Restraint - Scotland

Policy Number	82
Version	1
Policy Contact	Matthew Betteridge
Date Issued	27th June 2022
Review Date	01st June 2023
Next Review Date	01st June 2024
Approved by	OneCall24 Policy Team

One Call 24 recognises that its staff may be required to use physical restraint to ensure safety, deliver necessary, care/treatment and/or manage emergency situations. The aim of this policy is to provide direction for staff in relation to the use of restraint. The Policy aims to provide a decision making framework which will support staff in balancing their duty of care, with the rights of the patient and the rights of staff to protect themselves from harm.

Defining Physical Restraint

"Restraint is taking place when the planned or unplanned, conscious or unconscious actions of staff prevent a patient from doing what he or she wishes to do and as a result places limits on his or her freedom" Rights Risks and Limit to Freedom - Mental Welfare Commission

"Stopping a person doing something they appear to want to do" Let's Talk About Restraint – RCN

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. Any use of force must be lawfully justified and whenever restraint is used, there are some universal principles that must always be adhered to:

- The behaviour must be causing or have the potential to cause harm to the individual, others or serious damage to property.
- Any form of restraint used must be necessary and proportionate.
- A risk assessment should be conducted balancing the risks of restraint with the risks of not using restraint.
- All alternatives to restraint must have been considered and if appropriate implemented (except in emergency situations).
- Restraint must not be used for retaliation, retribution, or 'teaching someone a lesson':

Legal considerations

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. Mental Welfare Commission guidance
5. Children's Act (Scotland) 1995
6. Health & Safety at Work Act 1974
7. Duty of Care
8. 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.

Types of Restraint

Physical restraint: The act of one or more staff members physically restricting a person by holding them, moving them, or obstructing their movements to prevent them from leaving an area

Mechanical restraint: The use of machinery or equipment to restrict someone's movement directly or indirectly. Example of mechanical restraint are the use of bedrails to prevent a person from getting out of bed, the use of belts or heavy tables to prevent someone from getting out of their chair, the use of locked doors, baffle locks or keypads.

Technological surveillance: The use of closed-circuit television, electronic tagging and alarmed doors to inform staff when the person is leaving the area. Despite not being a form of restraint in themselves, technological surveillance can lead to restraint (for example through the physical restraint of someone who is attempting to leave the area when the alarmed door goes off)

Chemical restraint: The use of medication to regulate or control a person's behaviour. This involves the covert administration of medicines, such as hiding it in food or beverages, or giving someone medication against their will.

Psychological restraint: Constantly telling someone they shouldn't do something, that they can't do what they want to do, or that it's too risky. It can entail telling someone when to wake up or go to bed, for example, denying the person the freedom to choose their lifestyle. Depriving people of items they believe are necessary for them to carry out what they want to do, such as walking aids, glasses, outside clothes or keeping them in their pyjamas to prevent them from leaving, is another form of psychological restraint.

Restraint as a part of care and in an emergency

There are several general rules that must always be followed whenever restrained is employed:

- The behavior must be harming the individual, others, or causing substantial property damage, or have the capacity to do so.
- Any form of restraint utilized must be appropriate and necessary. Whenever restraint is used, the least restrictive option should always be used.
- A risk assessment should be conducted and the risks of restraint should be compared to the risk of not utilising restraint
- The individual's right an dignity must be respected
- No one should ever use restraint as a form of revenge, retaliation, or "teaching someone a lesson."
- The use of restraint must be continuously monitored and evaluation.

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. Consultative decision making should be used when considering the use restraint to facilitate the delivery of care. Decisions must be discussed with the individual, (irrespective of their ability to consent), family and carers and the multidisciplinary team. The decision to use restraint must be fully documented
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. Reasonable force may need to be used in such situations. The actions must be proportionate to the risk and staff must be able to justify that the actions taken were necessary to prevent harm.

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.

The minimum number of competently trained staff required for a restraint is two. Three staff are required if the patient is to be restrained on the floor (four is best practice). If there are not sufficient numbers of competently trained staff available alternatives such as calling for back up and containing the individual should be considered. One Call 24 do not advocate one on one restraint.

Restraint should be used for the minimum time period necessary. It is therefore essential that the need for restraint is constantly reviewed and applied only when necessary, as dictated by restraint risk assessment and in line with what has been discussed and decided through consultative decision making.

Care Planning and involvement

Restraint and restriction might form part of a care plan based on risk assessments. To help protect the interests of Clients with whom restrictive interventions are used, it is good practice to adopt a multidisciplinary approach that involves the Client, and wherever possible, family members,

advocates and other relevant representatives (e.g., the attorney or deputy for a person who lacks capacity) in planning, monitoring and reviewing how and when they are used. This includes ensuring all reasonable adjustments and that documentation is in a format the Client understands. If a client is not involved, this should be fully documented and justified.

Care Plans must always include clear evidence of health and social needs assessment, and must be created with input from the Client, their carers, relatives or advocates. This should identify:

- The context within which behaviours of concern occur
- Clear primary preventative strategies which focus on improvement of quality of life and ensuring that needs are met
- Secondary preventative strategies which aim to ensure that early signs of anxiety and agitation are recognised and responded to
- Tertiary strategies which may include detail of planned restrictive interventions to be used in the safest possible manner, and which should only be used as an absolute last resort

If the Client is able to be involved in their Care Plan, it is important to capture their views on what support they require when they are displaying behaviours of concern or stressed/distressed behaviours.

