

# ANNUAL REPORT 2024

Cluain Lir Care Centre Oversight and Review  
Committee for the Reduction of Physical and  
Enduring Mechanical Restraint



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# **Annual Report of the Cluain Lir Care Centre Multidisciplinary Review and Oversight Committee**

January 2024 - December 2024

## **1.0 – Foreword**

On behalf of the Committee, I am pleased to publish the Annual Report for 2024. Our focus over the year was in reducing the instances and need for the use of Restraint where possible. The Committee and all the staff at Cluain Lir Care Centre achieved this. The data gathered and reviewed by the audits show that there was a 33% reduction in the use of Physical Restraints from 2023 to 2024 and that Enduring Mechanical Restraints are being implemented as a last resort and for the shortest period possible. There was a 13% reduction in the use of Enduring Mechanical Restraint in use during 2024.

The Committee and all the staff will continue to strive to reduce these figures further and to optimise patient outcomes.

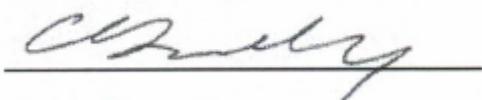
In 2024, the Committee have:

- **Continued to review and develop of Terms of Reference of the Committee,**
- **Continued to review and develop of a Policy of the Reduction of the use of Physical and Enduring Mechanical Restraint,**
- **Continued to Review Mechanism for each episode of Physical and Enduring Mechanical Restraint,**
- **Continued to review and develop new documentation and tools to assist staff the recording of Restraint,**
- **Organised and informed training to assist staff in the avoidance of and reduction in the need for Restraint.**

I hope that this report provides an insight into the work we have achieved. I would like to sincerely thank this Committee and all the staff at Cluain Lir Care Centre without whose expertise and dedication, our achievements would not have been possible.

Muireann McKeown, Operations Manager.

This annual report has been accepted by:



**Claire Donnelly, RPN**

## **2.0 - Background**

Cluain Lir Care Centre Oversight and Review Committee for the reduction of Physical and Enduring Mechanical Restraint was set up in May 2023 pursuant to requirements of the Mental Health Act 2001-2018, September 2022.

Cluain Lir Care Centre is an Approved Centre providing inpatient treatment for people living from mental illness. It comprises two units, the St. Bridget's Ward and St. Marie Goretti's Ward which can accommodate a combined total of 42 patients at any one time. From January 1<sup>st</sup> 2024 to December 31<sup>st</sup> 2024, there were a total number of 51 admissions to Cluain Lir Care Centre. There were 27 inpatients already on the units on January 1<sup>st</sup> 2024.

This report is based on the following meetings of the Committee held on;

- March 25<sup>th</sup> 2024
- May 8<sup>th</sup> 2024
- July 7<sup>th</sup> 2024
- September 9<sup>th</sup> 2024
- December 11<sup>th</sup> 2024

## **3.0 – Committee Membership**

Dr. Mícheál Ó Cuill, Consultant Psychiatrist (Chair)

Ms. Rose Cole, CNM2

Dr. Paula Connolly, Senior Registrar (July – December)

Ms. Rebecca Donohoe, T/CNM3

Dr. Jennifer Edgeworth, Acting Principal Psychology Manager

Dr. Fizna Fysal, Senior Registrar (January – June)

Ms. Helen Hanlon, Principal Social Worker

Mr. Waleed Konswah, QPS Advisor

Ms. Muireann McKeown, Operations Manager

Mr. Colm Murray, Ward Clerk (Minutes and Clerical Support)

Ms. Mary Ormsby, Assistant Director of Nursing

Ms. Veronica Slevin, T/Mental Health Act Administrator

Ms. Shaista Zaidi, Occupational Therapy Manager

#### **4.0 – Relevant Documentation**

- MHC Code of Practice on the Use of Physical Restraint – Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001 – 2018, September 2022
- MHC Rules governing the use of Mechanical Means of Bodily Restraint – Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001 – 2018, September 2022

#### **5.0 – Work of the Committee**

The Committee undertook a number of key tasks that included:

- Ongoing review and development of Terms of Reference of the Committee. (Appendix 1)
- Ongoing review and development of a Policy of the Reduction of the use of Physical & Enduring Mechanical Restraint. (Appendix 2)
- Review Mechanism for each episode of Physical & Enduring Mechanical Restraint.
- Review and development of new documentation and tools to assist staff the recording of Restraint. (Appendix 3-5)
- Organised and informed training to assist staff in the avoidance of and reduction in the need for Restraint.

#### **6.0 – Review of Episodes of Enduring Mechanical Restraint (EMR) 2024**

There were 20 episodes (involving 15 individuals) of Enduring Mechanical Restraint in use during 2024, representing a 13% reduction in comparison to the same period for 2023. Episodes of EMR were audited and deemed to be 100% compliant with the revised Rules governing the use of Mechanical means of Bodily Restraint (Sept 2023). Each EMR was only used to address an identified need or risk or at patient's request and was only used when less restrictive measures were deemed unsuitable. A risk assessment of the safety and suitability of the mechanical restraint had been undertaken by the MDT and this specified the monitoring arrangements and frequency to be implemented during its use. A record of the monitoring arrangements was maintained in the clinical file. The episodes had been prescribed by the treating Consultant Psychiatrist using a Prescription for the use of

Safety/Restraint Equipment (Appendix IV) and were in use for the shortest possible timeframe. In addition, this is in compliance with the Rules as audited monthly by the CNM3.

## **7.0 – Review of Episodes of Physical Restraint:**

There were 2 episodes of Physical restraint during 2024 (Table 3). This was a 33% reduction compared with 2023.

