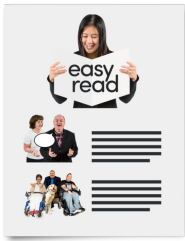




Restraint and Violence Reduction Policy

1.

This document is about:



This is the easy read version of Cygnet's Restraint and Violence Policy.



The policy tells Cygnet staff what needs to happen to manage and reduce the use of force in Cygnet Services.



The use of **force** should **not happen often**. However, there are times it will be needed. Staff will only use these measures to make sure you and others are **safe**.

We will follow laws to protect your human rights.



This policy makes sure we are **open and honest** about the use of force in Cygnet services.

2.

Where this policy applies



This policy applies to all Cygnet Services.



It applies to all staff who have direct contact with individuals in our services.



Any staff who do not follow this policy may be **disciplined**.



Disciplined means that a staff member is told that their behaviour is not meeting Cygnet's standards. An individual plan is made for that staff member to improve their behaviour.

3.

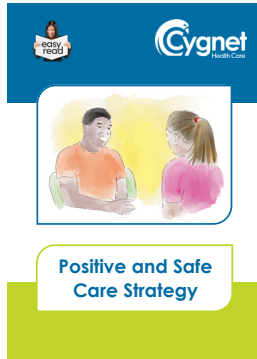
Introduction



Cygnnet knows it is **responsible** for the people who use its services, its staff and others. Our aim is to **protect people** from harm wherever possible.



Cygnnet develop plans to **reduce force** and **review** these **plans** regularly.



To read more about how we are doing this you can read this document;

The Positive and Safe Care Strategy



Cygnnet aims to reduce the use of restrictive practices and promote **positive relationships** between staff and individuals in our care.



Cygnets aim is it to prevent the need for the use of force. Cygnets wants to **de-escalate** situations before a **physical intervention** is needed.



Cygnets understands that **physical interventions** are needed when there is a **real risk of harm** to an individual or others.



Staff should be **highly trained** and have a good understanding of a person before they carry out an **intervention**.



Staff will not use an intervention for longer than is needed. Staff will **respect the person's privacy and dignity** as much as possible.

Definitions

There are a list of **definitions** for you to use at the end of the document to help explain the words in this policy.

4.

Equality, Diversity and Your Rights



Human rights are the freedoms and protections which everyone is entitled to. Cygnet and all its staff must respect and protect those rights by law.



Cygnet follows the Equalities Act 2010

Staff must:

- protect human rights and freedoms
- treat everyone according to their needs
- challenge discrimination



When restrictive interventions are used staff must think about the individual's:

- specific needs
- their beliefs
- cultural practices



5.

Reasonable Force



How much force can be used depends on each situation.

When force is used it should always be to prevent harm and staff should use the least amount of force needed.



Reasonable force can be used to:

- to defend yourself
- to protect another person
- to protect property
- to stop a crime
- to lawfully arrest someone
- to save a life



The law says that mentally ill (incapacitated) adults may be restrained using **reasonable force** and given treatment without their consent when this is in their best interests.

Without consent means you have not agreed to something.

6.

Risk Assessment and Care Planning



Restraint care plans will be made to support you. These plans should contain strategies to prevent, reduce and manage risks. These may include restrictive interventions.



Individuals should have some influence to choose appropriate interventions.



Staff are allowed to defend themselves and others from harm. Staff will be trained in how to do this.

7.

Physical Intervention

Physical interventions will sometimes be needed. **This will only happen when other strategies do not work.**



Physical Interventions should only be used as a **last resort**. They should be used as little as possible for the shortest amount of time.



The most common reasons for using physical interventions are:

- physical assault
- extremely dangerous, threatening or destructive behaviour
- self harm or risk of physical injury
- extreme and prolonged over activity likely to lead to physical exhaustion
- attempts to escape



8.

Safety considerations



Staff are expected to respect all individuals' rights and provide skilled, person-centred care.



Where **physical interventions** cannot be avoided, the mouth and nose should **never be covered** and there should be no pressure to the neck region, rib cage and abdomen.



There are high risk physical intervention positions that can restrict breathing. These positions must be used for the shortest time possible.



When using physical interventions staff should be aware of the individual's

- age
- physical and emotional maturity
- health status
- cognitive functioning
- any disability or sensory impairment



Ways of working that consider the impact of individual's past experiences of trauma are expected at all times.



Staff should observe the individual to so that if any physical difficulties become evident, staff must proceed with the appropriate emergency interventions,



Cygnet knows that in some situations, where there is an immediate risk to life or significant injury techniques that cause pain may be used.

9.

Managing Weapons

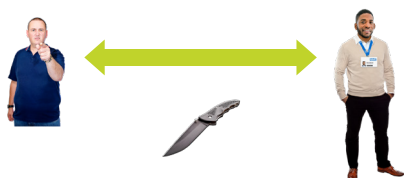


Weapons in Cygnet's services are a serious risk to everyone's health and safety.

When someone is threatened with a weapon the risk needs to be managed.



If someone has a weapon, staff will help you to a safer area to prevent the risk of injury.



Staff will keep chatting to the person with the weapon from a safe distance, they will not remove the weapon.



Staff will try to get the person to put the weapon. If this does not work staff will call the Police for assistance.



When the police arrive the police are in charge of the situation.

10.

Working with the Police

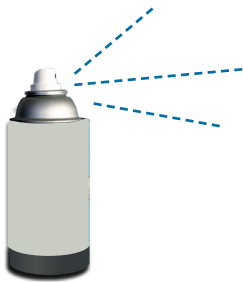


Police Officers going into a mental health units will wear a Body Worn Camera that records what happens.



