

# Mental Health Commission

## Code of Practice

### Code of Practice on the Use of Physical Restraint in Approved Centres

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001.



## **VISION**

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Working Together for Quality Mental  
Health Services



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## Preamble

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Section 33(3)(e) of the Mental Health Act 2001 (the “2001 Act”) obliges the Mental Health Commission to: *“prepare and review periodically, after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services”*. In accordance with this section of the 2001 Act, the Commission brought out a *Code of Practice on the Use of Physical Restraint in Approved Centres* in November 2006. At this time, the Commission indicated its intention to keep the Code under periodic review and to revise it as required. As a result, it commissioned an independent review of the Code which was carried out between September and December 2008 and involved an extensive stakeholder consultation.

The Code has now been revised to take account of the recommendations arising from the review. The main amendments to the Code are indicated in the *Memorandum on Key Revisions Contained in the Code of Practice on the Use of Physical Restraint in Approved Centres – Version 2*. A copy of this Memorandum is available on our website at [www.mhcirl.ie](http://www.mhcirl.ie).

The Commission believes that adherence to this Code will ensure that the rights of residents are respected and that a culture of respect is fostered within approved centres. Although the Code aims to guide practice, it does not purport to be all encompassing.

The date of commencement of this Code is 1st January 2010. Therefore, the Inspector of Mental Health Services will begin assessing compliance with the revised Code from this date.

In line with its commitment to keep existing Rules and Codes of Practice under review, the Commission intends to review this Code no later than five years from its date of commencement.



# Code of Practice on the Use of Physical Restraint in Approved Centres

*This Code of Practice has been prepared by the Mental Health Commission, in accordance with Section 33(3)(e) of the Mental Health Act 2001, for the guidance of persons working in the mental health services.*



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## Glossary

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### **Advance directive**

An advance directive is a document signed by a competent person setting out his/her wishes regarding the health care decisions to be taken in certain circumstances in the event of him/her becoming unable to make such decisions.

### **Approved centre**

A “centre” means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the 2001 Act. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

### **child**

A person under 18 years of age other than a person who is or has been married.

### **Clinical file**

A record of the resident’s referral, assessment, care and treatment while in receipt of mental health services. This documentation should be stored in the one file. If all the relevant information is not in the file, the file should record where the other information is held.

### **Clinical governance**

A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

### **Consultant Psychiatrist**

Means a consultant psychiatrist who is employed by the HSE or by an approved centre or a person whose name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

### **Dignity**

The right of an individual to be treated with respect as a person in his or her own right.

**Direct supervision**

For the purposes of this Code, direct supervision means being physically present, within sight and sound, to direct the physical restraint of a resident.

**Duty consultant psychiatrist**

The consultant psychiatrist on the on-call duty rota.

**Individual care and treatment plan**

A documented set of goals collaboratively developed by the resident and the multi-disciplinary team. The plan sets the direction for treatment and support, identifies necessary resources and specifies outcomes for the resident. The care and treatment plan is recorded in the one set of documentation.

**National Forensic Service**

Central Mental Hospital

**Nurse in charge**

The clinical nurse manager in charge or the person officially “acting up” in his or her absence.

**Policy**

Written statement that clearly indicates the position of the organisation on a given subject.

**Registered medical practitioner**

A person whose name appears on the General Register of Medical Practitioners.

**Representative**

A relative, friend, legal professional, or Guardian ad Litem appointed by the resident, statutory organisation or court to represent the best interests of the resident.

## **Resident**

A resident is a person receiving care and treatment in an approved centre.

## **The 2001 Act**

Refers to the Mental Health Act 2001.

## **Unsafe behaviour**

When a resident acts in such a way that he or she may injure himself/herself or others.



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## Part 1: Introduction

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### 1. Principles Underpinning the Use of Physical Restraint

The following general principles should underpin the use of physical restraint at all times.