2024	Number of Physical Restraints		
	St Bridget's	St Marie Goretti's	Total
January	1	0	1
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	1	0	1
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0
	2	0	2

Table 3 Episodes of Physical Restraint per ward, 2024.

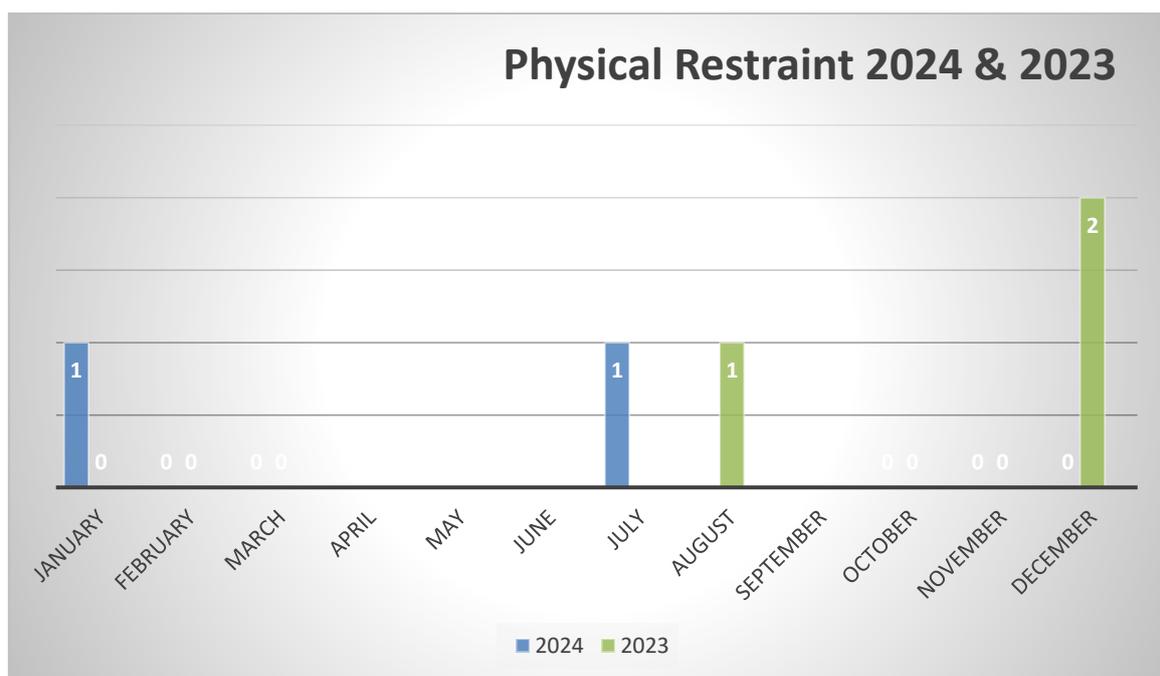


Fig. 1 Comparisons of Physical Restraint episodes per month and in total across 2023 and 2024

7.1 - Audit Findings:

During 2024, the longest episode of physical restraint was 9 minutes and the shortest was for 1 minutes. Compliance, on average, was 100%. Resultant learning and actions are detailed below.

Episodes of Physical Restraint 2024													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD total
<b>No of episodes</b>	1						1						2
<b>No of Service Users involved</b>	1						1						2
<b>% Compliance</b>	100 %						100 %						Avg. 100 %

Initiatives that may have contributed towards this reduction are:

1. We have enhanced our learning by providing extra training in the area of Reducing Restrictive Practices.
2. We provided audit results to improve clinical practice.

7.2 - Learning:

1. Requirement for new documentation to be introduced and new document prompts to be included.  
**Action: New documentation has been developed and introduced on the Wards, namely a Restrictive Practices Decision Making Tool (Appendix V), a Physical Restraint Care Pathway (Appendix III) and an updated prescription for EMR (Appendix IV).**
2. Sample Clinical Practice Form provided by MHC was large and difficult to follow.  
**Action: New condensed Clinical Practice Form developed by staff and implemented in September 2023 and revised in March 2024.**
3. Additional training to be put in place to support staff on issues relating to compliance.  
**Action: Training dates continued throughout 2024 on the revised Rules and Code of Practice. Audit findings will be presented at Doctors training.**
4. Consider use of tools which will project escalation of violence.  
**Action: Brøset Violence Checklist (BVC) is in use where the MDT consider an escalation of violence to be likely.**

## **8.0 - Conclusion**

On behalf of Cluain Lir Care Centre Oversight and Review Committee for the Reduction of Physical and Enduring Mechanical Restraint, I am pleased to publish our Annual Report for 2024.

I want to thank the Committee for their continued work on the important areas within our remit, namely:

- Updating the Terms of Reference for the group
- Reviewing the Policy to Reduce the use of Physical & Enduring Mechanical Restraint
- Reviewing documentation and tools for recording Episodes of Restraint
- Reviewing all Episodes of Physical and Enduring Mechanical Restraint.

The review of episodes of Restraint highlighted a number of areas for improvement around the Recording and Review of episodes. As a result of this, a continuing programme of work has been undertaken in the following areas:

- Improving Documentation used, adding prompt points to the relevant documentation to promote compliance with rules and policy
- Implementing the use of de-escalation tools
- Provision of training for the full MDT in the processes involved in Seclusion and Restraint.

The work undertaken by all staff in Cluain Lir Care Centre has seen a reduction in the use of Restraints in 2024 compared to 2023 and on behalf of the Committee, I thank all staff for their continued work in this area.

