

CLINICAL POLICY

Prevention and Safe Management of Risk Incidents (including Violent and Aggressive Behaviour)

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Impact assessments:	This policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V1	Sept 2019	Policy merger: BM and PMVA operational policies merged into a single document
V2	13/04/2022	Update and merge Mental Health (CLP261) and Physical Health Policies (CLP117)

V3	28/07/2025	Update to include reference to new Restraint Reduction Network certified Trust Training programme
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SUMMARY

This policy aims to provide direction for the delivery the behaviour management training programme in identified areas of Gloucestershire Health and Care NHS Foundation Trust business.

The document sets out standards for the consistent facilitation of behaviour management training, and delivery in clinical practice, of training programmes that include both proactive and reactive components which aim to prevent and safely manage episodes of risk. The approaches reflect the national best practice Restraint Reduction Network (RRN, BILD 2019) guidance, with emphasis being placed on strategies for the reduction in the use of restrictive physical interventions. Service user involvement and co-production are vital components in the development and delivery of effective training programmes, and the Trust wide plan for the reduction of restrictive practices.

There are of course times when due to an increased level of risk either to the service user or others, physical interventions may be a necessary last resort. Key to this document is, when required, to provide information relating to safe delivery of physical interventions. This document provides guidance for staff relating to the decision to use physical intervention, safe planning and implementation, and post incident procedures.

It must be acknowledged that any episode of disturbed behaviour may present a significant risk to all involved. The physical and psychological wellbeing of both Service Users and staff must be considered.

TABLE OF CONTENTS

	Section	Page
1	<u>Introduction</u>	3
2	<u>Purpose</u>	3
3	<u>Scope</u>	3
4	<u>Duties</u>	3-4
5	<u>Mental Capacity Act Compliance</u>	4-5
6	<u>Policy Detail:</u> <u>6.1: Legal Issues</u> <u>6.2: Training</u> <u>6.3: Minimising Risk and Reducing the Use of Restrictive Practice</u> <u>6.4: Managing a Violent Incident - Use of Restrictive Physical Interventions in Clinical Practice</u> <u>6.5: Service Users Safety Factors during Restraint</u> <u>6.6: Post Incident Procedures</u>	5-6 6-9 9-11 11-15 16-17 17-18
7	<u>Definitions</u>	18
8	<u>Process for Monitoring Compliance</u>	18

9	References	18-19
10	Associated Documents	19

ABBREVIATIONS

<i>Abbreviation</i>	<i>Full Description</i>
PARRI	Proactive Approaches to Reducing Restrictive Interventions
BILD ACT	British Institute for Learning Disabilities - Association of Accredited Training
RRN	Restraint Reduction Network

1. INTRODUCTION

This policy provides direction and instruction for staff to reduce, and manage safely, risk incidents.

The Trust recognises and accepts responsibility for the prevention and safe management of such episodes of risk in accordance with relevant legislation and national best practice guidelines.

Occasionally de-escalation techniques prove unsuccessful and physical violence, aggression or other risk incidents may occur. To enable these situations to be safely managed GHC Trust staff are provided with PARRI training which is an RRN (BILD, 2019) certified programme. PARRI training includes specifically designed strategies that enable the service user exhibiting disturbed or risk behaviour to be supported to safely regulate their behaviour at the earliest time and using the least intrusive options. Using a formal training model of behaviour management rather than attempting restraint following no organised model provides safer outcomes for both service users and staff. Physical intervention within these approaches is a last resort that should only be utilised after de-escalation, reassurance, negotiation and other approaches to preventing these behaviours have proved unsuccessful.

2. PURPOSE

This document has been developed to ensure standards of service user care during restraint are adhered to and comply with guidelines set out by NICE guideline NG10 (2015), NG93 (2018) and NG97 (2018); Restraint Reduction Network (BILD ACT, 2019).

3. SCOPE

The policy document applies to all staff working in services for Mental Health, Learning Disability, Autism and Physical Health, in the community or inpatient facilities that may have direct contact with service users. This includes staff working in a clinical and non-clinical capacity.

4. DUTIES

General Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust aims to take all reasonable steps to ensure that the safety and independence of its service users of its service users to make their own decisions about their care and treatment.

In addition, GHC will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training is provided dependent on service and identified needs and risks of the

job role as agreed by the Trust.

Managers and Heads of Services will ensure that:

- All staff are aware of and have access to policy documents.
- Appropriate training and updates are provided and facilitated as required.
- All staff participate in the appraisal process, including review of competencies.