- 1.1 Physical restraint should be used in rare and exceptional circumstances and only in the best interests of the resident when he or she poses an immediate threat of serious harm to self or others.
- 1.2 Physical restraint should only be used after all alternative interventions to manage the resident's unsafe behaviour have been considered.
- 1.3 Physical restraint is not prolonged beyond the period which is strictly necessary to prevent immediate and serious harm to the resident or others.
- 1.4 The use of physical restraint should be proportional and minimal force should be applied.
- 1.5 Physical restraint is used in a professional manner and is based within an ethical and legal framework.
- 1.6 Physical restraint is used in settings where the safety of service users, staff and visitors is regarded as being essential and equal.
- 1.7 Use of physical restraint is based on a risk assessment.
- 1.8 The use of physical restraint is based on best available evidence and contemporary practice.
- 1.9 Cultural awareness and gender sensitivity are demonstrated when considering the use of and when using physical restraint.

### 2. Purpose of the Code

- 2.1 Section 33(3)(e) of the 2001 Act requires the Mental Health Commission to:  
*"prepare and review periodically, after consultation with such bodies as it considers*

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*appropriate, a code or codes of practice for the guidance of persons working in the mental health services”.*

- 2.2** The 2001 Act does not impose a legal duty on persons working in the mental health services to comply with Codes of Practice, but best practice requires that they be followed to ensure the 2001 Act is implemented consistently by persons working in the mental health services. A failure to implement or follow this Code could be referred to during the course of legal proceedings.
- 2.3** As required by Section 33(3)(e) of the 2001 Act, the Commission shall review Codes of Practice periodically, after consultation with appropriate bodies. This Code shall be reviewed no later than 5 years from the date of commencement.

### **3. Scope of the Code**

- 3.1** The scope of the Code is prescribed for in the 2001 Act by the provisions of Section 33(3)(e). The Code is intended as guidance for persons working in approved centres, and in particular for staff involved in the use of physical restraint in approved centres. The Code is intended to be complementary to the 2001 Act, which should always be referred to for its precise terms.
- 3.2** The Code is applicable to all residents, that is, persons receiving care and treatment in an approved centre.
- 3.3** The Code does not purport to be all encompassing. The Mental Health Commission however hopes that it will enable mental health professionals to work together effectively in the management of unsafe behaviour.

### **4. Definition of Physical Restraint**

- 4.1** 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”.*

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## Part 2: Use of Physical Restraint

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### 5. Orders for Physical Restraint

- 5.1** 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.
- 5.2** A designated member of staff should be responsible for leading the physical restraint of a resident and for monitoring the head and airway of the resident.
- 5.3** The consultant psychiatrist responsible for the care and treatment of the resident or the duty consultant psychiatrist should be notified by the person who initiated the use of physical restraint as soon as is practicable and this should be recorded in the resident's clinical file.
- 5.4** As soon as is practicable, and no later than 3 hours after the start of an episode of physical restraint, a medical examination of the resident by a registered medical practitioner should take place.
- 5.5** An order for physical restraint shall last for a maximum of 30 minutes.
- 5.6** An episode of physical restraint may be extended by a renewal order made by a registered medical practitioner following an examination, for a further period not exceeding 30 minutes.
- 5.7**
- a) The episode of physical restraint should be recorded in the resident's clinical file.
  - b) The relevant section of the *"Clinical Practice Form for Physical Restraint"* should also be completed by the person who initiated and ordered the use of physical restraint as soon as is practicable and no later than 3 hours after the episode of physical restraint.
  - c) The clinical practice form for physical restraint should also be signed by the consultant psychiatrist responsible for the care and treatment of the resident or the duty consultant psychiatrist as soon as is practicable and in any event within 24 hours.

- 5.8** The resident should be informed of the reasons for, likely duration of and the circumstances which will lead to the discontinuation of physical restraint unless the provision of such information might be prejudicial to the resident's mental health, well-being or emotional condition. In the event that this communication does not occur, a record explaining why it has not occurred should be entered in the resident's clinical file.
- 5.9** a) As soon as is practicable, and with the resident's consent or where the resident lacks capacity and cannot consent, the resident's next of kin or representative should be informed of the resident's restraint and a record of this communication should be placed in the resident's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred should be entered in the resident's clinical file.
- b) Where a resident has capacity and does not consent to informing his or her next of kin or representative of his or her restraint, no such communication should occur outside the course of that necessary to fulfill legal and professional requirements. This should be recorded in the resident's clinical file.