Dr Micheál Ó Cuill

Chairperson, Cluain Lir Care Centre Oversight Committee

## **9.0 Appendices**

Appendix I – Terms of Reference

Appendix II – Policy

Appendix III – Physical Restraint Care Pathway

Appendix IV – Safety/Restraint Equipment Prescription here

Appendix V – Restrictive Practices Risk Assessment & Decision Making Tool

**Appendix I – Oversight Committee Terms of Reference**



Oversight and Review  
Committee for the Reduction  
of Physical Restraint and  
Enduring Mechanical Restraint

St. Bridget & St. Marie Goretti's Ward, Cluain Lir Care  
Centre

## **1. Purpose**

The purpose of the Oversight and Review Committee for the Reduction of Physical Restraint & Enduring Mechanical Restraint at St. Bridget's & St. Marie Goretti's Ward, Cluain Lir Care Centre is to monitor and analyse every episode of physical restraint and enduring mechanical restraint in the approved centre and to provide assurance to the Registered Proprietor of the adherence to the Code of Practice on the Use of Physical Restraint and Rules governing Enduring Mechanical Restraint (2022).

## **2. Aim**

The overall aim is to examine the use of physical restraint & enduring mechanical restraint in the approved centre and to provide assurance that each episode complies with the Rules and Code of Practice. In addition to this, the aim is to reduce the use of physical restraint, seclusion and enduring mechanical restraint in the approved centre.

## **3. Governance**

The Oversight and Review Committee for the Reduction of Physical Restraint & Enduring Mechanical Restraint is accountable to the Registered Proprietor's Nominee or Senior Manager who, in turn is accountable to the Registered Proprietor in respect of the actions of the committee. Reports of the committee will be presented at Catchment Management Team meetings on a monthly basis.

## **4. Objectives of the Committee**

- a) Develop and implement a reduction policy for Physical Restraint & Enduring Mechanical Restraint for the Approved Centre
- b) For each episode of Physical Restraint or Enduring Mechanical Restraint:
  - Determine if there was compliance with the code of practice on the use of physical restraint and rules governing enduring mechanical restraint for each episode of physical restraint & enduring mechanical restraint reviewed
  - Determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint & enduring mechanical restraint.
  - Identify and document any areas for improvement.
  - Identify the actions, the persons responsible, and the timeframes for completion of any actions;
  - Provide assurance to the Registered Proprietor Nominee that each use of physical restraint or enduring mechanical restraint was in accordance with the Mental Health Commission's Rules and Code of Practice;

- c) Produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical restraint and enduring mechanical restraint, to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.
- d) Compile an annual report on the use of physical restraint or enduring mechanical restraint in the Approved Centre to contain:
- Aggregate data that should not identify any individuals;
  - A statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint and enduring mechanical restraint;
  - A statement about the approved centre's compliance with the code of practice on the use of physical restraint and enduring mechanical restraint;
  - A statement about the compliance with the approved centre's own reduction policy
  - The data as specified in Appendix 3 and Appendix 4 of the Code of Practice and the rules governing seclusion.

## **5. Membership**

Membership of the Oversight and Review Committee for the Reduction of Physical Restraint and Enduring Mechanical Restraint:

- Registered Proprietor's Nominee/ Senior Manager
- Medical Representative x1
- NCHD
- Assistant Director of Nursing, St. Bridget's & St. Marie Goretti's Ward, Cluain Lir Care Centre
- Clinical Nurse Manager 3,
- Clinical Nurse Manager 2, (when available)
- Staff Nurse, (When available)
- Occupational Therapy Manager, Mental Health, Midlands
- Principal Psychology Manager, Longford/Westmeath
- Principal Social Worker Adult Mental Health Services, Laois, Offaly, Longford, Westmeath.
- Mental Health Act Administrator, Longford/Westmeath.
- Quality and Patient Safety Advisor

- Admin support

## **6. Ground Rules for Meetings**

- The committee will meet Quarterly to fulfill the Code of Practice on the Use of Physical Restraint and rules governing Enduring Mechanical Restraint.
- The chair will be selected from within the membership and will be rotated every six months.
- Quorum equates to 40% of the membership and must include one medical and one nursing representative.

## **7. Agenda**

- The agenda will be prepared in advance by the chair and with the assistance of the MHAA

To include:

- Approval and adoption of last meetings minutes
- Development and Review of a Reduction Policy around the use of Enduring Mechanical Restraint and Physical Restraint
- Review of each episode of restraint since the last meeting
- Trends analysis
- Quality improvement
- Staff training requirements
- Reduction initiatives
- Policy development

## **8. Review**

- Terms of reference will be reviewed annually or more frequently if required
- To be agreed in the first instance by the Catchment Management Team

**Appendix II – Policy for the Reduction of Seclusion and Physical &  
Enduring Mechanical Restraint**



**Longford Westmeath Mental Health**

**Approved Centre – Cluain Lir Care Centre**

**Policy Title: Reduction of Physical & Enduring Mechanical Restraint Policy**

<b>Document reference number</b>	CLCC 001	<b>Document developed by</b>	Oversight and Review Committee for the Reduction of Physical and Enduring Mechanical Restraint – St Bridget’s and St Marie Goretti’s Ward, Cluain Lir Care Centre
<b>Revision number</b>	3	<b>Document approved by</b>	Dr. Ciaran Corcoran Acting Clinical Director  Mr. Michael Buckley, Acting Area Director of Nursing
<b>Approval date</b>	31/07/2024	<b>Responsibility for implementation</b>	Dr. Ciaran Corcoran Acting Clinical Director  Mr. Michael Buckley, Acting Area Director of Nursing
<b>Revision date</b>	31/07/2025	<b>Responsibility for review and audit</b>	Oversight and Review Committee for the Reduction of Physical and Enduring Mechanical Restraint – St Bridget’s and St Marie Goretti’s Ward, Cluain Lir Care Centre

