

## **PHYSICAL AND RESTRICTIVE INTERVENTIONS - POLICY & GUIDELINES**

### **1.0 INTRODUCTION**

- 1.1 DRH recognise that caring for people who have a severe learning disability or mental illness can sometimes be complex, difficult and challenging.
- 1.2 This is particular true for those individuals who may behave in a manner which may be considered dangerous, socially inappropriate, or disruptive. Such problematic behaviour, which challenges those providing support, has been termed *challenging behaviour* particularly where this represents more than a transient or episodic phase.
- 1.3 Effective services consistently strive to help individuals to achieve valued and meaningful lives. Positive service aims have been reflected in the service accomplishments described by John O'Brien:
  - Community presence
  - Relationships
  - Choice
  - Competence
  - Respect
- 1.4 Support should also be provided to service users in a way that promotes independence, inclusion and an environment, which enables service users maximum opportunity for personal growth and emotional well being.
- 1.5 These service aims are entirely appropriate for people whose behaviour may challenge services. It is a primary DRH principle that everyone has the same basic human needs – including the need to feel valued, safe and secure. We differ in our capacity to meet those needs. Many of our service users have not developed (or may have lost) the skills and resources required to fully meet their basic human needs. An appropriate response to challenging behaviours is to better understand the extent to which an individual service user has not yet found an appropriate way to meet these needs.

- 1.6 Basic emotional needs are more easily met within positive emotional environments. All staff employed by DRH have a personal responsibility to ensure that they contribute to creating healthy emotional environments and avoid harming service users by negative speech and actions.

## 2. WHAT ARE PHYSICAL AND RESTRICTIVE INTERVENTIONS ?

- 2.1 ***A physical or restrictive intervention is any method which staff use with the specific intention to limit or restrict an individuals movement or mobility. It also describes any intervention, which is in opposition to the individuals wishes.***

These interventions can be roughly divided into four categories:

(a) **Direct Physical Interventions.** The member of staff holds the individual to prevent them harming themselves or others. This might include an attempt to prevent or limit self-mutilation or stereotypical movements. This category would also include a physical intervention to prevent someone putting himself or herself in danger - for example someone leaving a Home to cross a busy road without an awareness of the risks involved

(b) **The Use of Barriers to Limit Freedom of Movement.** This category could include baffle handles, combination lock/key pad or any other device which is intended to restrict freedom of movement .

(c) **The use of equipment to directly restrict the individuals movement.** This might include straps or other mechanisms to restrict someone to a wheelchair or other chair. It would also include splints to reduce movement and self-mutilation.

(d) **Restrictive and punitive measures which place limits on the individuals freedom of action and choice.** This might include the removal of personal items as a negative reinforcement and the removal of daytime clothing to ensure that an individual remains in a safe setting. It would also cover the withdrawal of any aid to daily living or restriction of daily activities contingent on a specified behaviour. Both "time-out" and seclusion would be included here.

2.2 All these interventions involve restrictions on the person's movement or freedom of choice in opposition to the will and preferences of that person. These are distinct from any form of contact such as manual prompting, and physical assistance which are not resisted - or resented. No form of mechanical restraint is permissible in any DRH Home.

	Bodily Contact	Mechanical	Environmental Change
<b>Non-restrictive</b>	Manual guidance to assist a person walking	Use of protective helmet to prevent self injury	Removal of the cause of distress, e.g. adjusting temperature, light or background noise
<b>Restrictive</b>	Holding a person's hands to prevent them hitting someone	Use of arm cuffs or splints to prevent injury	Forcible seclusion or the use of locked doors

2.2 A restrictive intervention may be:

- Planned: staff employ pre-arranged strategies and methods which are based on a thorough risk assessment
- Emergency or unplanned: the use of force in response to unforeseen circumstances.

### 3.0 ETHICAL AND LEGAL CONSIDERATIONS

3.1 Any intervention by DRH staff must be justified in both ethical and legal terms. A physical or restrictive intervention *may* be justified by the benefits that would follow for the individual concerned. It may also be justified if it protects a third party from harm. However any justification would have to be based on a sound assessment of less intrusive or restrictive alternatives.

3.2 It is a criminal offence to use physical force or the threat of physical force unless the circumstances allow for a "lawful excuse" or justification for the use of force.

