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mental health commission

Rules Governing the Use of Mechanical Means of Bodily Restraint

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

September 2022

Promoting Quality, Safety and Human Rights in Mental Health

PREAMBLE[1]

Section 69(2) of the Mental Health Act 2001-2018 ('the 2001 Act') obliges the Mental Health Commission to make Rules providing for the use of mechanical means of bodily restraint on a patient.

The Mental Health Commission prepared Section 69(2) Rules which came into force on 1 November 2006. Following on from a review in 2009, this document represents the second substantial review and update of the Rules. There have been significant and progressive developments in mental health care in the intervening years. International developments around human rights, the advancement of person-centred care, and evidence demonstrating that restrictive practices can have harmful physical and psychological consequences have changed how these practices are viewed. This document is informed by these developments and, in particular, emphasises the need for services to adopt a rights-based approach to mental health care.

These Rules are being issued following an extensive stakeholder engagement process and consideration of national and international evidence and best practice. The Mental Health Commission consulted with people who have experienced restrictive practices, as well as staff and clinicians in mental health services. (Copies of the Consultation Report and Evidence Review are available on the Mental Health Commission's website, www.mhcirl.ie)

The Mental Health Commission considers that these Rules will encourage continual efforts to avoid, reduce and, where possible, eliminate restrictive practices. Each service provider will be required to demonstrate how they are achieving this. The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies. Although the Rules aim to direct practice, they do not purport to be all-encompassing and providers of mental health services have a duty to ensure that they regularly review and update policy and practice in this area.

The date of commencement of these Rules is 1 January 2023, following which, the Inspector of Mental Health Services will begin assessing compliance with the revised Rules.

The Mental Health Commission shall review these Rules as required in terms of any relevant case law and/or amending legislation, but no later than five years from the date of commencement of these Rules.

[1] The preamble provides an explanation and context to the Rules Governing the Use of Mechanical Means of Bodily Restraint. It is not part of the Rules.

SECTION 69(2) RULES

RULES GOVERNING THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT

These Rules have been made by the Mental Health Commission in accordance with Section 69(2) of the Mental Health Act, 2001-2018. A person who contravenes these Rules shall be guilty of an offence.

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GLOSSARY

APPROVED CENTRE
A "centre" means a hospital or other inpatient 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 Mental Health Act 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Act 2001-2018.

BREAKAWAY TECHNIQUES
A set of physical skills to help separate or break away from an aggressor in a safe manner. They do not involve the use of restraint.

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

CLINICAL FILE
A record of the person's referral, assessment, care and treatment while in receipt of mental health services. This documentation must be stored in the one file. If all relevant information is not stored in the one file, the file must 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.

CONTINUOUS OBSERVATION
Ongoing observation of the person by a registered nurse or registered medical practitioner, who is within sight and sound of the person at all times, which may include the use of electronic monitoring e.g. Closed Circuit Television (CCTV).

DE-ESCALATION
The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

DEVICE
An item/object made or adapted for the purpose of restraining a person's movement or access to the person's body.

DIGNITY
The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

DUTY CONSULTANT PSYCHIATRIST
The consultant psychiatrist on the on-call duty rota.

ENDURING SELF-HARM
Self-harming behaviour resulting from any cause or risk to the person which is a constant feature of a person's behaviour or presentation that may cause the person physical injury and is not amenable to non-restraining therapeutic interventions.

INDIVIDUAL CARE PLAN
A documented set of goals developed, regularly reviewed and updated by the person's multidisciplinary team, so far as practicable in consultation with each person receiving care and treatment. The individual care plan must specify the treatment and care required which must be in accordance with best practice, must identify necessary resources and must specify appropriate goals for the person. For children, individual care plans must include education requirements. The care plan is recorded in the one composite set of documentation.

PERSON
All references to 'person' in this document shall be taken to mean a voluntary or involuntary patient or resident, as defined in the 2001 Act.