Police will use **de-escalation** and 4 others ways to manage difficult situations.

1. use of personal protective equipment



2. physical and/or mechanical restraint

3. incapacitant spray

4. use of a taser

11. What will happen after the incident?

24
hours



After any incident where restrictive interventions are used all staff, individuals and those who witnessed the incident must be offered support within 24 hours of it taking place



Any injuries or suspected injuries should be dealt with as soon as it is safe to do so.



Any injuries must be treated by the correct professionals and when needed further medical assistance will be provided.



Staff will offer support to any other people who are upset or confused by the events.

12.

Reporting and Recording

All incidents where **physical interventions** are used or attempted will be recorded in the individual's care records. Staff will write a report about the incident as soon as they can. Information recorded should include:

time of the incident

how long each restraint position was held

where staff members were positioned

staff involved and their role

details of the positions individual was held in

individual's details such as, ethnicity, religion and diagnosis



Individuals can be physically restrained in a number of different positions:

standing

seated

supine

prone

side

restricted escort

kneeling



A **clinical hold** is when an individual is held by other people to give care or carry out a clinical procedure. It may be to assist them with:

using the toilet

washing

dressing

to take bloods

being fed by a tube



Whenever a **resistive restrictive hold** that meets the definition of restraint is used, this must be recorded as a restraint.

Examples of this include where individuals are held in order to:



transport Individuals when leaving a secure service or ward

feed someone by a tube

provide personal care

enter and exit seclusion

facilitate **breakaway techniques**, these are not a physical restraints if used on their own. It is however possible for a **breakaway technique** to result in the use of a physical restraint.



This policy defines what training staff should have. Cygnet is responsible for this training.

Depending on where staff work they may be trained in:



Safety Intervention



or

PMVA, this stands for Prevention and Management of Violence and Aggression.



The training is provided by specialist trainers who are employed by Cygnet.

14.

Mechanical Restraint



Cygnat understands that the use of mechanical restraint may be considered in **a very small number of cases.**

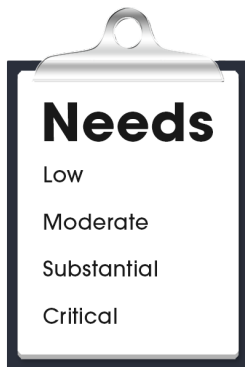


Devices may be needed to safeguard an Individual from the harmful effects of their behaviour such as:

- hand restraints
- leg restraints
- arm restraints
- cushioned helmets
- bed rails



Mechanical restraints may be used on Individuals by other people such as the Police and secure transport services.



The individual's support plan should explain:

- why a mechanical restraint may be needed
- the type of device to be used
- how continued attempts should be made to de-escalate the situation



Where possible the Individual should be involved in this plan.



If any form of mechanical restraint is being considered this is discussed by a group of professionals.



Procedures and care plans will be reviewed to make sure the Individual's privacy and dignity are respected.

15.

Definitions



Using force means to stop somebody from doing something.

Restraint



- **Physical** - this is when another person uses force and direct contact to restrict or limit movement of an individual



- **Mechanical** - this means to use a device which restricts movement of a persons body



- **Chemical** - this means to use medication or drugs to control a persons mood or behaviour



Violence this is any incident where a person is abused, threatened or assaulted.



Psychological violence, also known as **emotional abuse**, is when a person is threatened or made to do something against their will through threats, bullying or aggressive behaviour.



Physical Assault is when force is used against another person in an unlawful way and it results in physical injury or discomfort.



Challenging behaviour is when someone's behaviour puts their safety or another's at risk.



Disengagement or a **Breakaway** this is when staff are trying to help a person by restraining them. Staff sometimes need to leave that situation.



De-escalation is when staff use **small movements or talking** to calm a person down.



Negligible use of force is when staff may use a hold or restraint that involves only a smaller amount of pressure on another person.

There are some forms that staff can use to help them with implementing this policy. These include:

- Restrictive Physical Interventions Procedures
- 72 Hour monitoring form
- Restraint and Violence Assessment
- Positive Behaviour Support Plan Residential
- Positive Behaviour Support Plan Hospitals
- RRN Training Standards 2019
- RRN RRP Action Plan – kept by the Director of Nursing

There are some other Cygnet policies that are connected to this policy. You might want to read these, they are:

- Positive and Safe Care Strategy
- Positive and Safe Care: Reducing Restrictive Practice
- Seclusion and Long Term Segregation
- Management of Individuals Records
- Individuals Risk Assessment and Management
- Incident Reporting and Management
- Post Incident Review (debrief)
- Security (Including Locked Doors)
- Medication Management
- Safe and Supportive Observation
- Support and Engagement
- Safe Use of Bed Rails

If you would like to read more about the use of force, these documents may be helpful:

NICE Guidelines:

- Violent and aggressive behaviours in people with mental health problems (QS154) – Quality Standard
- Short term management of violence and aggression (NG10)
- Reducing the Risk of Violent and Aggressive Behaviours – a Short Guide for Registered Managers of Mental Health Services for Young People

Restraint Reduction Network

- Training Standards 2019

Department of Health (2014)

- Positive and Proactive Care: reducing the need for restrictive interventions

Human Rights in a Health Care Setting: Making it Work Mental Health Act

- Code of Practice

NHS Protect

- Meeting needs and reducing distress - Guidance on the prevention and management of clinically related challenging behaviour in NHS settings

Transforming Care 2012

Mental Health Act Code of Practice 2015

Mental Health Units (Use of Force) Act Guidance 2021



Thank you to photosymbols for helping us make this easy read.



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Your notes