Coimisiún Meabhair-Shláinte | Mental Health Commission

Memorandum on Key Revisions Contained in the Code of Practice on the Use of Physical Restraint

This memorandum outlines the key revisions[1] contained in the *Code of Practice on the Use of Physical Restraint – Version 2*. The changes are set out according to the section of the Code in which they are located and indicate differences from Version 1 where applicable.

Part 1 Introduction

Section 1 Principles Underpinning the Use of Physical Restraint

A new Section 1 has been added to Version 2. Section 1 outlines nine key principles which *"should underpin the use of physical restraint at all times"*.

Section 4 Definition of Physical Restraint

A new Provision 4.1 has been created by updating content from Provision 1.6 in Version 1 of the Code which defined physical restraint. The phrase *"when he or she poses an immediate threat of serious harm to self or others"* has been added to the definition.
The new Provision 4.1 states:
For the purpose of this Code, physical restraint is defined as *"the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident's body when he or she poses an immediate threat of serious harm to self or others"*.

Part 2 Use of Physical Restraint

Section 5 Orders for Physical Restraint

Section 5 of the Code has been considerably revamped with important revisions contained in Provisions 5.1, 5.5, 5.6, 5.8 and 5.9 (b).

A new Provision 5.1 has been created by updating content from Provision 2.5 in Version 1 of the Code. The provision has been amended to now refer to the initiation and ordering of physical restraint. The reference to care officer has been removed. Furthermore, physical restraint may now also be initiated and ordered by *"other members of the multi-disciplinary care team in accordance with the approved centre's policy on physical restraint"*.
The new Provision 5.1 states:
"Physical restraint should only be initiated and ordered by registered medical practitioners, registered nurses or other members of the multi-disciplinary care team in accordance with the approved centre's policy on physical restraint".

[1] There have been other minor revisions to the Code of Practice that are not highlighted in this memorandum. For example, a restructuring of the Code has led to changes to the numbering of sections. The purpose of this memorandum is to draw the reader's attention to the **key revisions**.

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Two new provisions (5.5 and 5.6) have been added to Version 2.
The new Provision 5.5 states:
"An order for physical restraint shall last for a maximum of 30 minutes".

The new Provision 5.6 states:
"An episode of physical restraint may be extended by an order made by a registered medical practitioner following an examination, for a further period not exceeding 30 minutes".
Provision 5.8 has been created by updating content from Provision 2.9 in Version 1 of the Code. The new Provision 5.8 details information that should be provided to the resident. The provision has been amended to now state that a resident should also be informed of *"the circumstances which will lead to the discontinuation of physical restraint".*

A new Provision 5.9 (b) has been created by updating content from Provision 2.10 (b) in Version 1 of the Code.
It deals with situations where a resident has capacity and does not consent to informing his or her next of kin or representative of his or her restraint. The provision has been amended to now clarify that no *"communication* [to a next of kin or representative] *should occur outside the course of that necessary to fulfill legal and professional requirements"* where a resident does not consent to this. A further amendment states that a note in respect of the fact that no communication has occurred *"should be recorded in the resident's clinical file".*

Section 6 Resident Dignity & Safety

Two new provisions (6.1 and 6.4) have been created by updating content from Provision 3.3 in Version 1 of the Code.
The new Provision 6.1 states:
"Staff involved in the use of physical restraint should be aware of and have considered any relevant entries in the resident's care and treatment plan, pertaining to his or her specific requirements/needs in relation to the use of physical restraint. This may include 'advance directives'."

The new Provision 6.4 states:
"The resident should be continually assessed throughout the use of restraint to ensure his or her safety".

A new Provision 6.3 has also been added to Version 2.
It states:
"Where practicable, the resident should have a same sex member of staff present at all times during the episode of physical restraint".

Section 7 Ending the Use of Physical Restraint

A new Provision 7.2 has been created by updating content from Provision 4.2 in Version 1 of the Code. The previous provision noted that after an episode of restraint, the resident should be afforded the opportunity to discuss the episode of physical restraint with *"the multidisciplinary team involved in his or her care and treatment as soon as is practicable"*. An amendment now states that the resident should be afforded the opportunity to discuss the episode with *"**members**"* of the multi-disciplinary team.

Section 9 Clinical Governance

A new Provision 9.3 has been created by updating content from Provision 6.2 in Version 1 of the Code. The previous statement that each episode of physical restraint should be reviewed by the multi-disciplinary team *"as soon as is practicable and in any event no later than 2 normal working days (i.e. days other than Saturday/Sunday and bank holidays) after the episode of restraint"* has been amended to state that it should be reviewed by *"**members**"* of the multi-disciplinary team.