# Management of Physical Restraint

**Is this document a:**

**Policy** ☒ **Procedure** ☐ **Protocol** ☐ **Guideline** ☐

***Louth Meath Integrated Healthcare Area, Louth/Meath Mental Health Service, St Ita's Ward, St Brigid's Hospital, Ardee***

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| **Title of PPPG Development Group:** | **Subgroup of St Ita's Ward Clinical Governance Group** |
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## 1.0 Policy Statement:

1.1 St Ita's Ward is committed to working towards using a no hands first approach and aims to continue the non-use of physical restraint during the management of complex behaviours in St Ita's Ward.

1.2 St Ita's Ward, Louth Meath Mental Health Service (LMMHS) is committed to best professional, legal, ethical and safe practice in the management of residents who poses an imminent risk of severe harm to self and/or others and will only consider the use of physical restraint when all other alternative interventions have been exhausted.

1.3 St Ita's Ward is committed to respecting the right of the person to dignity, bodily integrity, privacy and autonomy during the management of physical restraint, whilst taking into consideration the level of resident's clinical risk and safety.

1.4 This policy must be read and applied in conjunction with the Code of Practice on the use of Physical Restraint in Approved Centres (Mental Health Commission 2022), the HSE Policy on the Prevention and Management of Work-Related Aggression & Violence 2018 and St Ita's Ward Restrictive Practice Reduction Policy (2023)

## 2.0 Policy Purpose:

2.1 This policy aims to give guidance to managers and individual staff in the management of physical restraint.

2.2 To promote an ongoing reduction in the use of physical restraint when managing resident(s) who presents a high risk of severe harm to self and/or others through safe professional, legal and ethical evidence-based practice.

2.3 To facilitate a multidisciplinary approach in the management of work-related violence and aggression through improved commitment and co-operation between all disciplines of staff within the organisation.

2.4 To ensure staff adhere to Infection Prevention and Control standards when engaging in the Physical Restraint of residents.

## 3.0 Scope of Policy:

3.1 This policy applies to all clinical staff working in the approved centre of St. Ita's ward, St. Brigid's Hospital, LMMHS.

3.2 This policy applies to all residents, visitors and/or other persons involved in an incidence of aggression or violence within St Ita's Ward.

## 4.0 Roles And Responsibilities

4.1 The Registered Proprietor is responsible for approving policies on the use of physical restraint and ensuring such policies are in place.

4.2 Managers within the service are responsible for ensuring that this policy is implemented in St Ita's Ward, Approved Centre.

4.3 Each Head of Service / Discipline /Team must ensure that staff who work within St Ita's Ward, Approved Centre are made aware of this policy.

4.4 All staff have the responsibility to comply with this policy.

4.5 All staff are responsible for reporting any misuse or breaches of this policy to their line manager.

4.6 Staff must inform their line mangers if they have concerns about the content of this policy and if they are unable to implement the policy.

4.7 It is the responsibility of the service to provide training based on identified need, service specific and evidence-based practice in compliance with the prevailing legislation and policies in relation to physical restraint.

According to the Mental Health Commission (2022), the areas to be addressed within the training programme should include but is not limited to training in:

- The prevention and therapeutic management of violence and aggression (including "breakaway" and de-escalation techniques);
- Alternatives to physical restraint;
- Trauma-informed care;
- Cultural competence;
- Human rights, including the legal principles of restrictive interventions;

- positive behaviour support including the identification of causes or triggers of the person's behaviours including social, environmental, cognitive, emotional, or somatic;
- The monitoring of the safety of the person during and after the physical restraint.

4.8 It is mandatory for all staff working in St Ita's Ward to attend the approved level of Professional management of Complex Behaviour (PMCB) training Modules for their grade and alternatives that may be provided by the LMMHS PMCB Instructors.

4.9 It is the responsibility of staff to attend refresher courses **every two years**.

4.10 A record of staff PMCB training will be maintained by the LMMHS Nurse Practice Development Coordinator.

## 5.0 Definition:

5.1 For the purpose of this policy physical restraint is defined as "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" (Mental Health Commission, 2022).