Employees (including bank, Agency, and locum staff) must ensure that they:

- Practice within the level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policies.
- Identify any areas of skills update or training required.
- Participate in appraisal process.
- Ensure that all care and consent comply with Mental Health Act (1983) and Mental Capacity Act (2005) – see section on MCA Compliance below.

5. MENTAL CAPACITY ACT COMPLIANCE

Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person is able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section/1).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section/4).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/office-of-the-public-guardian).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the person's best interests by other people. To be legally binding the person must have been over 18 when the Advance Decision was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.
- Where the decision relates to a child under the age of 16, the MCA does not apply. In these cases, the competence of the child must be considered under Gillick competence. If the child is deemed not to have the competence to make the decision, then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining, or which will prevent significant

long-term damage to a child under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. POLICY DETAIL

6.1 Legal Issues

Legal Framework

Mental Health Act Code of Practice (2015); Chapter 26 of the code of practice provides guidance for providers, professionals and practitioners on how to manage people who present with disturbed behaviour which may represent a particular risk to themselves or to others, including those charged with their care. It requires providers to have restrictive intervention reduction programmes and policies on related matters. The chapter makes clear that restrictive interventions such as enhanced observation, physical restraint, mechanical restraint, rapid tranquillisation, seclusion and long-term segregation, should only be used in a way that respects human rights. It provides guidance on individualised assessments, as well as care plans or treatment plans which include primary, secondary and tertiary strategies (referred to as positive behavioural support (PBS) or equivalent plans). Guidance is also given on the particular needs of children and young people and on the importance of appropriate staff training.

The Mental Health Units (Use of Force) Act 2018 provides additional safeguards relating to the use of restraint and isolation in mental health units. It applies to all NHS funded Mental Health and Learning Disabilities placements.

Mental Capacity Act (2005); In order to restrain a person who lacks capacity the following must both be met:

- The person acting must reasonably believe that the restraint is necessary to prevent harm to the person who lacks capacity, and
- The amount or type of restraint used, and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.

Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act framework.

DoLS allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

Human Rights Framework for Restraint; principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions.

This framework reflects the requirements of Article 3 (prohibition on torture, inhuman and degrading treatment), Article 8 (respect for autonomy, physical and psychological integrity) and Article 14 (non-discrimination) of the European Convention on Human Rights as incorporated into domestic law by the Human Rights Act 1998.

The Criminal Law Act (1967) allows for such force as is “reasonable” in the prevention of a person committing a crime. This has been interpreted by the MHA to mean that restraint is appropriate when someone with mental health problems is thought likely to harm either themselves, someone else or damage property. This act provides a legal framework for the

restraint of those who may or may not be subject to the MHA.

It is necessary that the force used in physical intervention is proportionate in intensity and duration to the level of threat presented.

6.2 Training

The Trust is required to provide such training as is necessary to ensure, as far as is reasonable and practicable the health and safety of its employees is maintained.

The Trust provides PARRI training which is RRN (BILD ACT, 2019) certified and focuses on the reduction and safe management of potential or actual behaviours that challenge. This may include episodes when a service user presents with violence and aggression or may be anxious or resistive to essential health care. PARRI training is provided for staff supporting adults of working age, people in later life with a range of mental health and organic conditions, adults with learning disabilities and autism, adults with physical health conditions and children and young people.

Training courses are delivered by appropriately qualified instructors working within a code of conduct to promote safety and best practice. Instructors are required to attend skills assessment and update annually under standards set out by the Restraint Reduction Network.

Training in these approaches is a mandatory requirement, and the content of each programme is dependent on the service user group supported. Training content is based on a training needs analysis (TNA) for each service and is established through the ongoing interrogation of Trust data relating to risk incidents.

Within this policy the term “Student” will include Nursing (Adult, Mental Health, Learning Disability) undergraduate and post graduate students, Registered Nursing Degree Apprentices, Student Nursing Associates, Paramedic Science students and undergraduate and postgraduate Allied Health Professional students.

Prior to placement and in accordance with Placement Agreements with Academic Education Institutions, students are required to attend conflict resolution and breakaway skills training.

During clinical placements students will be involved in the maintenance of a safe environment and potential witness to incidents involving a distressed patient. To ensure safety in their learning environment students are not permitted be involved in planned PARRI (teamwork) interventions. If a student is either a target or is involved in an unplanned intervention, a Datix report must be completed and the box indicating student involvement should be marked.