PPPG Title: Reduction of Restrictive Practices; Document Reference No: CLCC001  
Revision No: 3; Approval Date: 31/07/2024; Revision Date: 31/07/2025  
Approved Centre: Cluain Lir Care Centre

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PPPG Title: Reduction of Restrictive Practices; Document Reference No: CLCC001  
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Approved Centre: Cluain Lir Care Centre

## 1.0 Policy Statement:

Longford Westmeath Mental Health Service is committed to the reduction of both the frequency and duration of restraint episodes in approved centres.

## 2.0 Purpose

The purpose of this document is to direct staff on the process for the reduction and elimination where possible of Enduring Mechanical & Physical Restraint.

- We will update the local Policies on Enduring Mechanical & Physical Restraint in line with the revised rules and codes for Seclusion and Enduring Mechanical & Physical Restraint.
- We will develop a proforma for debriefing post Enduring Mechanical & Physical Restraint and for the Multidisciplinary (MDT) review to ensure that all the required components are captured.
- We will devise a flow diagram for behavioural analysis and Positive Behavioural Support Plans.

## 3.0 Scope

All members of the Multi-Disciplinary Team

## 4.0 Legislation & Other Related Polices

- 4.1 Mental Health Act 2001.
- 4.2 Mental Health Commission (2022) Rules Governing the Use of Mechanical Means of Bodily Restraint.
- 4.3 Mental Health Commission (2022) Code of Practice on the Use of Physical Restraint.
- 4.4 Mental Health Commission (2020) the uses of restrictive practices in approved centres activities report.
- 4.5 Mental Health Commission (2014) Seclusion and Physical Restraint Reduction Strategy: Consultation Report.
- 4.6 SECH Mental Health Services Positive Behaviour Support Guidance.

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Revision No: 3; Approval Date: 31/07/2024; Revision Date: 31/07/2025  
Approved Centre: Cluain Lir Care Centre

## 5.0 Glossary of Terms and Definitions

- **MDT:** Multi-Disciplinary Team
- **RP:** Registered Proprietor
- **CD:** Clinical Director
- **Area DON:** Area Director of Nursing
- **ADON:** Assistant Director of Nursing
- **CNM 3:** Clinical Nurse Manager 3
- **QPS:** Quality and Patient Safety
- **ORC-SLH:** Oversight and Review – St. Loman’s Hospital
- **Prone Restraint:** A physical restraint in a chest down position, regardless of whether the person’s face is down or to the side.
- **COP –Code of practice**
- **MHC – Mental Health Commission**

## 6.0 Roles and Responsibilities

- 6.1 It is the responsibility of all staff to adhere to this Policy.
- 6.2 It is the responsibility of the ORC – SLH to ensure that this Policy is reviewed annually or at any time there is a change of practice.
- 6.3 It is the responsibility of individual line managers to ensure that all staff in their Department are aware of this Policy and that work practices are in line with the Policy.
- 6.4 All staff must demonstrate that they have read and have understood the processes of this policy by signing the signature log attached to the front of the Policies and Procedures Manual.
- 6.5 The role of the person with overall responsibility and delegated authority for the reduction of physical and mechanical restraints is to bring objective oversight and:
  - To look for patterns and trends in physical and mechanical restraints
  - To ensure that the codes of practice and policy are being adhered to.
  - To ensure that the MHC Rules and local policies are being adhered to.
  - To seek additional information where necessary and enquire into episodes of restraint that appear irregular
  - To ensure every episode of prone restraint is examined and they are satisfied it was necessary
  - To ensure the service is accountable for each episode of restraint

## 7.0 Procedure

A Multidisciplinary Oversight Committee has been established to analyse in detail every episode of physical & mechanical restraint. The committee is meeting monthly to fulfil the functions as outlined in the revisions:

- I. Determine if there was compliance with the rules governing the use of mechanical restraint, and the code of practice on the use of physical restraint for each episode of enduring mechanical & physical restraint reviewed;
- II. Determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint and mechanical restraint ;

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- III. Identify and document any areas for improvement;
- IV. Identify the actions, the persons responsible, and the timeframes for completion of any actions;
- V. Provide assurance to the RP (or their nominee) that each use of enduring mechanical & physical restraint was in accordance with the Mental Health Commission's Rules and COP;
- VI. Where Prone Restraint is used, it will be reviewed by the committee and explanations why it was used and assurances will be provided to the registered proprietor.

The Committee is also overseeing the formulation of this Reduction Policy.