- 3.3 The use of force is likely to be legally defensible when it is required to prevent:
- Self-harming
  - Injury to others
  - Damage to property
  - A criminal offence
- 3.4 For the use of force to be legally justifiable, the scale and nature of any physical intervention must be proportionate to both the behaviour of the service user and the nature of the harm they might cause.
- 3.5 Staff should only ever use the necessary minimum force utilising techniques which staff are familiar with and can use safely. Planned interventions should be carefully documented in advance and communicated effectively to all team members.
- 3.6 At all times, staff must:
- Protect the rights and promote the interests of service users.
  - Strive to establish and maintain the trust and confidence of service users
  - Promote the independence of service users while protecting them as far as possible from danger or harm
  - Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people
- (Code of Practice for Social Care Workers 2002)
- 3.7 This policy is based on the rights enshrined in The Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (1991):
- respect for private life
  - the right not to be subjected to inhuman or degrading treatment
  - the right to security and liberty: and
  - the right not to be discriminated against in his/her enjoyment of those rights
- 3.8 Whenever a physical, restrictive or other intrusive intervention is being considered for a person whose capacity to consent is impaired, efforts should be made to seek the agreement of a relative or other advocate outside the staff team.

- 3.9 Planned physical interventions should be just one component of a broader positive and functional behavioural management strategy for the service user.
- 3.10 The use of Seclusion is excluded from all DRH facilities.
- 3.11 Where a service user is deemed **not** to have the capacity to consent the law is not as clear as we would like. The Law Commission examined the issue of mental capacity and made a number of recommendations which have not yet been enshrined in law (The Law Commission 1995), However three of their recommendations will serve as useful guiding principles:
- Anything that is done for a person who is *without* the capacity to consent must be done in that persons "best interests"
  - The person concerned should be encouraged to participate, or to improve his or her ability to participate, in anything done for and in any decision affecting him or her.
  - Consideration should always be given as to whether any outcome can be as effectively achieved in a manner less restrictive of the individuals freedom of action
- 3.12 Certain physical or restrictive practices will be contrary to law and could result in a criminal or civil action against staff. Locking a service user in their room in any situation would be illegal and could be deemed to be *false imprisonment*. Other practices once in use but now discredited such as physical punishment and deprivation of food, drink or sleep would also be clearly illegal.
- 3.13 The 1983 Mental Health Act, Code of Practice provides some guidelines on the use of behavioural modification techniques and could be extended to cover other beneficial (and therefore justifiable) interventions, which should always be:
- Clearly thought out and methodical
  - Understood by staff, service users and relatives
  - Supported by procedures for monitoring use and outcome
  - Carried out by appropriately trained staff
  - Monitored by skilled staff
  - Integrated into the agreed care plan
  - Regularly reviewed and quickly abandoned if ineffective

3.16 Restrictive interventions should be avoided as a *spontaneous, unplanned* reaction to the service users behaviour. The potential risks of any intervention should be carefully assessed and the outcome well documented.

#### **4.0 PREVENTION**

4.1 The use of restrictive physical interventions should be minimised by preventive strategies:

- Ensuring that the number of staff employed and their level of competence corresponds to the needs of service users
- Identifying and responding to “triggers” that are known to provoke violent or aggressive behaviours
- Ensuring that all team members work in accordance with the service users support plan
- Identifying and utilising appropriate “de-escalation” techniques

#### **5.0 RISK ASSESSMENT**

5.1 When the necessity of a planned physical intervention is being considered , a risk assessment should consider the possible risks, including the following:

- Inappropriate, unnecessary and routine use of the intervention
- Risk of injury, pain, or distress
- Increased risk of abuse
- Undermining relationships
- Risk of legal or disciplinary action against staff

5.2 A risk assessment should also consider the risks of **not** intervening:

- Staff may be in breach of the duty of care to ensure that reasonable measures are taken to prevent harm
- Service users or staff may be injured
- Possibility of litigation or disciplinary action in respect of the above

## **6.0 GUIDELINES FOR PHYSICAL AND/OR RESTRICTIVE INTERVENTIONS**

6.1 Everyone concerned with the provision of services to people who are sometimes challenging, must subscribe to explicit positive values based on a belief in the intrinsic worth of each service user – regardless of their behaviour.