PERSON-CENTRED
Person-centred focuses on the needs of the person; ensuring that the person's preferences, needs, and values guide clinical decisions or support; and providing care that is respectful and responsive to them.

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

POSITIVE BEHAVIOUR SUPPORT
Positive behaviour support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.

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

REPRESENTATIVE
An individual chosen by the person who is being cared for (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person.

RIGHTS-BASED APPROACH

Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

RISK ASSESSMENT

An assessment to gauge risk in relation to the person, designed and recognised for use in mental health settings.

TRAUMA-INFORMED CARE

Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

MENTAL HEALTH ACT 2001-2018

SECTION 69

BODILY RESTRAINT AND SECLUSION

Section 69

(1) *A person shall not place a patient in seclusion or apply mechanical means of bodily restraint to the patient unless such seclusion or restraint is determined, in accordance with the rules made under subsection (2), to be necessary for the purposes of treatment or to prevent the patient from injuring himself or herself or others and unless the seclusion or restraint complies with such rules.*

(2) *The Commission shall make rules providing for the use of seclusion and mechanical means of bodily restraint on a patient.*

(3) *A person who contravenes this section or a rule made under this section shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1500.*

(4) *In this section "patient" includes –*

(a) a child in respect of whom an order under section 25 is in force, and

(b) a voluntary patient

PART 1: PRINCIPLES UNDERPINNING THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT

The following general principles must underpin the use of mechanical means of bodily restraint at all times. These principles are informed by a rights-based approach to mental health care and treatment. They are applicable to all approved centres where mechanical means of bodily restraint is used.

1. Approved centres must recognise the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation.

2. The use of mechanical means of bodily restraint may increase the risk of trauma and may trigger symptoms of previous experiences of trauma. Therefore, it must only be used in rare and exceptional circumstances as an emergency measure.

3. Persons who are restrained must be treated with dignity and respect at all times before, during, and after the restraint.

4. Persons who are restrained must be fully informed and involved in all decisions regarding their care and treatment to include all matters relating to the use of mechanical means of bodily restraint. The views of persons who are restrained must be listened to, taken into account and recorded.

5. As mechanical means of bodily restraint compromises a person's liberty, its use must be the safest and least restrictive option of last resort necessary to manage the immediate situation, be proportionate to the assessed risk, and employed for the shortest possible duration. Its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control.

6. Communication with persons who are restrained must be clear, open and transparent, free of medical or legal jargon, and staff must communicate with empathy, compassion and care. Persons who have a sensory impairment may experience an increased level of trauma during mechanical means of bodily restraint and staff must address the additional communication needs of these persons.

7. The views of family members, representatives and nominated support persons, must be taken into account, where appropriate.

8. Cultural awareness and gender sensitivity must be taken into account at all times and must inform the approved centre's policies and procedures for the use of mechanical means of body restraint.

9. Mechanical means of bodily restraint must be used in a professional manner and its use must be based within a legal and ethical framework.

PART 2: DEFINITIONS

2. DEFINITIONS

2.1 Definition of Mechanical Means of Bodily Restraint

2.1.1 For the purposes of these Rules, mechanical means of bodily restraint is defined as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person’s body”.

PART 3: USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS

Please read Part 1 of the Rules: Principles Underpinning the Use of Mechanical Means of Bodily Restraint and Part 2 of the Rules: Definitions.

3. ORDERS FOR MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS

3.1 The use of mechanical means of bodily restraint must only be initiated and ordered by a consultant psychiatrist.

3.2 The order must confirm that there are no other less restrictive ways available to manage the person's presentation.

3.3 The use of mechanical means of bodily restraint must only occur following as comprehensive an assessment of the person as is practicable. This must include a risk assessment, the outcome of which must be recorded in the person's clinical file. A copy of the risk assessment must be made available to the Mental Health Commission on request.

3.4 The consultant psychiatrist must record the matter in the clinical file and on the Register for Mechanical Means of Bodily Restraint.