Given that "The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies", we have strong governance and oversight of Restrictive Practices in the current governance structure in addition to this Oversight Committee;

1. We will work towards having weekly reports on use of physical and enduring mechanical restraint for the CD, Area DON and RP to ensure regular feedback and oversight and early capture of any changes in trends.
2. The CNM3 with responsibility for governance will conduct an audit of each episode of Physical and Mechanical Restraint. This audit will review the practice against the requirements as set out in the Rules on Seclusion and mechanical restraint and Codes of practice on restraint. He/she will discuss any concerns with the Assistant Director of Nursing and will raise the concerns with the MDT responsible for the services user; this should be raised with the Clinical Lead for the MDT. Also the concerns highlighted in the Audit should be presented to the senior management team via QPS report to the CMT.
3. Audits of each episode of Restrictive Practices are included in QPS report and are presented monthly to management group (Monthly to the Longford Westmeath Mental Health Catchment Area Management team and the Approved Centre Governance Group). They are also now presented to the Oversight Committee and full review of each episode in detail as per the revised Rules and Code of Practice is conducted.
4. Sensory considerations: We will endeavour to provide a person centred model of care and the skilled integration of sensory approaches by applying a sensory profile to individuals to use in a multi-sensory environment applying sensory based treatment tools. The environment will be substantially safer if staff know how to give service recipients some degree of control over their situation, and are skilled in modifying interventions to reduce the factors that can lead to incidents e.g. we will explore providing comfort boxes which can be provided for use to service users who may be triggered or experiencing trauma in an attempt to de-escalate and prevent aggressive incidents occurring.

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5. Each episode of restraint and the debriefing and MDT meetings is audited and presented at the Oversight committee and feedback is sent to the clinical team where indicated.
6. A key aspect of the reduction strategy will be introduction of positive behavioural support plans. These will allow analysis of underlying precipitants of episodes and identification of alternative strategies that can be used to prevent future episodes for the individual client. It also includes more generalised strategies that emerge from trend analysis of episodes by the Oversight Committee and insights and evidence based strategies emerging from the Restrictive Practice Group.
7. Reports will be made following each oversight committee meeting for staff who may participate in seclusion/restraint to promote on-going learning.

## **8.0 Training**

All staff involved in Physical & Enduring Mechanical Restraint will participate in the following training:

- Mental Health Act 2001-HSELand
- Changes to the Rules and Code of Practice on Restrictive Practices- HSELand
- Changes to Code of Practice on Physical Restraint-HSELand
- Changes to the Rules on Mechanical Restraint-HSELand
- Therapeutic Management of Violence and Aggression
- Management of Actual or Potential Aggression
- Training on Revision to the rules and codes of practice relating to Physical Restrain and Mechanical Restraint, covering Human Rights, Legal Principles, Trauma Informed Care, Alternatives to restrictive practices, early indicators and triggers, Cultural Competence.

## **9.0 Method used to review operation of Standard Operating Procedures**

Cluain Lir Care Centre - Oversight and Review Committee for the reduction of physical and enduring mechanical restraint - Admission Unit & St Edna's Unit.

## **10.0 Frequency of Review**

Annual Review

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**11.0 Appendix I**

**Signature Sheet:**

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:-

Print Name	Signature	Area of Work	Date

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## **Appendix III – Physical Restraint Care Pathway**



Longford Westmeath Mental Health Services,  
Cluain Lír Care Centre,  
Mullingar, Co Westmeath.

Persons Details
NAME:
WARD:
DOB:
IPMS No:
DATE:

# Physical Restraint Care Pathway



“the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person’s body when the person poses an immediate threat of serious harm to self or others”.

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
*Longford Westmeath Mental Health Services*  
*Cluain Lir Care Centre, Mullingar, Co Westmeath*



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Name: _____
DOB: ____/____/____
IPMS No: _____



**Considering the Ordering of Physical Restraint**

<i>Consideration of Restrictive Practice Risk Assessment</i>		
<b>Risk Assessment completed:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Signature of staff:</i>
<i>If NO state the reason why not.</i> <b>Then state the outcome of the Risk Assessment</b>		
<i>Report of Alternatives considered</i>		
<b>Alternatives to Restrictive Practice Completed:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Signature of staff:</i>
<i>If NO state the reason why not.</i> <b>Then state the outcome of the Risk Assessment</b>		

Following on from the Risk assessment and Alternatives attempted  
 Physical Restraint is required and ordered

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Chuain Lir Care Centre, Mullingar, Co Westmeath



**1<sup>st</sup> Order of Physical Restraint (0 to 10 minutes)**

<b>Date:</b>			00:00/0000
<b>Time:</b>			24 hours clock
I have ordered Physical Restraint and I believe there is no other less Restrictive way to manage the persons presentation:			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ordered By:</b>	Name:		
	Signature:		
	Registered Medical Practitioner <input type="checkbox"/>		Registered Nurse <input type="checkbox"/>

**Record of staff involved in Physical Restraint**

Name	Role in Restraint	Continual Assessment		Initials of staff
		Protect and support head and neck		
		Breathing and airway is not compromised		
		Maintain effective Communication		
		Conduct observations <i>e.g pallour, complexation, breathing</i>		
		Pulse		bpm
		R.Rate		bpm
		O2 Sats		%
Position in which the person was restrained: Side R <input type="checkbox"/> Side L <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Supine <input type="checkbox"/> <b>Prone</b> <input type="checkbox"/>				
<b>Where prone restraint is used please document the reasons why and the precautions taken.</b>				

**Informing the Consultant Psychiatrist**

<b>Date:</b>	<b>Time:</b>
<b>Consultant Contacted Name:</b>	
Treating Consultant <input type="checkbox"/> Duty Consultant <input type="checkbox"/>	
Consultant informed of episode of Physical Restraint <input type="checkbox"/>	
Consultant aware of the need to sign the Clinical Practice Form <input type="checkbox"/>	
Name:	
Signature:	



The consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist should be notified of the physical restraint order as soon as is practicable, and this should be recorded in the person's clinical file.

initials	Physical Restraint register form uploaded onto CIS	
<b>Date:</b>	<b>Time:</b>	

Mental Health Act Administrator initials required on completion of the above actions

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Cluain Lir Care Centre, Mullingar, Co Westmeath



<b>ICP Plan</b>	Was there a Plan in the ICP agreed on how Physical Restraint should occur	YES <input type="checkbox"/> NO <input type="checkbox"/>
	if so was it possible to adhere to the plan	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does the plan require to be updated	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Gender Sensitivity</b>	Was there a person of the same Gender present at the Physical Restraint	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Document Reasons:	

**Commencing Physical Restraint**

**The person has been informed of the following:**

- 1.Reason for the use of Physical Restraint: YES  NO   
 2.Circumstances which will lead to the discontinuation of Physical Restraint YES  NO

**If YES to the above please state and document the interaction and reply**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If NO to the above please state the reason why it did not occur**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C

The person should be informed of the reasons for, and the circumstances which will lead to the discontinuation of, physical restraint unless the provision of such information might be prejudicial to the person's mental health, well-being or emotional condition.