## 6.0 Best Practice Principles Underpinning Physical Restraint:

6.1 The following general principles should underpin the use of physical restraint at all times. These principles are informed by a rights-based approach to mental health care and treatment. They are applicable to all approved centres where physical restraint is used.

6.2 Approved centres should recognise the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation.

6.2.1 The use of physical restraint may increase the risk of trauma and may trigger symptoms of previous experiences of trauma. Therefore, it should only be used in rare and exceptional circumstances as an emergency measure.

6.2.2 Persons who are restrained should be treated with dignity and respect at all times before, during, and after the restraint.

6.2.3 Persons who are restrained should be fully informed and involved in all decisions regarding their care and treatment to include all matters relating to the use of physical restraint. The views of persons who are restrained should be listened to, taken into account and recorded.

6.2.4 As physical restraint compromises a person's liberty, its use should be the safest and least restrictive option of last resort necessary to manage the immediate situation, be proportionate to the assessed risk, and employed for the shortest possible duration. Its use should only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control.

6.2.5 Communication with persons who are restrained should be clear, open and transparent, free of medical or legal jargon, and staff should communicate with empathy, compassion and care. Persons who have a sensory impairment may experience an increased level of trauma during physical restraint and staff should address the additional communication needs of these persons.

6.2.6 The views of family members, representatives and nominated support persons, should be taken into account, where appropriate.

6.2.7 Cultural awareness and gender sensitivity should be taken into account at all times and should inform the approved centre's policies and procedures for the use of physical restraint.

6.2.8 Physical restraint should be used in a professional manner and its use should be based within a legal and ethical framework.

6.3 LMMHS recognises and accepts its responsibility in accordance with the SAFETY, HEALTH AND WELFARE AT WORK ACT (2005) to provide, as far as practicable, the following conditions relating to the prevention and management of work-related violence and aggression. The primary responsibility for ensuring these conditions are met rests with the Midlands/Louth Meath CHO by provision of:

6.3.1 Policy on the preventing and managing violence and aggression (HSE 2018)

6.3.2 A working environment, including adequate levels of staffing, conducive to the management of potential or actual aggression or violence.

6.3.3 Information and training to staff managing potential or actual aggression or violence.

6.3.4 Support to staff involved in aggressive or violent incidents.

6.3.5 A system of monitoring and reviewing aggressive and violent incidents.

Applicable Legislation includes (non-exhaustive):

- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work (General Application) Regulations 2007- 2016

6.4 The Declaration of Human Rights (United Nations, 1948) and the European Convention of Human Rights (Council of Europe, 1956) are clear that the use of any force by one person over another must be justifiable. In the context of caring for individuals who may present actual or potential aggression, this duty remains absolute. In establishing the broad constraints of any such actions, the United Nations (1948) and the Council of Europe (1956) state:

*"The restraint of a severely disturbed person is justified as long as the method of restraint does not involve inhumane or degrading treatment."*

6.4.1 It is an action that should be used as a last resort in **RARE AND EXCEPTIONAL** circumstances and only used in the best interests of the individual, and only when the individual poses an immediate threat of serious harm to him/herself or others, and all alternative interventions to manage the individual's unsafe behaviour have been considered, and exhausted.

## 7.0 Provision of Information

7.1.1 The resident must be informed of the reasons for, likely duration of and the circumstances which will lead to the discontinuation of physical restraint unless the provision of such information might be prejudicial to the resident's mental health, well-being or emotional condition. In the event that this communication does not occur, a record explaining why this has not occurred must be entered in the

resident clinical file.

7.1.2 As soon as is practicable, and with the resident's consent, or where the resident lacks capacity and cannot consent, the resident's nominated representative must be informed of the resident's restraint and a record of this communication must be entered on the resident's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered on the resident clinical file.