## **6. Resident Dignity & Safety**

- 6.1** 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".
- 6.2** Special consideration should be given when restraining a resident who is known, by the staff involved in restraining him or her, to have experienced physical or sexual abuse.
- 6.3** Where practicable, the resident should have a same sex member of staff present at all times during the episode of physical restraint.
- 6.4** The resident should be continually assessed throughout the use of restraint to ensure his or her safety.
- 6.5** The use of holds intended to deliberately inflict pain is prohibited.

**6.6** The following should be avoided –

- a) Neck holds
- b) The application of heavy weight to the resident’s chest or back.

**6.7** Limited use of physical restraint involving the resident in the “prone”, face down position is permitted in exceptional circumstances by staff who have received appropriate training. A record of the use of prone restraint should be entered in the resident’s clinical file.

## **7. Ending the Use of Physical Restraint**

**7.1** The use of physical restraint may be ended at any time by the person responsible for leading the physical restraint of the resident and monitoring the head and airway of the resident.

**7.2** Following physical restraint, the resident concerned should be afforded the opportunity to discuss the episode with members of the multi-disciplinary team involved in his or her care and treatment as soon as is practicable.

## **8. Recording the Use of Physical Restraint**

**8.1** All uses of physical restraint should be clearly recorded in the resident’s clinical file.

**8.2** All uses of physical restraint should be clearly recorded on the *Clinical Practice Form for Physical Restraint* (see Appendix) in accordance with Provision 5.7.

**8.3** The completed form should be placed in the resident’s clinical file and a copy should be available to the Inspector of Mental Health Services and/or the Mental Health Commission on request.

## **9. Clinical Governance**

**9.1** Physical restraint should never be used to ameliorate operational difficulties including where there are staff shortages.

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- 9.2**
- a) Each approved centre should have a written policy in relation to the use of physical restraint. The policy should address the provision of information to the resident and identify who may initiate and who may carry out physical restraint.
  - b) The approved centre should maintain a written record indicating that all staff involved in physical restraint have read and understand the policy.
  - c) The record should be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.
  - d) An approved centre should review its policy on physical restraint as required and in any event at least on an annual basis.
- 9.3** Each episode of physical restraint should be reviewed by members of the multi-disciplinary team involved in the resident's care and treatment and documented in the resident's clinical file 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.
- 9.4** All information gathered regarding the use of physical restraint should be held in the approved centre and used to compile an annual report on the use of physical restraint at the approved centre. This report should be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

## **10. Staff Training**

- 10.1** Approved centres should have a policy and procedures for training staff in relation to physical restraint. This policy should include, but is not limited to, the following:
- a) Who will receive training based on the identified needs of residents and staff;
  - b) The areas to be addressed within the training programme, including training in the prevention and management of violence (including "breakaway" techniques) and training in alternatives to physical restraint;
  - c) The frequency of training;

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- 
- d) Identifying appropriately qualified person(s) to give the training; and
  - e) The mandatory nature of training for those involved in physical restraint.

**10.2** A record of attendance at training should be maintained.

## **11. Child Residents**

In addition to sections 2-10 which apply to all residents, the following considerations apply to children being provided care and treatment in approved centres.

- 11.1** An approved centre physically restraining a child should ensure the child's parent or guardian is informed as soon as possible of the child's physical restraint.
- 11.2** An approved centre physically restraining a child should have in place child protection policies and procedures in line with relevant legislation and regulations made thereunder.
- 11.3** An approved centre physically restraining a child should have a policy and procedures in place addressing appropriate training for staff in relation to child protection.