3.5 There must be a medical examination of the person who has been restrained by a registered medical practitioner as soon as is practicable and, in any event, no later than four hours after the commencement of the episode of mechanical means of bodily restraint. The medical examination must include an assessment of any physical impacts of the restraint on the person, as well as a record of any psychological and/or emotional trauma caused to the person as a result of the restraint.

3.6 As soon as is practicable, and no later than 30 minutes following the medical examination, the registered medical practitioner must contact the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist, to inform them of the outcome of the medical examination. The consultant psychiatrist must discontinue the use of mechanical means of bodily restraint unless they order its continued use.

3.7 The registered medical practitioner must record this consultation in the clinical file and indicate on the Register for Mechanical Means of Bodily Restraint that the consultant psychiatrist ordered or did not order the continued use of mechanical means of bodily restraint.

3.8 If the consultant psychiatrist orders the continued use of mechanical means of bodily restraint, they must also indicate the duration of the order, and this must be recorded on the Register for Mechanical Means of Bodily Restraint. Each order is for a maximum of four hours. A registered medical practitioner must undertake a medical examination of the person prior to each order of mechanical restraint being renewed.

3.9 The consultant psychiatrist responsible for the care and treatment of the person, or duty consultant psychiatrist, must undertake a medical examination of the person and sign the Register for Mechanical Means of Bodily Restraint within 24 hours of the commencement of the mechanical restraint episode. The examination must be recorded in the person's clinical file.

3.10 The person must be informed of the reasons for, likely duration of, and the circumstances which will lead to the discontinuation of mechanical means of bodily restraint unless the provision of such information might be prejudicial to the person's mental health, well-being or emotional condition. If informed of the reasons, a record of this must be recorded in the person's clinical file as soon as is practicable. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file as soon as is practicable.

3.11 **a)** As soon as is practicable, and if it is the person's wish in accordance with their individual care plan, the person's representative must be informed of the person's restraint and a record of this communication must be entered in the person's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file.

b) Where it is the person's wish in accordance with their individual care plan that the person's representative is not to be informed of the restraint, no such communication must occur outside the course of that necessary to fulfil legal and professional requirements. This must be recorded in the person's clinical file.

3.12 The Registered Proprietor must notify the Mental Health Commission of the start time and date, and the end time and date of each episode of mechanical restraint in the format specified by the Mental Health Commission, and within the timeframes set by the Mental Health Commission.

4. DIGNITY AND SAFETY

4.1 Any specific requirements or needs of the person in relation to the use of mechanical means of bodily restraint noted in the person's individual care plan must be addressed.

4.2 Each person's communication needs must be addressed. For instance, if a person uses their hands to communicate and are mechanically restrained, this may prevent effective communication. Special care must be taken in these situations. The staff who are familiar with the communication needs of the person, and the availability of communication aids required by the person, must be used as appropriate.

4.3 It must be assumed that any person who is restrained by mechanical means may have a past history of trauma and/or abuse. Therefore, the principles of trauma-informed care must underpin the use of restraint on a person.

4.4 Where practicable, the person must have a staff member of the same gender present during the initiation of the restraint.

4.5 The person must be subject to continuous observation by a registered nurse or registered medical practitioner throughout the use of mechanical means of bodily restraint to ensure the person's safety.

4.6 The person must be reviewed by the registered nurse every fifteen minutes for the duration of the episode of mechanical restraint. The review must include the following:

- **i.** details of the person's behaviour;
- **ii.** respiratory status/rate;
- **iii.** pressure areas/tissue viability check;
- **iv.** colour/movement/sensation of restricted limb(s);
- **v.** whether elimination/hygiene needs were met;
- **vi.** whether hydration/nutrition needs were met.

A record of these observations must be recorded in the person's clinical file.

4.7 The use of devices that have the potential to inflict pain is prohibited.

4.8 All staff members involved in the use of mechanical restraint must have undertaken appropriate training in accordance with the policy outlined in section 8.2.