7.1.3 Where the resident has capacity and does not consent to informing his/her nominated representative of his/her restraint, no such communication must occur outside the course necessary to fulfil legal and professional requirements. This must be recorded in the resident's clinical file.

## 8.0 Methods of Physical Restraint:

8.1 Any form of physical restraint requires that the 'duty of care' afforded to residents is not compromised, and that it takes into account the safety and well-being of everyone involved.

8.2 Physical restraint requires the safe management of a person's movement in an effort to avoid immediate and serious harm.

8.3 LMMHS permit the use of the following techniques in the management of aggression and violence:

8.3.1 Louth Meath Mental Health Service approve the use of Professional Management of Complex Behaviour (PMCB) accredited by Dundalk Institute of Technology.

8.3.2 Within this programme, three different levels of restraint are defined and the respective Levels of restraint may include:-

- **PMCB Level 1** refers to a low-level physical intervention that is used as an early intervention **only in a seated position** to de-escalate a resident who may be distressed, anxious, mildly agitated or becoming verbally aggressive. The intervention is used to provide reassurance and support for the resident. It allows staff to safely engage/disengage from the resident if the situation escalates.

    - ***Such circumstances include, but are not limited to, administration of medical treatments (e.g. venepuncture, administration of a vaccine/intramuscular injection), attending to personal/intimate care (e.g. toileting, walking, dressing), sitting accompanying/engaging with a person whose behaviour is unpredictable (e.g those with cognitive impairment, acquired brain injury, experiencing acute distress).***
    - ***The intention of such strategies is to enable staff to meet the immediate needs of the person in a safe and risk minimized manner, thereby facilitating care in circumstances in which there is a foreseeable risk, for example the presence of 'sharps', contamination/infection risk, and/or***

***sudden/precipitous movements which place others at risk.***

- ***The purpose of such non-aversive physical contact is therefore, for either one or two staff to safely manage the spatial, positional, postural, risks inherent in the provision of care and/or to safely accompany/engage with a person who manifests physical expressions of distress in a manner which places others at risk.***

- ***In the event, the person being supported was to: express verbal and/or behavioural resistance to such interventions; and/or, engage in sudden/precipitous movements of limbs in a manner which renders the continuation of providing supportive contact as unsafe; the staff involved make the judgement to either immediately disengage or implement a restrictive physical intervention (Level 2/Level 3).***

- In accordance with this definition, **Level 1 is not classified as physical restraint**, and therefore the MHC Clinical Practice form is not required, h*owever, the incident should be documented in the resident clinical record and the HSE National Incident Report Form completed.*

- **PMCB Level 2** refers to a medium level of physical restraint and is used the person's aggressive behaviour escalates and poses an immediate danger to self or others. The

movements of the person limbs are partially restricted to protect the person, staff or others. The person can still avail of movements considered to be safe by staff. In accordance with this policy**, Level 2 is classified as physical restraint** and therefore the completion of the MHC Clinical Practice Form is required. The incident should be documented in the person's clinical record and *record and the HSE National Incident Report Form completed.*

- **PMCB Level 3** refers to a high level of physical restraint and is used when the person becomes physically aggressive, where he/she poses an immediate and imminent danger to self or others. **Level 3 is classified as physical restraint** and therefore the completion of the MHC Clinical Practice Form is required. The incident should be documented in the person's clinical record and *record and the HSE National Incident Report Form completed.*

- For St Ita's Ward, Approved Centre staff, a one (1) day training and education programme is provided for all new clinical staff renewable every two (2) years.

## 9.0 Orders for Physical Restraint

Appendix 1 flowchart is a guide to the key steps involved in the process of physically restraining a person.

9.1.1 Physical restraint should only be initiated and ordered by registered medical practitioners, or registered nurses in accordance with the approved centre's policy on physical restraint.

9.1.2 The order should confirm that there are no other less restrictive ways available to manage the person's presentation.

9.1.3 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.

