of Physical Restraint is always found within the principle of necessity in Common Law / Duty of Care.

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, necessary, 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 than restraint.**

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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.

Where staff have had to restrain a patient, to ensure safety, but the patient is not subject to Adults with Incapacity or Mental Health Act legislation, the incident must be immediately reported and the patient reviewed by relevant senior medical staff.

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. The Health & Safety Act states, that if there are foreseeable risks within a work environment, the employer must take steps, including training, to help staff manage those risks.

Therefore, in areas where it is foreseeable that physical restraint could be used to administer necessary treatment and/or manage emergency situations then staff **must** be appropriately trained. NHSGGC training educates staff on how to apply approved holds lawfully, safely and appropriately.

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

Managing Risk

The physical restraint holds taught within NHSGGC are designed to be as safe as practicable. All holds have been through rigorous risk assessment and governance processes

Physical restraint is not intrinsically high risk, providing that all relevant safety measures are taken These include:

- One person assuming the 'Lead role'. they will be responsible for ensuring clear leadership, communication and

that potential risks are properly managed

- Ensuring the person's head, neck, chest, back and abdomen are protected, kept free from physical pressure and closely monitored
- Ensuring the person has uninhibited, free breathing at all times
- Managing risks associated with of any pre-existing physical and/or psychological conditions
- Being compliant with relevant medical emergency procedures

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 must be submitted
- The person & staff involved, witnesses and other affected parties, should be offered, relevant, post incident support

There are **always** Human Rights considerations when 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.

NHSGGC policy

NHSGGC is committed to a process of reducing the use, prevalence & potential harm associated with physical restraint and other restrictive interventions. For further information please see here: ([Link](#))

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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'