Staff Responsibilities

Staff will:

- Attend training that is relevant to the clinical area.
- Attend mandatory skill review and refresher training annually; this will enable the instructors to assess the individual’s ability to practice safely and provide additional advice and tuition as necessary.
- Accurately report the use of any restrictive intervention using the Trust electronic report system (Datix).

Participation

As practically possible staff will be supported to participate in the whole syllabus identified for their area of work, with consideration to their health limitations, any identified diverse needs, and assessed risk within the working environment.

Each case will be assessed on an individual basis; whilst it would not be good practice to change the programme content, as appropriate reasonable adjustments may be made to the delivery method e.g. number of repetitions when practicing techniques. Working Well assessment will assist in determining individual limitations and whether temporary, partial or permanent exemption from training may be appropriate.

Staff will only be exempt from training and / or participation in applying restraint techniques in clinical settings if they have met conditions as further described in the following section. Under these circumstances a managerial risk assessment will be carried in relation to the impact not attending training may have on their current role and the environment in which they carry out this role.

Fitness of Staff to Undertake Training

It must be understood that restrictive physical intervention training requires some degree of physical effort and therefore necessitates a basic level of physical mobility and fitness.

Each employee is subject to a Working Well assessment before commencing employment with the Gloucestershire Health and Care NHS Foundation Trust.

It is assumed that members of staff for whom no issues are raised as a result of the Working Well assessment are physically fit enough to undertake training.

Current recruitment adverts stipulate that applicants must be fit to undertake training required specific to the role.

Each member of staff should read the fitness for training requirements before attending training. They will be required to make a declaration of fitness to participate on the day of training. If any issues are identified these should be made immediately known to the senior instructor.

In addition, on the day of training all staff will be required to complete a biomechanical risk assessment; this is a series of brief exercises that reflects the movement required to achieve each physical technique taught.

If any doubts remain the senior instructor will reserve the right to exclude the staff member from the training event. The senior instructor will inform the person's line manager at the earliest opportunity.

Training Skills Assessment

A training needs analysis is completed for each area of Trust business where there is potential risk for incidents of disturbed or risk behaviour.

Staff attending the appropriate training course will demonstrate the ability to undertake the full range of breakaway and / or physical intervention techniques appropriate to their area of work.

On completing training, staff will be assessed as “competent” or “referred” for further training by the instructional team.

Referral may be based either on the individual’s ability to demonstrate physical intervention techniques or on attitude or approach to training.

Staff who are referred at the end of the course will be temporarily exempt from practicing the identified elements of the training.

If referral is due to physical/medical ability, the referred staff member’s line manager will liaise with Working Well and at an appropriate time they will be offered further opportunities to achieve competence through additional training with appropriate reasonable adjustments.

If the referral is because the staff member did not reach the required level of competence the instructor will agree a plan of reasonable additional support and training with the individual and their manager, with the aim of them achieving the required level of competency.

If the staff member is still unable to meet the required standard, the manager may need to seek advice from HR.

Alongside successful completion of the PARRI course, staff will also need to have completed the mandatory Level 3 Resuscitation Training which includes NEWS2 eLearning.

Staff Conduct During Training Events

Prior to training, and at appropriate stages throughout the event it will be made explicitly clear to staff that they are expected to conduct themselves appropriately. Failure to do so may result in their exclusion at any point from the training event. Reasons may include:

- Lateness (at the start of the course or returning from breaks).
- Not wearing appropriate clothing; staff must wear comfortable clothing that allows for movement, whilst maintaining their own dignity. Items of clothing including hooded tops or hats / head scarves (unless identified as a culture requirement) are not appropriate.
- Appropriate footwear; flat fully enclosed shoes (preferably trainers).
- Jewellery should be removed or taped up as appropriate during practical training.
- Fingernails must be worn in line with GHC Trust Uniform and Workwear for Clinical Teams policy (CLP010) i.e. short and not painted.
- Not adhering to instructor health and safety instruction during practical training session e.g. overzealous during practice.

Non-Attendance

Failure to fully attend training with or without a reason for doing so will result in the details of non-attendance being reported in the electronic training record. Notification of the non-attendance will be given by the training department to the person’s line manager (email to both the delegate and their line manager).

The staff member will be considered not to be compliant until the point they have fully attended another course, unless it is assessed that they meet the criteria for medical exemption, which is required to be supported by a management risk assessment. This may affect the person’s ability to continue in their current role.