9.1.4 As soon as is practicable, and **no later than two hours** after the start of an episode of physical restraint, a medical examination of the person by a registered medical practitioner should take place. This should include:

- An assessment of any physical impacts of the restraint episode on the person,
- A record of any psychological and/or emotional trauma caused to the person as a result of the restraint.

9.1.5 An order for physical restraint should last for a **maximum of 10 minutes**.

9.1.6 An episode of physical restraint may be extended by a renewal order:

I. Made by **a registered medical practitioner or the most senior registered nurse** on duty in the unit/ward **following a medical examination or nursing review.**

II. For a further period **not exceeding 10 minutes** - to a **maximum of two renewals of continuous restraint**.

III. The continuous period of physical restraint should **never be longer than 30 minutes**.

IV. The reasons for renewing the order, and the time that the nursing review or medical examination took place, should be clearly recorded in the person's clinical file.

9.1.7 The episode of physical restraint should be recorded in the person's clinical file.

- The relevant section of the "Clinical Practice Form for Physical Restraint" should also be completed by the person who initiated and ordered the use of physical restraint as soon as is practicable and no later than three hours after the conclusion of the episode of physical restraint.

- The Clinical Practice Form for Physical Restraint should also be signed by the consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist as soon as is practicable and in any event within 24 hours.

- A record of the provision of information relating to the physical restraint provided to the resident should be documented in the person's clinical file as soon as is practicable.

- 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 as soon as is practicable.

- 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.

    9.1.7..1 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.

    9.1.7..2 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 outside the course of that necessary to fulfil legal and professional requirements. This should be recorded in the person's clinical file.

- The Registered Proprietor should notify the Mental Health Commission of the start time and date, and the end time and date of each episode of physical restraint in the format specified by the Mental Health Commission, and **within 3 working days** as set by the Mental Health Commission.

9.1.8 **It is generally considered to be unsafe for anybody to try to restrain another person on their own. If you are alone in a**

**difficult situation, you should try to escape from the situation and summon assistance verbally or by the alarm system**.

## 10.0 DIGNITY AND SAFETY

10.1 Management of all scenarios should be in line with the most up to date Guidelines from the Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of Covid 19, Influenza & other Respiratory Infections in Residential Care Facilities.

10.2 Where the resident's Covid 19 status is known to be suspected/confirmed or unknown and the use of physical restraint is planned staff should utilise the appropriate PPE following risk assessment.

10.3 Where the resident's Covid 19 status is known to be suspected/confirmed or unknown and the of physical restraint is unplanned staff should be relieved from the episode of physical restraint by staff wearing appropriate PPE as soon as practicable following risk assessment.

10.4 Staff involved in the use of physical restraint should be aware of, and have taken into account, any relevant entries in the person's individual care plan, pertaining to the person's specific requirements or needs in relation to the use of physical restraint.

10.5 It should be assumed that any person who is restrained may have a past history of trauma and/or abuse. Therefore, the principles of trauma-informed care should underpin the use of restraint on a person.

10.6 Cultural awareness and gender sensitivity are demonstrated when considering the use of physical restraint.

10.7 Special consideration must be given to older residents and resident with an intellectual disability in accordance with the Code of Practice on the Use of Physical Restraint (2022) and the Code of Practice for persons working in Mental Health Services with People with Intellectual Disabilities (2009).

10.8 Where practicable, the person should have a staff member of the same gender present at all times during the episode of physical restraint.

10.9 All staff members involved in the use of physical restraint should have undertaken appropriate training in accordance with the policy outlined in section 4.7.

10.10 The person should be continually assessed throughout the use of restraint to ensure the person's safety.

**10.10.1** Approved centres should ensure that physical restraint is only undertaken by staff who work closely together as a team, understand each other's roles and have a clearly defined lead.