5. ENDING THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT

5.1 An assessment of the person by a registered medical practitioner or a registered nurse must take place before the ending of mechanical means of bodily restraint. This assessment must be recorded in the person's clinical file.

5.2 Mechanical Restraint may be ended:

- **i.** by a registered medical practitioner at any time following discussion with the person who is restrained and relevant nursing staff; or
- **ii.** by the most senior registered nurse in the unit/ward, in consultation with the person who is restrained and a registered medical practitioner.

5.3 Where medical restraint is ended by a registered medical practitioner or the most senior registered nurse on duty in the unit/ward, the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist acting on their behalf, must be notified.

5.4 The time, date and reason for ending the mechanical means of bodily restraint must be recorded in the person's clinical file on the date that the mechanical means of bodily restraint ends.

5.5 An in-person debrief with the person who was restrained must follow every episode of mechanical means of bodily restraint. This debrief must be person-centred and must:

- **i.** give the person the opportunity to discuss the mechanical means of bodily restraint with members of the multidisciplinary team involved in the person's care and treatment as part of a structured debrief process;
- **ii.** occur within two working days (i.e. days other than Saturday/Sunday and bank holidays) of the episode of mechanical restraint unless it is the preference of the person who was restrained to have the debrief outside of this timeframe. The person's preferences regarding the timing of the debrief must be recorded;

iii. respect the decision of the person not to participate in a debrief, if that is their wish. If the person declines to participate in the debrief, a record of this must be maintained and recorded in the person's clinical file;

iv. include a discussion regarding alternative de-escalation strategies that could be used to avoid the use of restrictive interventions in the future;

v. include a discussion regarding the person's preferences in the event where a restrictive intervention is needed in the future e.g. preferences in relation to which restrictive intervention they would not like to be used; and

vi. give the person the option of having their representative or nominated support person attend the debrief with them, and, if the person's representative or nominated support person does not attend the debrief, a record of the reasons why this did not occur must be recorded in the person's clinical file.

5.6 Where multiple episodes of restraint occur within a 48-hour timeframe, these episodes may be reviewed during a single debrief in accordance with point 5.5ii.

5.7 The person's individual care plan must be updated to reflect the outcome of the debrief, and in particular, the person's preferences in relation to restrictive interventions going forward.

5.8 A record must be kept of the offer of the debriefing, whether it was accepted and the outcome.

5.9 A record of all attendees who were present at the debrief must be maintained and be recorded in the person's clinical file.

5.10 Where a person's representative has been informed of the person being restrained, the person's representative must be informed of the ending of the episode of mechanical means of bodily restraint as soon as is practicable. A record of this communication must be entered in the person's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file.

5.11 Any use of a restrictive intervention may be traumatic for the person who experiences it. Appropriate emotional support must be provided to the person in the direct aftermath of the episode. Staff must also offer support, if appropriate, to other persons who may have witnessed the restraint of the person.

6. RECORDING THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT

6.1 All uses of mechanical means of bodily restraint must be clearly recorded in the person's clinical file.

6.2 All uses of mechanical means of bodily restraint must be clearly recorded on the Register for Mechanical Means of Bodily Restraint (see Appendix 2) in accordance with Rules 3.4, 3.7, 3.8 and 3.9.

6.3 A copy of the Register must be placed in the person's clinical file and a copy must be available to the Mental Health Commission on request.

7. CLINICAL GOVERNANCE

7.1 Mechanical means of bodily restraint must never be used:

- **i.** to ameliorate operational difficulties including where there are staff shortages;
- **ii.** as a punitive action;
- **iii.** where the person is in seclusion;
- **iv.** solely to protect property;
- **v.** where a safety assessment of the device has not been carried out;
- **vi.** as a substitute for less restrictive interventions.