Note: A person will not be considered “fully attended” unless they have been present at the whole of the allotted event. It will not be acceptable for any person to part attend a course and to access remaining elements on a later course.

6.3 Minimising Risk and Reducing the Use of Restrictive Practice

Restrictive Practice Reduction Programme

Training providers must have a restraint reduction plan which details measurable outcomes and actions that support the reduction of the use of restrictive practices. (*Restraint Reduction Network Standards, 1.4.4 (BILD ACT, V1.3 July 2021)*).

The Gloucestershire Health and Care NHS Foundation Trust wide restrictive practice reduction programme is led and monitored by the Positive and Safe steering group. The work of the group is informed by evidence-based approaches including the six core strategies:

- Leadership
 - Using data to inform practice
 - Workforce development
 - Using (restrictive practice) reduction tools
 - Service User involvement
 - Debriefing strategies.
- (*Huckshorn, 2002*)

Service User Involvement / Co-Production

Training must ensure that the views and experiences of people with lived experience of being in receipt of restrictive interventions should both inform and be explicit in training content. (*Restraint Reduction Network Standards, 1.5.1 (BILD ACT, V1.3 July 2021)*)

Understandably, this is an emotive area of practice, and it is acknowledged that distressed episodes that include the use of restrictive practices can be traumatic for service users and staff directly involved, and for those on the periphery of the incident. Therefore, the GHC Trust PARRI training programme has been developed with a trauma informed focus at every stage. Great care has been taken to ensure that the manual has not been written in isolation, instead alongside people with lived experience of the services.

Distressed behaviours (and that may challenge) are generally functional for that person e.g. they may be an attempt to communicate, to escape or avoid an aversive situation or demand (perceived or actual), or to gain access to something they want or need.

Reasonable steps must be taken to work collaboratively with the person. Staff must bear in mind any physical, sensory or communication deficit/difference the person is experiencing and must take this into account when managing the situation. Similarly, cultural and gender issues must positively influence staff response to (potential) violence or challenge.

The Human Rights Act (HRA) imposes a duty on public authorities, (including NHS Trusts, local authorities, and police forces) and services exercising functions of a public nature not to act in a manner that is incompatible with the European Convention on Human Rights (ECHR).

A human rights-based approach can be achieved when supporting people who present with behaviour that challenges services by applying what has been described as the ‘PANEL’

principles (Scottish Human Rights Commission; a human rights-based approach, 2010; in Positive and Proactive Care: reducing the need for restrictive interventions (DoH, 2014).

Participation
Accountability
Non-discriminatory
Empowerment
Legality

Prevention

Prior to the use of restrictive intervention, all other avenues of prevention and de-escalation must be exhausted following the hierarchy of response model (DoH) and restrictive physical intervention must be viewed as the last resort.

It is mandatory for all staff to complete proactive preventative strategy skills training every 3 years (Conflict Resolution). In addition, proactive approaches are imbedded into the reactive restrictive physical intervention element of the training on at least a yearly basis, as per the RRN Standards. Staff will be taught appropriate prevention, de-escalation and conflict resolution skills and should be aware that their own behaviour and attitude may influence the likelihood and resolution of risk behaviours. They will be aware of potential triggers for risk behaviours, strategies for reducing the impact of such triggers, early warning signs and methods for deescalating.

Key to this training is the inclusion of tuition in relation to primary and secondary prevention, and tertiary strategies (*The Mental Health Act Code of Practice, 2015 (chapter 26)*). These strategies should be imbedded in an individual Positive behaviour support (PBS) or equivalent plan.

Primary Prevention Strategies: aim to enhance the service users' quality of life and meet their unique needs thereby reducing the likelihood of behavioural disturbances (MHA CoP 2015, paragraphs 26.19 – 26.22).

All staff should be supported to develop the skills to identify and minimise factors that are known to increase the likelihood of risk incidents, and to incorporate into Positive Behavioural Support or equivalent plans.

These include:

- Personal; including known or suspected trauma
- Interpersonal
- Attitudinal / Attributional
- Situational
- Organisational
- Environmental.

Meaningful steps and reasonable adjustments must be made to ensure that plans are co-produced with service users and will include:

- Personal involvement in constructing care plan
- Discuss personal triggers for potential risk behaviour.

Measures to Reduce Escalating Risk

Secondary Prevention Strategies: focus on the recognition of early warning signs of impending behavioural distress and how to respond in order to encourage the Service User to be calm (MHACoP 2015, paragraphs 26.23 – 26.26).