**Ending of Physical Restraint**

<b>Date:</b> <i>00:00/0000</i>	<b>Time:</b> <i>24 hours clock</i>	<b>Duration:</b> <i>Minutes</i>
it is now possible to end Physical restraint as:		
<b>Clinical Practice From Completed</b> (completed no later than 3 hours post the conclusion of Physical Restraint)		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ordered By:</b>	Name:	
	Signature:	
	Registered Medical Practitioner <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_



**Persons Representative**

Does the person wish to have their representative informed?	
YES <input type="checkbox"/> <i>(note contact below)</i>	NO <input type="checkbox"/> <i>(note below)</i>
Did it occur: YES <input type="checkbox"/> NO <input type="checkbox"/>	

**C** As soon as is practicable, and if it is the person’s wish in accordance with their individual care plan, the person’s ***representative should be informed*** of the person’s restraint and a record of this communication should be placed in the person’s clinical file. In the event that this communication ***does not occur***, a record explaining why it has not occurred should be entered in the person’s clinical file. Where it is the person’s wish in accordance with their individual care plan that the person’s representative is not to be informed of the person’s restraint, no such communication should occur

**Signature Bank**

Name (Block Capitals)	Signature	Initials	Discipline

Name: _____
DOB: ____/____/____
IPMS No: _____

**Physical Restraint Care Pathway**  
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**1st Renewal order (10 to 20 minutes)**

<b>Date:</b>		<i>00:00/0000</i>
<b>Time:</b>		<i>24 hours clock</i>
<b>Document the reason for Renewal:</b>		
<b>I have Examined the Person and Renewed the ordered Physical Restraint as I believe there is no other less Restrictive way to manage the persons presentation:</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ordered By:</b>	Name:	
	Signature:	
	Registered Medical Practitioner <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>

**Record of staff involved in Physical Restraint (if different from 1<sup>st</sup> order)**

Name	Role in Restraint	Continual Assessment	Initials of staff
		Protect and support head and neck	
		Breathing and airway is not compromised	
		Maintain effective Communication	
		Conduct observations <i>e.g pallour, complexion, breathing</i>	
		Pulse	bpm
		R.Rate	bpm
		O2 Sats	%

**Ending of Physical Restraint**

<b>Date:</b>	<i>00:00/0000</i>	<b>Time:</b>	<i>24 hours clock</i>	<b>Duration:</b>	<i>Minutes</i>
<b>it is now possible to end Physical restraint as:</b>					
<b>Clinical Practice From Completed</b> (completed no later than 3 hours post the conclusion of Physical Restraint)					YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ordered By:</b>	Name:				
	Signature:				
	Registered Medical Practitioner <input type="checkbox"/>		Registered Nurse <input type="checkbox"/>		

Name: _____
DOB: ____/____/____
IPMS No: _____

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Chuain Lir Care Centre, Mullingar, Co Westmeath



**2<sup>nd</sup> Renewal order (20 to 30 minutes)**

<b>Date:</b>	<i>00:00/0000</i>	
<b>Time:</b>	<i>24 hours clock</i>	
<b>Document the reason for Renewal:</b>		
<b>I have Examined the Person and Renewed the ordered Physical Restraint as I believe there is no other less Restrictive way to manage the person’s presentation.</b> <i>this is the 2<sup>nd</sup> renewal and Physical Restraint will end after this order:</i>		<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Ordered By:</b>	Name: _____	
	Signature: _____	
	Registered Medical Practitioner <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>

**Record of staff involved in Physical Restraint (if different from 2<sup>nd</sup> order)**

Name	Role in Restraint	Continual Assessment	Initials of staff
		Protect and support head and neck	
		Breathing and airway is not compromised	
		Maintain effective Communication	
		Conduct observations <i>e.g pallour, complexation, breathing</i>	
		<b>Pulse</b>	bpm
		<b>R.Rate</b>	bpm
		<b>O2 Sats</b>	%

**Ending of Physical Restraint**

<b>Date:</b>	<i>00:00/0000</i>	<b>Time:</b>	<i>24 hours clock</i>	<b>Duration:</b>	<i>Minutes</i>
it is now possible to end Physical restraint as:					
<b>Clinical Practice From Completed</b> (completed no later than 3 hours post the conclusion of Physical Restraint)					<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Ordered By:</b>	Name: _____				
	Signature: _____				
	Registered Medical Practitioner <input type="checkbox"/>		Registered Nurse <input type="checkbox"/>		

Name: _____
DOB: ____/____/____
IPMS No: _____

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Cluain Lir Care Centre, Mullingar, Co Westmeath