7.2 **a)** Each approved centre must have a written policy in relation to the use of mechanical means of bodily restraint which must include sections which identify:

- **i.** who may initiate, and who may carry out mechanical means of bodily restraint;
- **ii.** the provision of information to the person which must include information about the person's rights, presented in accessible language and format; and
- **iii.** the safety, safeguarding and risk management arrangements that must be followed during any episode of mechanical restraint.

b) The approved centre must maintain a written record indicating that all staff involved in mechanical means of bodily restraint have read and understand the policy. The record must be available to the Mental Health Commission upon request.

c) The approved centre must review its policy on mechanical means of bodily restraint as required, and in any event at least on an annual basis.

7.3 The multidisciplinary team must develop a plan of care for each person who is restrained by mechanical means. This plan of care must include information on how the approved centre is attempting to reduce or eliminate the use of restraint for the person.

7.4 Each episode of mechanical means of bodily restraint must be reviewed by members of the multidisciplinary team involved in the person's care and treatment and documented in the person's clinical file as soon as is practicable, and in any event no later than five working days (i.e. days other than Saturday/Sunday and bank holidays) after the episode of restraint. The review must include:

- **i.** the identification of the trigger/antecedent events which contributed to the restraint episode;
- **ii.** a review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;
- **iii.** the identification of alternative de-escalation strategies to be used in future;
- **iv.** the duration of the restraint episode and whether this was for the shortest possible duration;

v. considerations of the outcomes of the person-centred debrief, if available; and
vi. an assessment of the factors in the physical environment that may have contributed to the use of restraint.

7.5 The multidisciplinary team review must be documented and must record actions decided upon and follow-up plans to eliminate or reduce restrictive interventions for the person.

7.6 Every approved centre that uses, or permits the use of, mechanical means of bodily restraint must develop and implement a reduction policy which must be published on the Registered Proprietor's website. This policy must:

i. clearly document how the approved centre aims to reduce, or where possible eliminate, the use of mechanical means of bodily restraint within the approved centre;
ii. address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce, and the use of post incident reviews to inform practice; and
iii. clearly document how the approved centre will provide positive behaviour support as a means of reducing or, where possible eliminating, the use of mechanical means of bodily restraint within the approved centre.

7.7 The Registered Proprietor has overall accountability for the reduction policy. The Registered Proprietor must appoint a named senior manager who is responsible for the approved centre's reduction of mechanical means of bodily restraint.

7.8 Where mechanical means of bodily restraint is used on a person for a period beyond 24 hours, it must be subject to an independent review by a consultant psychiatrist who is not directly involved in the person's care and treatment.

7.9 All information gathered regarding the use of mechanical means of bodily restraint must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint at the approved centre. This report, which must be signed by the Registered Proprietor Nominee, must be made available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public. The annual report must contain:

i. aggregate data that must not identify any individuals;
ii. a statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint;
iii. a statement about the approved centre's compliance with the rules governing the use of mechanical means of bodily restraint;
iv. a statement about the compliance with the approved centre's own reduction policy; and
v. the data as specified in Appendix 3.

All approved centres must produce and publish an annual report on their use of mechanical restraint. Where mechanical restraint has not been used in the relevant 12-month period, then points i and ii above must only be reported on.

7.10 A multidisciplinary review and oversight committee, which is accountable to the Registered Proprietor Nominee, must be established at each approved centre to analyse in detail every episode of mechanical means of bodily restraint. The committee must meet at least quarterly and must:

- **i.** determine if there was compliance with the rules on the use of mechanical means of bodily restraint, for each episode of mechanical restraint reviewed;
- **ii.** determine if there was compliance with the approved centre's own policies and procedures relating to mechanical means of bodily restraint;
- **iii.** identify and document any areas for improvement;
- **iv.** identify the actions, the persons responsible, and the timeframes for completion of any actions;
- **v.** provide assurance to the Registered Proprietor Nominee that each use of mechanical restraint was in accordance with the Mental Health Commission's Rules.
- **vi.** produce a report following each meeting of the review and oversight committee. This report must be made available to staff who participate, or may participate, in physical restraint, to promote on-going learning and awareness. This report must also be available to the Mental Health Commission upon request.