These may include:

- Active listening
- Individual communication strategies
- Support the use existing coping strategies
- Increased personal space
- De-escalation (verbal and non-verbal)
- Debrief strategies.

Tertiary Strategies

Tertiary (or reactive) strategies guide the responses required to safely manage behavioural distress and acknowledge that the use of proportionate restrictive interventions may be required to minimise harm (MHA CoP 2015, paragraphs 26.36 – 26.44).

If physical restraint of a Service User is thought to be a possibility, this must be included in the Positive Behavioural Support (or equivalent) plan.

6.4 Managing a Violent Incident - Use of Restrictive Physical Interventions in Clinical Practice

Physical restraint must only be used as a last resort, and only when staff believe that not doing so would result in greater physical harm to the service user, themselves, or others.

At the point that all proactive options have been exhausted, whilst not inevitable, restrictive physical interventions may be used.

Appropriate assistance should be called where possible before attempting any physical intervention. A psychiatric emergency will be called using alarm systems appropriate to each inpatient environment. As practicable, the team will consider the rationale for any intervention, least restrictive options, potential risk to both service user and staff prior to implementation.

Where physical intervention is necessary, the degree of force used must be proportionate to deal with the incident following the hierarchy of response model. The Criminal Law act 1967 (3.1) states that the use of force must be “reasonable”.

Methods of Physical Intervention

Methods of physical restraint are taught to relevant staff by in-house PARRI instructors.

The training provided includes aspects of theory and practice for management of acute disturbed behaviour/violence as outlined in the NICE Guideline NG10 (May 2015), within the Positive and Safe Initiative (DoH, 2014) and Restraint Reduction Network (2019) and Mental Health Units (Use of Force) Act, 2018.

The physical techniques utilised are biomechanically risk assessed to ensure that the health and wellbeing and are taught within a legal and ethical framework which reinforces the principles of a necessary and proportionate response.

Only the methods that have been taught to staff on courses must be utilised during restraint.

It is acknowledged that a service user on occasion may have a pre-existing physical health condition or injury that may be further aggravated by the use of restrictive physical interventions. However, due to the nature of risk to self or others presented by disturbed behaviours, such interventions may as a last resort be reasonable to prevent further harm. In this instance it is advised that the Behaviour Support and Training Team are consulted, who will work with relevant MDT to provide guidance relating to appropriate adaptations to techniques. These reasonable adjustments will be embedded in an individual care plan and additional training provided as appropriate.

The use of agreed methods must avoid putting weight on the chest, neck, stomach and back and equip staff with the knowledge to recognise factors contributing to the risk of positional asphyxia and other restraint related risks.

Disengagement Techniques (Breakaway)

Occasionally during a risk incident, a member of staff may be taken hold of by a distressed service user. The aim of using a disengagement technique is to escape from the potentially higher risk hold.

Staff have a legal right to defend themselves and others from harm. The level of force used to escape from a threatening situation must be necessary and proportionate to the perceived threat.

Training syllabus is data led and based on the most up to date Trust wide training needs analysis. Disengagement techniques taught in training cannot cover all possibilities and may not always be successful; Section 3 of the Criminal Law Act (1967) allows all citizens the right to use force that is reasonable in such a situation.

Trust training provides staff with information regarding legal rights and professional responsibilities about the use of force.

Restrictive Physical Intervention (Restraint)

Mental Health Units (Use of Force) Act 2018 defines physical restraint as the use of physical contact which is *“intended to prevent, restrict or subdue movement of any part of the service user’s body”*.

It should be acknowledged that restraint may be used in response to a service user presenting with disturbed, violent behaviour, and in the protection of self and others. However, it may also be appropriate to use “clinical holding” procedures to enable essential health care to be completed in an individual’s best interest and may be as part of a reasonable adjustment.

This may include:

- Personal care
- Dental care
- Venepuncture
- Vaccination
- Administration of essential medication
- Surgical procedures

- Nasogastric Tube insertion and feeding
- Percutaneous Endoscopic Gastrostomy (PEG) feeding.

Restraint may take many forms and may vary in degree from mild instruction to floor-based restraint.

The essence of restraint is to temporarily contain or limit another person's freedom.

The degree of force used should only be to the necessary and proportionate in degree, duration and nature to the actual danger or resistance shown by the individual.