**10.10.2** The staff member leading the use of physical restraint should ensure that other staff members:

- i. protect and support the person's head and neck, where needed;

  ii. ensure that the person's airway and breathing are not compromised;

iii. conduct observations, including vital clinical indicators such as the monitoring of pulse, respiration and complexion (with special attention for pallor/discolouration).

iv. monitor and maintain effective communication with the person;

v. monitor the person's physical and psychological health for as long as clinically necessary after using physical restraint.

iii. conduct observations, including vital clinical indicators such as the monitoring of pulse, respiration and complexion (with special attention for pallor/discolouration).

iv. monitor and maintain effective communication with the person;

v. monitor the person's physical and psychological health for as long as clinically necessary after using physical restraint

vi. All observations should be recorded in the resident's clinical file and staff should be trained so that they are competent to interpret these vital signs.

10.11 The level of force applied during physical restraint should be; justifiable, appropriate, reasonable, and proportionate to the situation and minimal force should be applied.

10.12 In the exceptional circumstance where it is considered necessary to use physical restraint on persons who are physically unwell, frail, physically

disabled, pregnant or obese, the procedure should be approached with extreme caution and care.

10.13 The use of holds that have the potential to inflict pain is prohibited.

10.14 The following present a very high risk of harm to the person and should be avoided:

**10.14.1** i. neck holds;

**10.14.2** ii. the application of weight to the person's chest or back

**10.14.3** iii. the use of physical restraint that interferes with the person's airway, breathing or circulation, for example by applying pressure to the rib cage, neck or abdomen, or obstructing the mouth or nose;

**10.14.4** iv. The use of physical restraint in a way that interferes with the person's ability to communicate, for example by obstructing the eyes, ears or mouth.

10.15 Use of physical restraint involving the person in the "prone", face down position is only permitted in the most exceptional of circumstances by staff who have received appropriate and specific training in its safe use. **(STAFF IN ST ITA'S WARD ARE NOT SUITABILY TRAINED AND SHOULD NOT ENGAGE IN THIS PRACTICE)**

10.16 The management of the presenting risk must not exceed the available resources and/or capability of staff present, to deal with a situation safely. In the event of this not being the case, contingency plans should be considered, e.g. consult with Senior Nurse, Gardaí involvement, locking/opening of doors.

10.17 Physical restraint must not be used to ameliorate operational difficulties including where there are staff shortages.

## 11.0 ENDING THE USE OF PHYSICAL RESTRAINT

11.1 The use of physical restraint may be ended at any time by the staff member responsible for leading the physical restraint.

11.2 The time, date, and reason for ending the physical restraint should be recorded in the person's clinical file on the date that the physical restraint ends.

11.3 **Debriefing**: - An in-person debrief with the person who was restrained should follow every episode of physical restraint. This debrief should be person-centred and should:

**11.3.1** i. Give the person the opportunity to discuss the physical restraint with members of the multidisciplinary team involved in the person's care and treatment as part of a structured debrief process;

**11.3.2** ii. Occur within two working days (i.e. days other than Saturday/Sunday and bank holidays) of the episode of physical restraint unless it is the preference of the person who was restrained to have the debriefing outside of this timeframe. The person's preferences regarding the timing of the debrief should be recorded;

**11.3.3** iii. Respect the decision of the person not to participate in a debriefing if that is their wish. If the person declines to participate in the debrief, a record of this should be maintained and recorded in the person's clinical file;

**11.3.4** iv. Include a discussion regarding alternative de-escalation strategies that could be used to avoid the use of restrictive interventions in the future;

**11.3.5** v. Include a discussion regarding the person's preferences in the event where a restrictive intervention is needed in the future for example preferences in relation to which restrictive intervention they would not like to be used;

**11.3.6** vi. Give the person the option of having their representative or their nominated support person attend the debriefing with them, and, if the person's representative or nominated support person does not attend the debrief, a record of the reasons why this did not occur should be recorded in the person's clinical file.

11.4 Where multiple episodes of physical restraint occur within a 48-hour timeframe, these episodes may be reviewed during a single debrief in accordance with point 11.3.1 i.

11.5 A record should be kept of the offer of the debriefing, whether it was accepted and the outcome. The person's individual care plan should be updated to reflect the outcome of the debriefing, and in particular, the person's preferences in relation to restrictive interventions going forward.