7.11 The Registered Proprietor has overall accountability for the use of mechanical restraint in the approved centre.

8. STAFF TRAINING

8.1 All staff who participate, or may participate, in the use of mechanical restraint must have received the appropriate training in its use and in the related policies and procedures.

8.2 Approved centres that use mechanical restraint must implement a policy and have procedures in place for the training of all staff involved in mechanical means of bodily restraint. This policy must include, but is not limited to, the following:

- **a)** Who will receive training based on the identified needs of persons who are restrained and staff;
- **b)** The areas to be addressed within the training programme, which must include training in:
  - **i.** alternatives to mechanical restraint;
  - **ii.** the prevention and therapeutic management of violence and aggression (including "breakaway" and de-escalation techniques);
  - **iii.** trauma-informed care;
  - **iv.** cultural competence;
  - **v.** human rights, including the legal principles of restrictive interventions;
  - **vi.** positive behaviour support including the identification of causes or triggers of the person's behaviours including social, environmental, cognitive, emotional, or somatic.
- **c)** An assertion that staff applying mechanical restraint devices must have appropriate training in their application and use.

d) The identification of appropriately qualified person(s) to give the training; and

e) The mandatory nature of training for those involved in mechanical means of bodily restraint.

8.3 A record of attendance at training must be maintained.

9. CHILDREN

9.1 Children must never be subjected to mechanical means of bodily restraint for immediate threat of serious harm to self or others.

PART 4: USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS

Please read Part 1 of the Rules: Principles Underpinning the Use of Mechanical Means of Bodily Restraint and Part 2 of the Rules: Definitions.

10. ORDERS FOR THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS

10.1 The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations but must be used only to address an identified clinical need and/or risk. Examples include the use of cot sides, bed rails, and lap belts.

Note: While the use of bed rails and cot sides may be considered a restrictive practice, it is important to note that they may also be an important safety measure for some people. Staff must regularly review and assess the use of bed rails and cot sides. Bed rails and cot sides must not be used where a person is severely confused and mobile enough to climb over them.

10.2 As mechanical restraint limits freedom and poses associated risks to the person, it must only be used when less restrictive alternatives are not deemed suitable. The use of mechanical restraint for the enduring risk of harm to self or others must only be used where:

- **i.** a risk assessment of the safety and suitability of the mechanical restraint for the person has been undertaken. The risk assessment must specify the monitoring arrangements which must be implemented during the use of mechanical restraint and the frequency of same. A copy of the risk assessment, and a record of the monitoring of the person, must be available to the Mental Health Commission on request;
- **ii.** the risk assessment has been reviewed and updated regularly - at least quarterly - in line with the person's individual care plan. Depending on the level of risk, some persons will require a review of their risk assessment at daily or weekly intervals; and
- **iii.** the multidisciplinary team has developed a plan of care for each person who is restrained by mechanical means. This plan of care must include information on how the approved centre is attempting to reduce or eliminate the use of restraint for the person.

10.3 Mechanical means of bodily restraint for enduring risk of harm to self or others must be ordered by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist acting on their behalf.

10.4 Mechanical means of bodily restraint for enduring risk of harm to self or others ordered under Rule 10.3 is not required to be entered on the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others.

10.5 The clinical file must contain a contemporaneous record that specifies the following:

- **i.** That there is an enduring risk of harm to self or others;
- **ii.** That less restrictive alternatives have not been successful;
- **iii.** The type of mechanical restraint;
- **iv.** The situation where mechanical means of bodily restraint is being applied;
- **v.** The duration of the restraint;
- **vi.** The duration of the order;
- **vii.** The review date.

10.6 A review of all persons at the approved centre who are/were the subject of Part 4 of these rules in the previous quarter must take place to determine the appropriateness of the use of this restrictive practice. This review must be undertaken by the multidisciplinary review and oversight committee (detailed in Part 3 above) and must outline the arrangements that are in place at the approved centre to reduce or, where possible, eliminate the use of mechanical means of bodily restraint as it relates to Part 4 of these Rules.

