APRIL COMPLETE CARE SOLUTIONS LTD
(The "Company")

Physical Restraint Policy

April Complete Care Solutions Ltd
14 Hendre Road,
Pencoed, Bridgend
CF35 5NW
Telephone 01656 863963
Fax 01656 865373
Issued – 14.11.16

APRIL COMPLETE CARE SOLUTIONS LTD
PHYSICAL RESTRAINT
POLICY AND PROCEDURE

1. Purpose

The purpose of this policy is to safeguard the well-being of individuals when an incident requires the use of physical intervention. Its intention is to develop and encourage consistent and safe practices in the use of physical restraint. Staff should not hesitate to act in an emergency provided they follow this guidance; however, they should always satisfy themselves that the action they take would be considered justifiable by a wider audience of their professional colleagues.

2. Definition

Physical Restraint is the positive application of force in order to protect/prevent an individual from causing injury to him/herself or others or seriously damaging property.

Injury means 'significant injury'; this would include: actual or grievous bodily harm, physical or sexual abuse, risking the lives of, or injury to, themselves or others by wilful or reckless behaviour, and self-poisoning.

It must be shown that on any occasion where physical restraint is used there were strong indicators that if immediate action had not been taken, injury would have followed.

Physical intervention should always be a last resort i.e. only when all other reasonable means of persuasion have failed i.e. defusion, de-escalation. Staff should always try to:

Be reassuring and calming
Maintain a calm atmosphere
Be aware of irrational fears arising from delusions
Treat the patient/client seriously
Listen to the patient/client's concerns
Avoid false re-assurances
Be aware of own, and other patients/clients proximity

3. Antecedents and warning signs to indicate Individuals may be escalating towards physical violent behaviour such as:

- Facial expressions become tense and angry
- Increased prolonged restlessness, body tension or pacing
- Thought process unclear
- Discontentment
- Refusal to communicate
- Withdrawal, fear irritation

(NB this list is not exhaustive)
Patients/clients must always be treated:

With dignity
With respect
With courtesy
As individuals

The criteria for use of Care and Responsibility techniques are: -

Self harm
Harm to others
Continuous destruction of property with intent to do harm
Prolonged over-activity leading to physical exhaustion and to a state of near collapse

The level of force applied must be justifiable, appropriate, reasonable and proportionate to a specific situation and should be applied for the minimum possible amount of time.

4. Guidance: During an Incident

In any application of physical restraint, the minimum reasonable force should be used to calm down the situation.

The individual should be approached calmly but firmly. Where possible, explain the consequences of refusing to stop the behaviour and continue to communicate with the individual throughout the incident; it should be made clear that the physical contact or restraint will stop as soon as it ceases to be necessary. A calm and measured approach is needed and staff must never give the impression that s/he has lost his/her temper, or is acting out of anger or frustration - or to punish the individual.

The method of restraint employed must use the minimum force for the minimum time and must observe the following requirements:

Restraint must NOT:

- involve hitting the individual;
- involve deliberately inflicting pain on the individual;
- restrict the individual's breathing;
- involve contact with sexually sensitive areas.

During any incident the restrainer should:

- offer verbal reassurance to the individual;
- cause the minimum level of restriction of movement;
- reduce the danger of any accidental injury.

Physical intervention can take several forms. It might involve:

- physically interposing;
- blocking an individual's path;
- holding;
- pushing;
- pulling;
- leading an individual by the hand or arm;
- shepherding an individual away by placing a hand in the centre of the back; or
- (in extreme circumstances) using more restrictive holds.

Some Dos and Don'ts

DO

- be aware of any feelings of anger
- summon help
- continue to talk to the individual in a calm way
- provide a soft surface if possible
- be aware of any accessories worn by you or the individual
- hold the individual's arms by his/her sides

DON'T

- try to manage on your own
- stop talking even if the individual does not reply
- straddle the individual
- push arms up the back
- touch the individual near the throat or head
- put pressure on joints

4. Recording Incidents

It is important that a written report is kept on any occasion when force is used; the member of staff concerned should advise the office immediately following the incident and provide a written report as soon as possible afterwards. The report should include:

- the name(s) of the individual involved;
- when and where the incident took place;
- the name(s) of any other person who witnessed the incident;
- the reason that force was necessary;
- how the incident began and progressed;
- the individual's response, and the outcome of the incident;
- details of any injury suffered by the individual/member of staff, and any damage to property.

Staff may find it helpful to seek advice from their professional association or a senior colleague when writing a report.

The National Institute for Clinical Excellence Guidelines state that all staff who might have to manage patients with disturbed or violent behaviour should receive ongoing competency training to recognise anger, potential aggression, antecedents, and risk factors of disturbed and violent behaviour and to monitor their own verbal and non-verbal behaviour. This training should include methods of anticipating, calming, or coping with disturbed or violent behaviour.

Those individuals identified to be at risk of disturbed or violent behaviour should be given the opportunity to have their needs and wishes recorded in the form of an advance directive.

Please note, this policy and procedure should only be used in a one off situation where the individual is not known to have challenging behaviour.