Refer to the Positive Behaviour Support Policy and Procedure for effective Care Planning.

The use of restraint should be reviewed regularly to ensure it is still necessary and if any changes can be made to improve the individual's experience.

Capacity and Consent

Staff must ensure that they assess the Client's mental capacity, as consent for the use of any type or method of physical intervention must be gained from Clients, unless they lack the mental capacity to make the decision.
To summarise:

- If a Client has capacity, does not consent, and there is no risk of harm to other people, then physical intervention is not acceptable and could result as civil or criminal assault
- If a Client lacks capacity, staff at Onecall24 Limited must assess and record decisions that are being made on a Client's behalf. This will ONLY be agreed as part of a wider multidisciplinary approach and also agreed at Board level in community settings

Managing Risk

A risk assessment should be conducted, balancing the risks of restraint with the risks of not using restraint. Restraint can present risks to the patient and any such risks must be considered before decisions about restraint are made. However not using restraint in a situation in which the patients is causing harm to themselves or to others, also presents a significant risk.

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 hat potential risks are properly manged
- 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 always
- Managing risks associated with of any pre-existing physical and/or psychological conditions
- Being compliant with relevant medical emergency procedures

Post-Incident Considerations

One Call 24 acknowledges that incidents of violence and aggression can be physically, emotionally and psychologically distressing for all parties (including witnesses) involved. One call 24 ensures that appropriate emotionally supportive post-incident measures are put in place to minimise any potential distress and all incidents should be reported to the clinical lead.

All Incidents where physical interventions are used or attempted, whether planned or in an emergency must be fully documented within the Individual's notes and reported on the client IMS (Incident Management System). Reporting must take place as soon as is practically possible and must be an accurate and honest account of the incident.

Details of the incident where physical interventions were used must include a clear record of incident times, the duration of each restraint position, staff involved and their designations/roles, details of what positions(s) Individual was held in, the positioning of staff members and the individual's characteristics including ethnicity, religion, diagnosis, etc

Alternatives to restraint

Where possible all alternatives to restraint must be considered, before any form of restraint is used. The exception to this is in an emergency situation where consideration of alternatives may result in a delay of action to prevent harm to the individual or others. Some alternatives to restraint include:

- Verbal de-escalation techniques
- low stimulation/decreased stimulation environments
- Offering of sensory interventions such as relaxation/calming activities, self soothing activities, distracting activities, and environmental modifications

Training for physical restraint

One Call 24 has a duty to provide its staff with training in the recognition, understanding, de-escalation and management of aggression, violence and behaviours that challenge.

One Call 24 uses a number of certified training providers to deliver training to all staff, all training providers are either certified by the Bild Association of Certified Training (Bild ACT) as being complaint with the RRN (Restraint Reduction Network (RRN) Training Standards 2019 or approved by the General Services Association (GSA).

Staff should not be involved in restraint unless they have completed Management of Aggression restraint training and/or Management of Aggression Theory & Breakaway courses

Definitions

Mechanical Restraint
Any restrictive device (e.g. seatbelt, lapbelt, bed rails, or physical confinement) used to restrict a person's free movement, most commonly used in emergency situations)
Stressed and Distressed behaviours
Stress is a state of mental or emotional strain or tension resulting from an adverse or demanding circumstance.
Distress is a state of extreme anxiety, sorrow or pain

Physical Intervention
A term used to cover the use of direct or indirect force through bodily, physical or mechanical means, to limit another person's movement

De-escalation
A combination of strategies, techniques and methods to reduce a person's agitation and aggression

Restrictive Interventions
This is a specific set of interventions. They are deliberate acts (that could be seen to restrict a Client's movement, liberty or freedom to act independently) placed on a person to:

- Take immediate control of a dangerous situation (where there is the risk of harm to the person or others if no action is taken) and
- End or reduce significantly the danger to the person or others

Examples could include:

- Physical interventions and restraint (including mechanical restraint)
- Seclusion
- Rapid tranquilisation
- Personal and other searches
- Enhanced supervision
- Withholding of information or equipment
- Blanket restrictions

Restrictive Practice
Making someone do something they don't want to do or stopping someone doing something they want to do - (Skills for Care & Skills for Health)
Restricting practice risks a breach of the following human rights:

- The right to freedom from torture, inhuman and degrading treatment
- The right to liberty and security
- The right to respect for private and family life, home and correspondence

Examples of restrictive practice include:

- Use of blanket rules (routine locking of doors, observation levels, use of seclusion, restraining an aggressive Client, sedation with medication)

Breakaway Techniques

Physical skills to help separate or break away from an aggressor in a safe manner that does not involve the use of restraint - (The National Institute for Clinical Excellence, 2015)

Review

This policy statement will be reviewed annually as part of our commitment to upholding professional standards. It may be altered from time to time in the light of legislative changes, operational procedures or other prevailing