The committee must meet at least quarterly and must:

- **i.** determine if there was compliance with the rules on the use of mechanical means of bodily restraint for enduring risk of harm to self or others;
- **ii.** determine if there was compliance with the approved centre's own policies and procedures relating to mechanical means of bodily restraint for enduring risk of harm to self or others;
- **iii.** identify and document any areas for improvement;
- **iv.** identify the actions, the persons responsible, and the timeframes for completion of any actions;
- **v.** provide assurance to the Registered Proprietor Nominee that each use of mechanical restraint for enduring risk of harm to self or others was in accordance with the Mental Health Commission's Rules; and
- **vi.** produce a report following each meeting of the review and oversight committee. This must be available to the Mental Health Commission upon request.

10.7 All information gathered regarding the use of mechanical means of bodily restraint for enduring risk or harm to self or others must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint for enduring risk or harm to self or others at the approved centre. This report, which must be signed by the Registered Proprietor Nominee, must be made available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public. The annual report must contain:

i. aggregate data that must not identify any individuals;
ii. a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce mechanical means of bodily restraint for enduring risk of harm to self or others;
iii. a statement about the approved centre's compliance with the rules on the use of mechanical means of bodily restraint for enduring risk of harm to self or others;
iv. a statement about the compliance with the approved centre's own reduction policy; and
v. the data as specified in Appendix 4.

All approved centres must produce and publish an annual report on the use of mechanical restraint. Where mechanical restraint has not been used in the relevant 12-month period, then points i and ii above must only be reported on.

10.8 The Registered Proprietor must notify the Mental Health Commission about the use of mechanical restraint for enduring risk to self and others in the format specified by the Mental Health Commission, and within the timeframes set by the Mental Health Commission.

APPENDICES

APPENDIX 1 KEY STEPS IN THE MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS PROCESS[2]

Consultant psychiatrist initiates and orders mechanical means of bodily restraint.
An order for mechanical restraint must last for a **maximum of four hours**

- The person must be subject to **continuous observation** by a registered nurse or registered medical practitioner throughout the use of mechanical restraint
- The person must be **reviewed by the registered nurse every 15 minutes** for the duration of the episode of mechanical restraint. The review must include the following:
  - details of the person's behaviour;
  - respiratory status/rate;
  - pressure areas/tissue viability check;
  - colour/movement/sensation of restricted limb;
  - whether elimination/hygiene needs were met;
  - whether hydration/nutrition needs were met.
- A record of these observations must be recorded in the person's clinical file

Ending mechanical restraint

An assessment of the person by a registered medical practitioner or registered nurse must take place before the ending of mechanical restraint.

Mechanical restraint may be ended:

i. by a registered medical practitioner following discussion with the person who is restrained and relevant nursing staff; or
ii. by the most senior registered nurse in the unit/ward, in consultation with the person who is restrained and a registed medical practitioner.

The consultant psychiatrist must be notified of the ending of the restraint.

Renewal order - by a registered medical practitioner. A medical examination must be carried out prior to a renewal order being made.

Where mechanical restraint is used on a person for a period **beyond 24 hours**, it must be subject to an **independent review** by a consultant psychiatrist who is not directly involved in the person's care and treatment.

[2] This flowchart is a guide to the key steps involved in the process of mechanically restraining a person. It must be read in conjunction with the Rules.

Medical examination carried out by a registered medical practitioner no later than four hours after the start of an episode of mechanical restraint.

As soon as is practicable, and no longer than 30 minutes following the medical examination, the registered medical practitioner must contact the consultant psychiatrist responsible for the care and treatment of the person, or duty consultant psychiatrist, to inform them of the outcome of the medical examination. The consultant psychiatrist must discontinue the use of mechanical means of bodily restraint unless they order its continued use, in which case they must indicate the duration of the order (up to a maximum of four hours)

Documentation to be completed by the consultant psychiatrist/registered medical practitioner

- The episode of mechanical restraint must be recorded in the person's clinical file.
- The relevant section of the Register for Mechanical Means of Bodily Restraint
- Register for Mechanical Means of Bodily Restraint - signed by the consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist within 24 hours.

