This policy supersedes all previous issues.
### Version Control

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1. Introduction

It is the Trust's position that physical control and restraint techniques will only be used as a last resort. Staff should exhaust all appropriate therapeutic interventions in the first instance to prevent untoward incidents occurring.

In the event that physical skills are used then they should be the minimum necessary to deal with the situation. Thoughtful consideration should be given to the self-respect; dignity and cultural values of the patient at all time.

Control and restraint is the systematic use of approved physical techniques aimed at restraining or breaking away from an individual who is likely to, or is acting in, a manner likely to result in harm to themselves or others. The actual physical skills are taught by qualified instructors authorised by the Trust and should be used only under the supervision of staff who have attended an approved course.

The Trust has adopted the recommendations of the revised Code of Practice Mental Health Act 1983 which, under paragraph 19.9, states:

Staff in NHS hospitals and private mental nursing homes who are ordinarily likely to find themselves in situations where training in the management of actual or potential aggression might be necessary should attend an appropriate course taught by a qualified trainer. The trainer should have completed an appropriate course of preparation designed for health care settings and preferably validated by one of the health care bodies (English National Board or Royal College of Nursing Institute).

2. Policy Scope

The policy was devised to ensure the safety of patients is maintained when all therapeutic interventions have been exhausted and trained staff are considering physical control and restraint techniques.

3. Aim of the Policy

The policy aim is to provide a framework for carrying out physical control and restraint in line national guidance therefore minimising the risk of injury or ill-health to staff, patients and others resulting from violence, aggression and challenging behaviours.
4. **Duties, Rules & Responsibilities**

The governance framework for the Physical Control and Restraint Policy is as follows:

- **Trust Board of Directors**
  - Mental Health Committee
  - PQRS Committee
  - Divisional SafeCare Meeting
  - Health and Safety Committee
  - Wards / Department
  - Security Meetings

**NB.** The Trust has identified that links between the Security Meetings and the Mental Health Committee need to be strengthened (as above).

- Trust Board is responsible for implementing a robust system of corporate governance across the organisation.
- The Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the Trust-wide implementation of this policy.
- Divisional Manager and Matrons are responsible for ensuring that systems are in place to support the implementation of this policy.
- Matrons are responsible for ensuring that local systems are in place to support the implementation of this policy.

**All Staff**

All identified staff within Gateshead Health NHS Foundation Trust are responsible for ensuring that the principles outlined in this policy are universally applied.

5. **Definitions**

**The purpose of restraint** “is to take immediate control of a dangerous situation and to obtain or limit the person’s freedom for no longer than is necessary to end or reduce significantly the threats to themselves or those around” (MHA Code of Practice (1983) 2007)
Physical intervention
“involves the use of force to control a person’s behaviour and can be employed using bodily contact, mechanical devices or changes to the person’s environment” (Dept of Health 2002)

6. **Restrictive physical interventions**
Any restraint techniques must only be used as a last resort when all primary and secondary interventions have failed and the level of risk is such that more intensive interventions are required to maintain safety.

   a. Staff will demonstrate at all times respect, privacy and dignity towards the patient and ensure that there is communication between staff and patient at all times during the intervention
   b. During any control and restraint intervention the patient physical condition must be monitored to reduce any physical risks.
   c. During the intervention there should be verbal de-escalation between the staff member ‘in control’ and the patient.
   d. At the earliest opportunity the patient will be disengaged from restrictive physical intervention when it is deemed safe and practicable to do so.
   e. All physical restraint episodes must be recorded stating why the decision was made to use the intervention and the reasons for it. Each intervention must be recorded separately and reviewed individually giving a detailed account of the restraint.
   f. A post-incident review should be undertaken following all episodes of restrictive physical interventions and any recommendations care planned.
   g. All staff must be supported following a restraining episode through the use of de-briefing sessions.

7. **Training**
The Trust will ensure that the appropriate training and education is available. All identified staff determined by the organisational training needs analaysis and identified by their role. will be expected to participate in the trust training programme for Control and Restraint.. Appropriate training records will be stored in staff’s personal files as well as centrally maintained via OD & Training Dept.

   Training Levels include
   - Corporate induction
   - Basic Life Support Training including positional asphyxia
   - Violence and Aggression Level 1 and 2
   - Violence and Aggression Level 3

8. **Equality & Diversity**
8.1 This policy seeks to apply the principles of the Human Rights Act 1998 of fairness, respect, equality, dignity and autonomy for all (DH 2007) The Trust
recognises that placing someone under physical control or restraint requires consideration of an individual’s rights under Articles 3, 5, 7 and 8 of the Act. However the necessity and reasons for physical control and restraint being used, provided this policy is followed, should comply with the legislation.

**Article 3 (Prohibition of Torture).** Care will be taken to ensure that patients, because of need for physical control or restraint, are not subjected to inhumane or degrading treatment.

**Article 5 (Right to Liberty)** is a limited right, exception includes the detention of a person of “unsound mind”. European Case Law has established that there must be three minimum conditions for detention to be lawful under Article 5.

- A true mental disorder must be established before a competent authority on the basis of objective medical expertise.
- The mental disorder must be of a kind or degree warranting compulsory confinement.
- The validity of the continued confinement depends upon the persistence of the mental disorder.

As the patient’s condition improves, under Article 5, we are required to demonstrate that there had been no undue delay in ending an episode of restraint/detention.

**Article 7 (No punishment without law)** It should be clear to all that control and restraint is not to be regarded as a treatment method or is it used as a means of punishment.

**Article 8 (Right to Respect for Family and Private Life).** Infringement can be justified if it is in accordance with the law, is necessary in a democratic society, to ensure public safety, for the prevention of disorder or crime, for the protection of health or morals or for the protection of rights and freedoms of others.

8.2 The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

8.3 This policy takes into consideration the need to make reasonable adjustments to ensure that patients with disabilities are not discriminated against. It promotes respect for cultural, religious and gender diversities, and aims to prevent discrimination on the grounds of age, disability, gender (including transgender), race, religion or belief, and sexual orientation.

8.4 In accordance with the NHS Constitution for England, patients have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief,
sexual orientation, disability (including learning disability or mental illness) or age.1

9. Monitoring the Compliance of this Policy

Monitoring the compliance of this policy will be the responsibility of the Trust Mental Health Committee via.

- Training Programmes
- Training reports
- Support arrangements
- Implementation of patient care plans
- Clinical Risk Assessment Documentation

10. Consultation & Review

The policy will be reviewed by the Mental Health Committee which has both clinical and non clinical representation. It also takes into consideration feedback from post incident review reports.

11. Implementation of the Policy

The policy will be implemented in accordance with local induction protocols for those staff identified as requiring control and restraint training.

12. References

- Revised Code of Practice Mental Health Act (2007)
- The Royal College of Psychiatrists 1998 - Management of Imminent Violence
- Gateshead Health NHS Trust - Home Visiting Guidance
- NHS Incident Report (Datix)
- Human Rights Act 1998
- CQC Essential quality and safety, Outcome 7

13. Associated Policies

13.1 This policy should be read in conjunction with:

- RM 04 Incident Reporting & Investigation
- RM10 Violence at Work Policy
- RM4 Risk Management