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## References

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Available on Request

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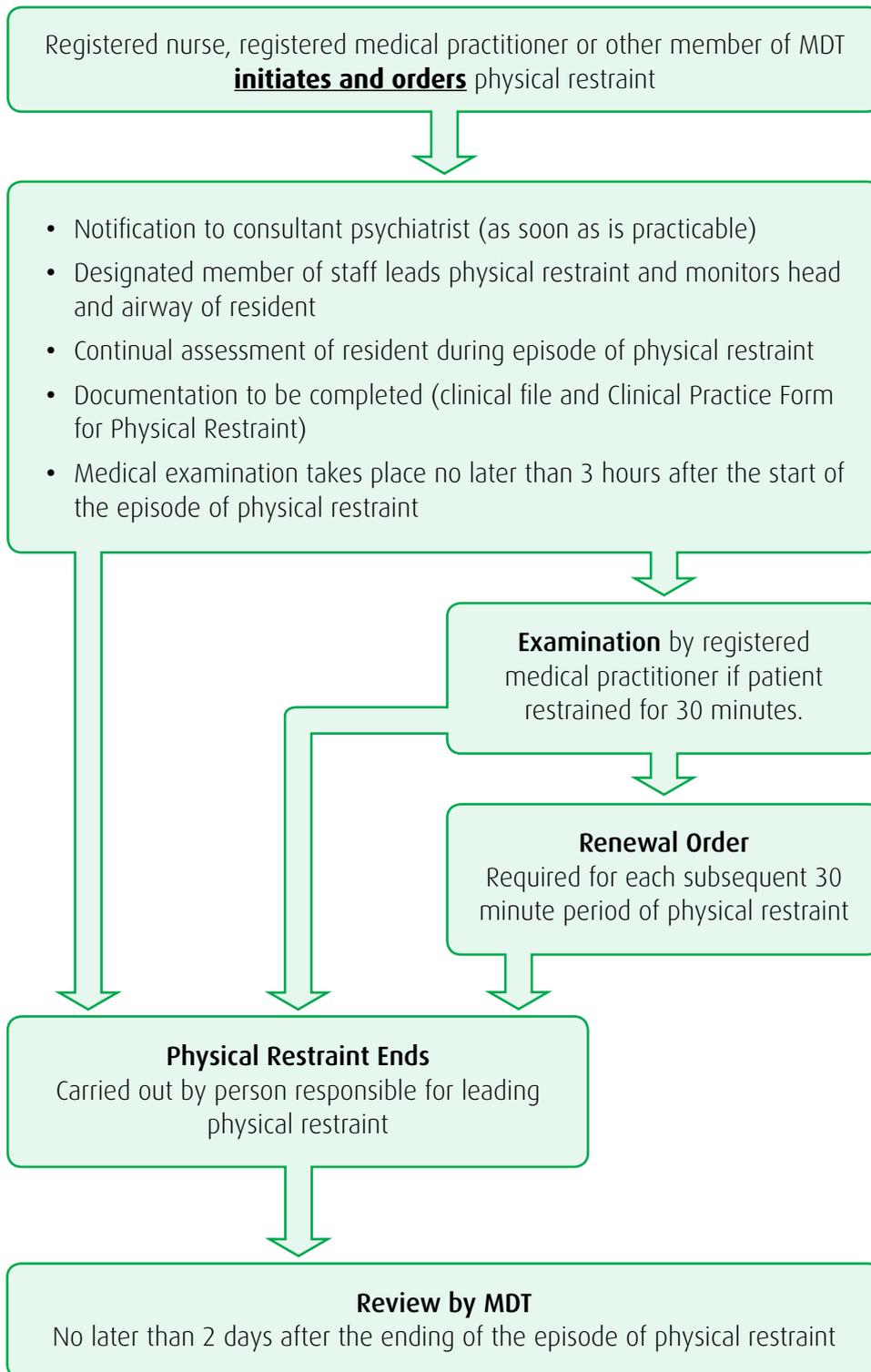
## Appendices

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**Appendix 1** Key Steps in Physical Restraint Process

**Appendix 2** Clinical Practice Form for Physical Restraint

### Appendix 1: Key Steps in Physical Restraint Process<sup>1</sup>



<sup>1</sup> This flowchart is a guide to the key steps involved in the process of physically restraining a resident. It should be read in conjunction with the Code of Practice on the Use of Physical Restraint in Approved Centres.