Decision to Restrain; Decision Making Process

Staff attending an incident will have to make the decision as to what level of restraint is required. As practicable prior to the intervention consider:

- What are you trying to achieve by using restraint?
- Will the planned actions be the least restrictive option?
- What are the risks and to whom of using the intervention?
- Can the intervention wait until the service user is concordant?
- What are the implications of waiting or not (duty of care responsibilities)?
- Consider the person's Mental Capacity and Best Interest
- Identify what is the best option
- Evaluate your plan
- Communicate your decision and act.

The principle of the least restrictive intervention should always be considered.

Preparing for a Planned Restraint

Staff who may potentially be involved in restraint should discretely remove any items that may cause injury to themselves or others such as pens, badges, keys and watches.

When a decision to physically restrain is made staff must adhere to the following guidance:

- One member of staff will direct the actions of all staff (co-ordinator).
- When forming a team, as far as practically possible, consideration should be given to gender and role of those involved in relation to any known contra-indications.
- The Team will be made aware of any specific individual care plans relating to identified pre-existing physical health conditions or injuries, and any reasonable adjustments to physical interventions procedures.
- Staff will work together as a team, ensuring roles are planned as practicable prior to the intervention.
- Any surplus staff may be required to undertake additional roles which may include, supporting or moving other Service Users or managing the environment.

Pain Compliance Positional Statement

Gloucestershire Health and Care NHS Foundation Trust are committed to providing high quality care to the users of its services and the wellbeing of its staff. PARRI training does not include or advocate any technique that deliberately uses the application of pain to gain concordance. However, it must be acknowledged that experiencing physical restraint at times of distress may be both physically and psychologically uncomfortable for the person.

During the Restraint

- Every effort should be made to understand and minimise the traumatic effects of being restrained. Approaches may be based on known historical risk factors for an individual service user and should be embedded within PBS (or equivalent) plans.
- Staff must ensure that the techniques applied are proportionate to the risk that is being managed.
- The service users head and neck must be protected and absolutely no pressure applied to the neck or thorax area.
- Identified staff member will maintain a dialogue with the service user and explain the actions required from the person and allow sufficient time for these to be understood and carried out.
- A minimum safe number of staff must be allocated to remain with other service users if they are present within the ward/department.
- It is essential that the dignity of the service user being restrained is maintained.
- Other service users will be redirected from the area of the incident to a safe environment. Staff should reassure these service users of their own safety and that of the restrained service user.

Tertiary Strategies

Restrictive physical intervention of any sort, by its very nature carries a heightened risk. However, evidence suggests that the risk of positional asphyxia is further increased if a person is held for any length of time in either a face down position or if forced to bend forward whilst restrained seated. Based on known risks, decision to use a technique will follow the principles of least restrictive, working within a hierarchy, to minimise the physical health risks, emotional impact and trauma of being restraint.

Seated restraint is when a service user is held in a seated position either on a sofa, bed or in a semi-recumbent position in a safety pod. In dental services a service user may be supported on a dental chair to enable essential health care only if assessed to be in the person's best interest.

Supine restraint involves a service user being restrained either on the floor or on a bed in a face up position. The health risks to the service user are lower than prone (face down on floor / bed) although there are still potential risks. This must only be used for the shortest time possible to manage the risk incident and the patient's physical state must be monitored both during and after such intervention.

Prone restraint involves a service user being restrained either on the floor or on a bed in a face down position. Prone restraint is never implemented as a planned intervention and will only be used if a highly disturbed service users takes themselves to the floor / the prone position, and at the time is assessed to be the safest way to deal with the presenting risk due either to service user or environmental factors. This must only be used for the shortest time possible to manage the situation and the service user physical state must be monitored both during and after such intervention.

Staff involved in any physical interventions must be trained to a minimum level of Basic Life Support and be fully aware of restraint related risks and medical emergency procedures.

When an incident involving the use of physical intervention occurs the local on-site Escalation Procedure Action Card must be followed (refer to Deteriorating Patient Policy (CLP105)).

Where the Service User is known to have a physical condition, which may increase the risk to them of collapse or injury during restraint, this must be clearly documented in the Service User PBS (or equivalent) plan and clinical record. Service User health and wellbeing must be reviewed regularly by the multi-disciplinary team (MDT). Where appropriate to do so, a bespoke care plan may need to be formulated in conjunction with the Trust Lead for Physical Intervention.

Physical Restraint of Young Persons under 18 / Frail Person

Careful consideration should be given to any possibility of physical restraint where age or physical frailty is an additional known risk factor.

It is important to have a care plan in place for any such eventuality and the size and frailty of the person should be taken into consideration.