### **6.2 A physical or restrictive intervention should only be incorporated into the service users support plan when:**

- i) staff have access to positive, pre-planned strategies for understanding and responding to difficult behaviours. These strategies will be based on:
  - A comprehensive understanding of the service users needs, wants and preferences.
  - A good understanding of the environmental triggers, which may precipitate certain behaviours.
- ii) alternative and/or less restrictive strategies have been considered - including the following :
  - Alternative activities, which respond to the service users needs.
  - Distancing - to reduce the negative impact of physical proximity of staff or service users .
  - Reducing level of demands placed on the person (including noise and other stimuli)
  - Discussing and addressing the individuals fears, anxieties, needs and preferences
  - Communicating in a manner appropriate to the individuals capacity to comprehend
  - Accompanying the service user to a room where they can be alone for a few minutes while being observed and supported
- iii) the risks of the proposed intervention has been fully assessed and agreed between the key professionals concerned with the service users care (including clinical psychologists and day care providers) and close relatives and other advocates.

- iv) the intervention can be fully justified in legal, ethical and professional terms.
- iv) staff are adequately prepared to carry out, to monitor and evaluate the intervention(s).
- vi) due consideration has been given to other relevant policies, guidelines and statutory requirements i.e.
  - Adults at Risk Policy
  - Policy on the use of Locked Doors
  - Risk Management Policy and Guidelines
  - Health and Safety Policy and Guidelines
  - Prevention and Response to Aggression and Violence
  - Mental Health Act 1983 Code of Practice (March 1999)

## **7.0 PLANNING AND IMPLEMENTING NON-AVERSIVE PHYSICAL AND RESTRICTIVE INTERVENTIONS.**

There will be occasions when all other options have been exhausted and the safety of the service user or others necessitates physical or restrictive intervention. Wherever possible this intervention should be planned in advance and the plan should contain the following details :

- Service users name
- Names of all parties to the plan (e.g. relative, key professionals)
- Description of behaviour sequences and settings, which may require a physical or restrictive intervention
- The results of an assessment to determine any contra-indications for use of interventions
- A risk assessment which balances the risk of using a restrictive or physical intervention against the risk of non-intervention
- A record of previous methods which have been unsuccessful
- Precise description of the circumstances in which the intervention should be used
- Clear and detailed description of the sequence of steps involved in the intervention. Wherever possible photographs of any holds employed should be available.
- Role of each member of staff involved in the restraint procedure
- How the intervention should be terminated so as to ensure the safety of all concerned to minimise the service users distress and to optimise maintenance/restoration of the relationship between staff and service user.
- A record of staff who have been trained in the intervention
- The frequency of review and the criteria against which the use of the intervention will be assessed

- Record of each incident in which physical or restrictive intervention has been used – including notification to the relevant Inspection authority

7.1 Any physical or restrictive procedure used should be non-aversive in nature. It should:

- Involve a minimum of force
- Match the numbers of staff available
- Be respectful of the service users dignity
- Include good communication and continual reassurance
- Not cause pain or unnecessary distress
- Be used for a minimum period only
- Avoid any hold that restricts breathing or impedes airways
- Avoid extending joints or putting pressure on joints
- Be thoroughly reviewed following each occasion it is used
- Be developed with the support/advice of someone who has been trained by a BILD accredited organisation
- Be well-documented

7.2 Unplanned or emergency intervention may be necessary when a service user behaves in an unexpected way. Staff members retain a duty of care to that service user and other people who may be present. Staff should use the minimum force that is necessary to prevent injury and maintain safety, consistent with the training they have received.

## 8.0 **TRAINING AND SUPPORT**

8.1 All staff who may be expected to participate in any form of physical or restrictive restraint should be adequately prepared. Interventions will be designed for named individuals in specific situations and Home Managers are responsible for ensuring that their staff are satisfactorily prepared to implement agreed procedures.

8.2 All nursing and care staff will undertake a Personal Safety and Awareness training session annually This training will prepare staff for most situations which might escalate to a point where some form of intervention is indicated. This training will also assist staff to prevent such situations occurring.

8.3 Additional training and support will be made available on the basis of individual need.

8.4 DRH will provide training and support in understanding and responding to challenging behaviour.

## **REFERENCES**

Harris, J. et al (1996) Physical Interventions: A Policy Framework. BILD Publications

BILD Code of Practice for Trainers in the use of Physical Interventions (2001)

Department of Health Guidance for Restrictive Physical Interventions (2002)

Mental Health Act 1983 Code of Practice

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