APPENDIX 2 SECTION 69 - REGISTER FOR MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT TO SELF OR OTHERS

Person's Details	
1. First Name:	**2. Surname:**
3. Date of Birth: _____/_____/_____ (dd/mm/yyyy)	**4. Gender:** Male ☐ Female ☐ Other ☐

Location	
5. Approved Centre Name:	**6. Unit/Ward Name:**

Mechanical Means of Bodily Restraint Details	
7. Date restraint commenced: _____/_____/_____ (dd/mm/yyyy)	**8. Time restraint commenced:** ____:____ (24hr clock e.g. 2.41pm is written as 14.41)

9. (a) Who initiated and ordered mechanical restraint:

Name (print): _____ Job title (print): _____

Signed: _____

9. (b) Who assisted with the mechanical restraint:

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

10 a) Type of mechanical restraint device used:

Soft cuffs ☐
Other (please specify) ☐ _____

10 b) Mechanical restraint application/type:

Arms and Legs ☐
Legs ☐
Arms ☐

11. Why is mechanical restraint being used:

Immediate threat of serious harm to self ☐
Actual harm caused to self ☐
Immediate threat of serious harm to others ☐
Actual harm caused to others ☐
Transfer to seclusion room ☐
Escort from the approved centre elsewhere ☐
Other (please specify) ☐ _____

Please provide further details on the above:

12: Detailed description of alternative means of de-escalation attempted prior to the use of mechanical restraint:

13. Was the person's representative informed of the person's mechanical restraint?

Yes ☐ No ☐

If no, please explain the reasons why this did not occur:

14. To be completed by the person who ended/renewed mechanical restraint

Did the mechanical restraint episode result in any injury to the person? Yes ☐ No ☐

If yes, please provide further details:

15. Initial Order (to be completed by a consultant psychiatrist):

I _____ have examined _____ on

Date: _____/_____/_____ at _____ hrs _____ mins and I initiated and ordered ☐ / do not order ☐ the use of Mechanical Restraint from

Date: _____/_____/_____ at _____ hrs _____ mins until no later than _____ hrs _____ mins

Name (print): _____ Signed: _____

16. Mechanical restraint ended ☐ Mechanical restraint renewed* ☐

Who ended/renewed mechanical restraint:

Name (print): _____ Signed: _____

Date mechanical restraint ended / renewed: _____/_____/_____ (dd/mm/yyyy)

Time mechanical restraint ended / renewed: _____ : _____ (24 hr clock e.g. 2.41pm is written as 14.41)

** If mechanical restraint is renewed, a new entry on the Register for Mechanical Means of Bodily Restraint and an Order must be completed.*

17. Mechanical Means of Bodily Restraint has been renewed under the supervision of the: *(Please tick as appropriate and sign below)*

Consultant Psychiatrist responsible for the care and treatment of the person ☐

Duty Consultant Psychiatrist ☐

Name (print): _____ Signed: _____

Date: _____/_____/_____ at _____hrs _____mins

APPENDIX 3

DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS

1. The total number of persons that the centre can accommodate at any one time*
2. The total number of persons that were admitted during the reporting period*
3. The total number of persons who were mechanically restrained as a result of immediate threat to self or others during the reporting period*
4. The total number of episodes of mechanical restraint
5. The shortest episode of mechanical restraint
6. The longest episode of mechanical restraint

**Where this number is five or less a report must state "less than or equal to five"*

APPENDIX 4

DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS

1. The total number of persons that the centre can accommodate at any one time*
2. The total number of persons that were admitted during the reporting period*
3. The total number of persons who were mechanically restrained as a result of the use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others*

**Where this number is five or less the report must state "less than or equal to five"*

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