The Trust Lead for Physical Intervention should be consulted so that any adaptations can be made to the restraint process if necessary.

Consent Check

To ensure an individual's rights are not infringed staff should attempt a full explanation of the effects and side effects of any intervention.

In an emergency it may not be possible to gain informed consent, but this should be sought as soon as possible after the incident for subsequent interventions.

If consent is not given staff should consider the use of the Mental Health Act (2015), the Mental Capacity Act (2005) and the Children's Act (2004). These documents provide staff with an on-going legal basis for the use of restraint (and the Service User with a legal base for appeal).

The use of advanced directives in the management of violent behaviour is good practice and Service Users should be encouraged to collaborate as much as possible in the formulation of care plans.

Items of Concern (including Restricted Items (Potential Weapons))

An item of concern is defined as *"any item that the person in charge of the unit or shift, in consultation with other staff available, judge may represent a significant risk. This risk would be to an individual patient, other patients, to the staff, to the unit environment or may be considered illegal"*. This may include *"risk items" which are any item that is not allowed by the hospital rules or policies*.

Where staff are aware or believe that a service user is in possession of a restricted item that may cause harm to themselves others, no attempt should be made to physically disarm the individual.

At a safe distance, ask the person to put the restricted item down and step back. If they do not cooperate with this request, make the area safe.

Under these circumstances those present should attempt to keep the situation contained and call the police for assistance.

In situations involving restricted items that may be used as weapons staff should evacuate service users and themselves to a safe area and dial 999 for the police (*Refer to GHC Policy for Police*

Joint and Negotiated Responses to Emergencies in Service User Facilities - including the deployment of Taser CLP267).

6.5 Service Users Safety Factors during Restraint

The implementation of any restrictive intervention carries a risk to the Service user.

These risks fall into two broad categories:

- I. Factors that are innate to the person being restrained.
- II. Factors that may emerge as a product of the restraint process.

Safety Factors Innate to the Person being Restrained

Wherever possible it is important that staff have detailed knowledge, including medical history, of the person who may be subject to restraint.

This is helpful not only for maximising the potential for avoiding the need for physical intervention in the first place, but also to diminish the likelihood of injury or collapse as a result of a physical restraint.

This information should be imbedded into individual PBS (or equivalent) plan.

Safety Considerations that may Emerge from the Process of Restraint

- Prolonged restraint – the longer restraint is applied the more risk of collapse or injury.
- The prone position – restraint in the face down position is known to increase the risk of positional asphyxia.
- Increased body temperature – resulting from prolonged struggling and close proximity shared body heat.
- Pressure applied to the thorax – body weight directly restricting breathing to the back or front of a service user being restrained – this is not taught in the PARRI training programme and should never happen.
- There is evidence that there is an increased risk of positional asphyxia associated with a seated restraint position. This may occur if the patient's head and/or torso is forcibly moved forward – this is not taught in the PARRI training programme and should never happen.

And:

- In the event of prolonged restraint, a careful balance needs to be drawn between the risk to the service user of continuing restraint, and the risk of further harm if restraint is discontinued.
- In most circumstances this may need to be weighted towards early discontinuation of restraint while accepting some risk of further assault.

Onsite Emergency Response Team

The Trust operates an Onsite Emergency Response Team system, the aim of which is for an assessor attending every episode of restraint.

Where an assessor is not available there must be an identified person independent of the restraint team who is designated to look after a person's physical health (refer to GHC Deteriorating Patient Policy (CLP105)).

Post Restraint Physical Care

It is vitally important that the service user that has been restrained is physically monitored for a period of up to 24 hours after restraint. Physical observations to include respiratory rate, oxygen saturations, pulse, blood pressure, conscious level and temperature should be taken at least every 2 hours for up to 24 hours (depending on clinical judgement/assessment). This must be documented on the NEWS2 chart and in the service users' notes.

If the service user refuses to have physical observations taken, then this must also be documented with reasons why they have not been done. The trusts Non-Contact Physical observations chart must be completed and documented appropriately.

All service users should be seen and reviewed by a medic and should have a physical examination at the earliest opportunity but no longer than 2 hours after the commencement of restraint.

Physical monitoring is especially important: -

- Following a prolonged struggle.
- If the service user has been subject to enforced medication or rapid tranquillisation (refer to Rapid Tranquillisation policy CLP156).
- If the service user has a known physical condition which may inhibit cardiopulmonary function e.g. asthma, obesity (particularly but not limited to when in the prone position).
- If the service user is suspected to be under the influence of alcohol or illicit drugs, or on high dosed of prescribed medication.