**Medical Examination (within 2 hours of the physical Restraint)**

Medical Examination following Physical Restraint		
<b>Date:</b>	<b>Time:</b>	
I have reviewed the Nursing Observations <input type="checkbox"/>	I have reviewed the previous Medical Examination <input type="checkbox"/>	
Notes on Physical Examination:		
Were there any Physical Impacts on the person from the Restraint: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Notes on Current Mental State:		
Were there any Psychological and or Emotional Effects noted: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Signed:	Name:	MCRN:

Name: _____
DOB: ____/____/____
IPMS No: _____

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Cluain Lir Care Centre, Mullingar, Co Westmeath



Records of Physical Restraint (for additional notes if required)

Date:		Time:	
Signature:	Name:		

Physical Observations If Required

DATE:	BP	Pulse	Resps	O2 Sats	Temp
00/00/0000					
<b>TIME:</b> 00:00	m mHg/m	per min	per min	%	°C
<b>TIME:</b> 00:00	m mHg/m	per min	per min	%	°C
<b>TIME:</b> 00:00	m mHg/m	per min	per min	%	°C
<b>TIME:</b> 00:00	m mHg/m	per min	per min	%	°C

Record of Debriefings offered

Date	Time	Reason for Refusal	Signature
00/00/0000	00:00		
00/00/0000	00:00		
00/00/0000	00:00		
00/00/0000	00:00		
00/00/0000	00:00		
00/00/0000	00:00		

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Chuain Lir Care Centre, Mullingar, Co Westmeath



**In person Debrief**

Date:		Time:			
How many episodes of Physical Restraint require to be discussed:					
Dates and times of the Physical restraint episodes to be discussed:					
No	Date	Time	No	Date	Time
1			4		
2			5		
3			6		
Those present at Debrief:					
No	Name	Profession	Signature		
1					
2					
3					
4					
5					
6					
7					
Is this within 2 working days of the episode of Physical Restraint? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If <b>NO</b> was it the preference of the person Restrained to have the debrief outside of the time frame? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If <b>NO</b> is answered to both questions above please state the reason for the delay below: _____ _____ _____ _____ _____					
Is the person Restrained willing to participate in the Debrief: YES <input type="checkbox"/> declined <input type="checkbox"/> <i>(Provide any information below as to the reason for declining)</i> _____ _____ _____ _____					
<b>Review:</b>	Consideration of Restrictive Practice Risk assessment: <input type="checkbox"/> Report on Alternatives considered: <input type="checkbox"/>				

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
*Longford Westmeath Mental Health Services*  
*Cluain Lir Care Centre, Mullingar, Co Westmeath*



<b>Are there alternative De-escalation strategies that may be useful to avoid further restrictive practices:</b>	
<b>In the event that Restrictive Practices are required in the future what would you wish us to do / not to do?</b>	
<b>Did the persons representative or nominated person attend with the person: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>If No why not?</b>	
<b>Has the ICP been updated to reflect the outcome of the debrief:</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>Has alternatives to a restrictive Practice been updated in the ICP</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>Has the persons preferences been added to the ICP</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>
<b>Are there any supports required post the restraint episodes</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Cluain Lir Care Centre, Mullingar, Co Westmeath



**MULTIDISCIPLINARY REVIEW FOLLOWING RESTRAINT**

Date:		Time:	
MDT Members involved in the care			
No	Name	Those involved	Signature
1		Person	
2		Representative /Advocate	
3		Family / Carer	
4		Consultant	
5		Nurse	
6		Occupational Therapist	
7		Psychologist	
8		Social Worker	
9		Non Consultant Hospital Doctor	
10			
11			
12			
Is this within 5 working days of the episode of Restraint? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If <b>NO</b> please state the reason for the delay below (and advise the representative for the Registered Proprietor that this occurred)			
Is the person willing to participate in the MDT: YES <input type="checkbox"/> declined <input type="checkbox"/> (Provide any information below as to the reason for declining)			

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Physical Restraint Care Pathway**  
 Longford Westmeath Mental Health Services  
 Cluain Lir Care Centre, Mullingar, Co Westmeath



1	<b>Identification of the trigger/antecedent events which contributed to the restraint episode;</b>	
2	<b>Review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;</b>	
3	<b>Identification of alternative de-escalation strategies to be used in future;</b>	
<i>The alternatives are now also documented in the ICP: YES <input type="checkbox"/> NO <input type="checkbox"/></i>		
4	<b>Was the episode of restraint for the shortest possible duration; YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
	<b>If not what should have occurred and when should Restraint have ended: after _____ hours</b>	
	<b>what caused this not to end at this time:</b>	
5	<b>Consideration of the outcomes of the person centred debrief,</b>	
	Are the debrief notes available <input type="checkbox"/> Were there recommendations from the debrief <input type="checkbox"/>	
	Document the changes made:	
6	<b>Assessment of the factors in the physical environment that may have contributed to the use of restraint.</b>	
	Issues discussed	MDT recommendations



## **Appendix IV – Safety/Restraint Equipment Prescription**



Longford/ Westmeath Mental Health Services  
 Cluain Lir Care Centre  
 Mullingar  
 Co Westmeath  
 Tel (044) 93 94912/ 94917  
 Fax: (044) 93 94928

--

Name of Service..... Name of ward.....