## Appendix 2: Clinical Practice Form for Physical Restraint

| Resident's Personal Details:                          |  |
|---|--|
| 1. First name:  | 2. Surname:  |
| 3. Date of Birth:<br>□ □ / □ □ / □ □ □ □ (dd/mm/yyyy) | 4. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |

| Location:                |               |
|--------------------------|---------------|
| 5. Approved Centre Name: | 6. Unit Name: |

| Physical Restraint Details:   |  |
|---|--|
| <b>7. Physical Restraint Order Type:</b> First Restraint Order <input type="checkbox"/> Renewal Order <input type="checkbox"/><br>As per Provision 5.5, a physical restraint order shall last for a maximum of thirty minutes. A renewal order should be made if it is necessary to extend the episode of physical restraint beyond thirty minutes.<br>(If renewal order please complete sections 8 - 9 and 16 - 18 only) |  |
| <b>8. Date Physical Restraint Episode Commenced:</b><br>□ □ / □ □ / □ □ □ □ (dd/mm/yyyy)  | <b>9. Time Physical Restraint Episode Commenced:</b><br>□ □ : □ □ (24 hour clock e.g. 2.41pm should be written as 14.41) |
| <b>10(a). Who Initiated and Ordered Physical Restraint:</b><br><br>Name (print) _____ Job title (print) _____<br>Signed: _____  |  |
| <b>10(b). Who assisted with the Physical Restraint:</b><br><br>Name (print) _____ Job title (print) _____<br>Signed: _____<br><br>Name (print) _____ Job title (print) _____<br>Signed: _____<br><br>Name (print) _____ Job title (print) _____<br>Signed: _____  |  |

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**11. Details of what each member of staff named above was doing during the episode of restraint:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**12. Why is physical restraint being used?**

|                                   |                          |                        |                          |
|-----------------------------------|--------------------------|------------------------|--------------------------|
| Threat to residents/staff/others  | <input type="checkbox"/> | Self-harm/Risk to self | <input type="checkbox"/> |
| Assault on residents/staff/others | <input type="checkbox"/> | Transfer to Seclusion  | <input type="checkbox"/> |
| Other                             | <input type="checkbox"/> | Please explain:        |                          |

**13. Alternatives to physical restraint considered:**

|  |                          |                                 |                          |
|--|--------------------------|---------------------------------|--------------------------|
| Verbal Intervention/De-escalation techniques | <input type="checkbox"/> | Medication offered/administered | <input type="checkbox"/> |
| Time Out/One to One Nursing/Seclusion        | <input type="checkbox"/> | Physical Deflection             | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> | Please explain:                 |                          |

**14. Brief description regarding type of restraint used:**

|  |
|--|
|  |
|  |
|  |

**15. Was the patient’s next of kin or representative informed of the episode of physical restraint?** Yes  No

**Order:**

**16.**  
 I \_\_\_\_\_ have assessed \_\_\_\_\_ on \_\_\_\_\_  
 Date:   /   /     at   hrs   mins and I order the use of  
 Physical Restraint from  
 Date:   /   /     at   hrs   mins for up to a maximum period  
 of   mins

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

**17. Physical Restraint has been ordered under the supervision of the:**

Please tick as appropriate and sign below.

Consultant Psychiatrist responsible for the care and treatment of the resident

Duty Consultant Psychiatrist

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

Date:   /   /     at   hrs   mins

**18. Physical Restraint Ended**  **Physical Restraint Extended\***

Who ended/extended physical restraint:  
Name (print) \_\_\_\_\_ Signed: \_\_\_\_\_

Date physical restraint episode ended/extended:   /   /

Time physical restraint episode ended/extended:   :   (24 hour clock e.g. 2.41pm should be written as 14.41)

\*If Physical Restraint is extended, a new Clinical Practice Form and Order should be completed.











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