Documentation

Comprehensive notes about any episodes where physical interventions are used must be kept. **All** episodes of restraint must be documented on the Datix electronic incident reporting system and also in the service user's electronic clinical record. This must provide a factual description of events, including details of known antecedents, mental state and behavioural presentation of the individual. In addition, details of attempts to de-escalate the situation, and the role of each person involved in the restraint should be included.

6.6 Post Incident Procedures

Post-incident review requirements for staff, service users, carers and others involved in incidents where restrictive physical interventions occur are outlined in NICE guidance NG10 (2015).

Following any episode that involves the use of restrictive physical intervention the opportunity to access debrief should be available. A debrief should aim to learn lessons and seek reconciliation of the therapeutic relationship between staff, service users and their carers.

The following groups should be considered:

- Staff involved in the incident.
- Service users.
- Carers and family, where appropriate.
- Other service users who witnessed the incident.
- Visitors who witnessed the incident.

Available staff support resources:

- Working Well on 0300 421 4455 or Workingwell@ghc.nhs.uk
- The Wellbeing Line provides rapid mental health and psychological wellbeing assessments as well as signposting to appropriate services where required – www.thewellbeingline.co.uk, hello@thewellbeingline.co.uk and 0300 241 7500.

Reporting adverse events:

Following a patient or staff safety incident details must be recorded using the Datix electronic incident reporting system. [Datix: GHC DatixWeb system GHC DatixWeb Incident Reporting Form - Gloucestershire Health and Care NHS Foundation Trust](#).

7. DEFINITIONS

The terms “disturbed behaviour”, “risk incident”, “episodes of risk” or “challenging behaviour” are used interchangeably throughout this document to describe activities or behaviours that present a potential or actual risk to service users, staff or others, and require actions to reduce potential harm. The use of these terms is not dependant on causation of the risk.

Risk incidents may include:

- Prevent a patient being violent to others
- Prevent a patient causing serious intentional harm to themselves
- Prevent a patient causing serious physical injury to themselves by accident
- Lawfully administer medicines or other medical treatment
- Facilitate personal care
- Facilitate nasogastric (NG) feeding
- Prevent the patient exhibiting extreme and prolonged over-activity
- Prevent the patient exhibiting otherwise dangerous behaviour
- Undertake a search of the patient’s clothing or property to ensure the safety of others
- Prevent the patient absconding from lawful custody
- Other (not listed).

(NHS Digital, October 2021)

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
Use Restrictive Physical Intervention: Reported at the Trust Clinical Governance Committee.	Annual	Corrective action plan identified with timescale for progress report
Training Compliance: Trust wide Positive and Safe delivery committee every	2 Monthly	Corrective action plan identified with timescale for progress report
Training Compliance: Quality Assurance (QAG)	2 Monthly	Corrective action plan identified with timescale for progress report

9. REFERENCES

National Institute for Health and Care Excellence, NG10 (2015): [Overview | Violence and aggression: short-term management in mental health, health and community settings | Guidance | NICE](#)

National Institute for Health and Care Excellence, NG93 (2018): [Overview | Learning disabilities and behaviour that challenges: service design and delivery | Guidance | NICE](#)

National Institute for Health and Care Excellence, NG97 (2018): [Overview | Dementia: assessment, management and support for people living with dementia and their carers | Guidance | NICE](#)

Positive and Safe Initiative (DoH, 2014)

Restraint Reduction Network Standards (BILD, 2019)

Mental Health Act Code of Practice (2015)

Mental Capacity Act (2005)

Children's Act (2004)

Scottish Human Rights Commission; a human rights-based approach (2010)

GHC Policy on Police Joint and Negotiated Responses to Emergencies in Mental Health Inpatient Facilities and Learning Disabilities including the deployment of Taser (CLP267)

10. ASSOCIATED DOCUMENTS

GHC Use of Rapid Tranquilisation Policy (CLP156)

GHC Deteriorating Patient Policy (CLP105)

GHC Safety Assessment in Clinical Practice Policy MH / LD (CLP249)

GHC Seclusion Policy (Berkeley House only) CLP204

GHC De-escalation Suite or Extra Care Area Policy (CLP225)

GHC Segregation for Patients within Berkeley House Policy (CLP290)

GHC Searching in Mental Health / Learning Disability Services Clinical Policy (CLP258)