Prescription for the use of safety/ restraint equipment			
Name of patient:		DOB:	
Type of Restraint	<input type="checkbox"/> positioning belt <input type="checkbox"/> bedrail <input type="checkbox"/> other, please specify:		
When is restraint to be used e.g. when in bed when in chair			
Reason for use of safety restraint/ equipment	<input type="checkbox"/> tick if patient has requested the equipment		
Who was consulted prior to restraint being used: (e.g. patient, family member, MDT, advocate)			
Alternative actions taken before use of equipment considered:	Alternative considered:	Outcome:	
What monitoring arrangements are required?	The restraint should be checked by a registered nurse every ..... minutes/ ..... hours		
Estimated time limit on safety restraint/equipment			
Prescribed by: (Print name)		Designation:	
Signature	MCRN:	Date:	Duration of Order:
Review Date:	Signature:	MCRN:	Duration of Order:
Review Date:	Signature:	MCRN:	Duration of Order:
Review Date:	Signature	MCRN:	Duration of Order:

## **Appendix V – Restrictive Practices Risk Assessment & Decision Making Tool**



Longford Westmeath Mental Health Services,  
Cluain Lir Care Centre,  
Mullingar, Co Westmeath.

Persons Details
NAME:
WARD:
DOB:
IPMS No:
DATE:

## Restrictive Practices Risk Assessment and Decision Making Tool

### Instructions

Describe the Behaviour and decide if it is  
Risk to Self or Risk to Others or both.  
Complete the Risk assessment  
Section 1 for Risk to Self  
Section 2 for Risk to Others  
Complete the Summary of the Individual  
Risks.  
Consider if there is a pre agreed  
Management Plan.  
Implement the pre agreed plan or devise  
strategies and document each strategy.  
Only after all possible strategies have been  
exploited should further more restrictive  
practices be considered

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Restrictive Practice  
 Risk Assessment & Decision Making Tool**  
 Longford Westmeath Mental Health Services  
 Chuaín Lír Care Centre, Mullingar, Co Westmeath



<b>What is the current Behaviour that is causing concern?</b>	
Risk to Self <input type="checkbox"/>	Risk to Others <input type="checkbox"/>

*SECTION 1 - RISK TO SELF*

<b>While in on the ward:</b>	<b>Y</b>	<b>N</b>	<b>U</b>	<b>Summary of the Risk</b>
<b>GENERAL HISTORY INDICATING RISK</b>				
<i>1. Currently impulsive (dis-inhibited erratic)</i>				
<i>2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour</i>				
<i>3. Currently complaining of long term Pain</i>				
<i>4. Loss of Job / Role /</i>				
<i>5. Currently experiencing command hallucinations</i>				
<i>6. Current suspiciousness re the hospital or staff especially</i>				
<i>7. Expressing dissatisfaction with care/treatment</i>				
<b>SUICIDE RISK (brief risk screen)</b>				
<i>8. History of previous suicide attempt</i>				
<i>9. Current thoughts or plan that indicate risk</i>				
<i>10. Current problems with alcohol or substance abuse</i>				
<i>11. An expression of concern from others about suicide</i>				
<i>12. History of repeated self-harm</i>				
<i>13. Recent Self Harm</i>				
<b>FALLS RISK</b>				
<i>14. Significant past history of falls</i>				
<i>15. Hypotension</i>				
<i>16. Muscle rigidity</i>				
<i>17. Visual impairment</i>				
<i>18. Ataxia</i>				
<i>19. An expression of concern from others about the risk of falls</i>				
<i>20. Current behaviour suggesting there is a risk of falls</i>				
<b>VULNERABLE</b>				
<i>21. Is a vulnerable adult that requires safety be maintained for them</i>				
<i>22. Has suffered historical abuse</i>				
<i>23. Has difficulty recognising danger</i>				

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Restrictive Practice  
 Risk Assessment & Decision Making Tool**  
 Longford Westmeath Mental Health Services  
 Chain Lir Care Centre, Mullingar, Co Westmeath



**SECTION 2 – RISK TO OTHERS**

<b>Indicator</b> <i>if stable mark as "0" if indicator present in the past 24 hours mark "1"</i>	DATE:	DATE:	DATE:	DATE:
Irritability – easy to annoy or anger or cannot tolerate the presence of others.	0 1	0 1	0 1	0 1
Impulsivity – displaying behaviours if effective instability.	0 1	0 1	0 1	0 1
Unwillingness to Follow Direction – becomes angry when asked to adhere to routine or treatment	0 1	0 1	0 1	0 1
Sensitive to perceived provocation – sees the actions of others are deliberate and harmful.	0 1	0 1	0 1	0 1
Easily angered when requests are denied – Making demands and becomes angry when needs are not met.	0 1	0 1	0 1	0 1
Negative attitudes – displaying entrenched antisocial and negative beliefs which may relate to violence	0 1	0 1	0 1	0 1
Verbal threats – makes threats against others or verbal outbursts to attempt to threaten others.	0 1	0 1	0 1	0 1
<b>Total:</b>				

Score 0-1	low	no remedial action is required
2-3	moderate	The patient should be monitored for additional indicators of inpatient risk. Staff should be alerted to the possibility that the patient will become more agitated. Preventive measures should be considered.
>3	high	Remedial action is required. Staff must be alerted and the patient requires some remediation to prevent subsequent aggression from occurring. A risk management intervention is required.

<b>Summary of the Risk</b>
1.
2.
3.
4.
5.

Does the person have a pre agreed plan for the management of this risk	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes has it been used:	Yes <input type="checkbox"/> No <input type="checkbox"/>
what was the outcome:	

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IPMS No: \_\_\_\_\_

**Restrictive Practice  
 Risk Assessment & Decision Making Tool**  
*Longford Westmeath Mental Health Services  
 Chuain Lir Care Centre, Mullingar, Co Westmeath*



**Agreed Plan to Manage Risks**

Plan	Outcome of the plan	Has a restrictive practice been avoided?

If a de-escalation techniques have not worked please describe the Intervention required and the events (if any) that lead to the Restrictive Practice