11.6 A record of all attendees who were present at the debriefing should be maintained and be recorded in the person's clinical file.

11.7 Any use of a restrictive intervention may be traumatic for the person who experiences it. Appropriate emotional support should be provided to the person in the direct aftermath of the episode. Staff should also offer support, if appropriate, to other persons who may have witnessed the restraint of the person.

11.8 **Multidisciplinary Team Review:-** Each episode of physical restraint should be reviewed by members of the multidisciplinary team involved in the person's care and treatment and documented in the person's clinical file as soon as is practicable and, in any event, no later than five working days (i.e. days other than Saturday/Sunday and bank holidays) after the episode of restraint. The review should include the following:

i. The identification of the trigger/antecedent events which contributed to the restraint episode;
ii. A review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;
iii. The identification of alternative de-escalation strategies to be used in future;
iv. The duration of the restraint episode and whether this was for the shortest possible duration;
v. Considerations of the outcomes of the person-centred debrief, if available; and
vi. An assessment of the factors in the physical environment that may have contributed to the use of restraint.

11.9 The multidisciplinary team review should be documented and should record actions decided upon, and follow-up plans to eliminate, or reduce, restrictive interventions for the person.

## 12.0 RECORDING THE USE OF PHYSICAL RESTRAINT

12.1 All uses of physical restraint should be clearly recorded in the person's clinical file.

12.2 All uses of physical restraint should be clearly recorded on the Clinical Practice Form for Physical Restraint (Appendix 2) in accordance with section 9.1.7.

12.3 The completed form should be placed in the person's clinical file and a copy should be available to the Mental Health Commission on request.

12.4 See section 9.1.7 The Registered Proprietor should notify the Mental Health Commission of the start time and date, and the end time and date of each episode of physical restraint via the Comprehensive Information System (CIS) within **3 working days**.

## 13.0 Production/Consultation Trail

13.1 This document was reviewed in line with the Code of Practice requirements by a subgroup of the St Ita's Clinical governance group.

13.2 On receipt of feedback and comments, amends were made to the policy to incorporate recommended changes as required.

13.3 It was forwarded to the persons with delegated responsibility for LMMHS Approved Centre for final consultation and signing off.

13.4 The signed policy was uploaded to the policy portal for staff to read and sign.

13.5 All managers are required to bring this policy to the attention of the staff in St Ita's Ward. A record that staff have read this policy must be made available to the Mental Health Commission during an inspection.

13.6 Ongoing awareness of this policy will be undertaken through staff briefings and local unit induction programmes.

13.7 An audit programme within the service will be carried out in the service which will examine compliance with the processes outlined in the policy.

## 14.0 References/Bibliography


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14.4 Mental Health Commission (2009), Code of Practice Guidance for Persons working in Mental Health Services with people with Intellectual Disabilities.

14.5 Nursing and Midwifery Board of Ireland (2021), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

14.6 Nursing and Midwifery Board of Ireland (2015), Scope of Nursing and Midwifery Practice Framework

14.7 Nursing and Midwifery Board of Ireland (2015), Recording Clinical Practice Professional Guidance

14.8 . Government of Ireland (2015), Assisted Decision-Making (Capacity Act).

14.9 Government of Ireland (2001-2018) Mental Health Act.

14.10 Government of Ireland (2005) Health Safety and Welfare at Work Act,

14.11 HSE (2018) Policy on Management of Work-Related Aggression & Violence in the workplace

14.12 HSE. (2017) “Best Practice Guidelines in Mental Health Services. Dublin. HSE.

14.13 HSE (2008) Linking Service and Safety -*Together Creating Safer Places of Service*

14.14 Health Service Executive (2020), Incident Management Framework

14.15 Health Service Executive (2016), Procedure for development of policies, procedures and guidelines.

14.16 United Nations (1991) UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, Principle 9.

14.17 Health Service Executive (2024) Health Protection Surveillance Centre - Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities.