mhc
coimisiún meabhair - shláinte
mental health commission

Code of Practice on the Use of Physical Restraint

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018.

September 2022

Promoting Quality, Safety and Human Rights in Mental Health

PREAMBLE[1]

Section 33(3)(e) of the Mental Health Act 2001-2018 ('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 Mental Health Commission published a 'Code of Practice on the Use of Physical Restraint in Approved Centres' in November 2006. Following on from a review in 2009, this document represents the second substantial review and update of the Code of Practice. 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.

This Code of Practice is 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 2001 Act does not impose a legal duty on staff working in 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 staff working in mental health services. A failure to implement or follow this Code could be referred to during the course of legal proceedings. The Mental Health Commission considers that adherence to the Code of Practice 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 Code of Practice emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies. Although the Code of Practice aims to guide practice, it does 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 this Code of Practice is 1 January 2023, following which, the Inspector of Mental Health Services will begin assessing compliance with the revised Code of Practice.

The Mental Health Commission shall review this Code of Practice 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 this Code of Practice.

[1] The preamble provides an explanation and context to the Code of Practice on the use of Physical Restraint in Approved Centres. It is not part of the Code of Practice.

CODE OF PRACTICE ON THE USE OF PHYSICAL RESTRAINT

This Code of Practice has been prepared by the Mental Health Commission, in accordance with Section 33(3)(e) of the Mental Health Act 2001-2018, for the guidance of persons working in the mental health services.

TABLE OF CONTENTS

Preamble 1

Glossary 4

Part 1: Principles Underpinning the Use of Physical Restraint 6

Part 2: Definitions 7

Part 3: Use of Physical Restraint 8

Appendices 16

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 should be stored in the one file. If all relevant information is not stored in the one 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.

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

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.

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 should specify the treatment and care required which should be in accordance with best practice, should identify necessary resources and should specify appropriate goals for the person. For children, individual care plans should include education requirements. The care plan is recorded in the one composite set of documentation.

PERSON
All references to 'person' in this document should 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.

PART 1: PRINCIPLES UNDERPINNING THE USE OF PHYSICAL RESTRAINT

The following general principles should underpin the use of physical 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 physical restraint is used.

1. Approved centres should 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 physical restraint may increase the risk of trauma and may trigger symptoms of previous experiences of trauma. Therefore, it should only be used in rare and exceptional circumstances as an emergency measure.

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

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

5. As physical restraint compromises a person's liberty, its use should 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 should 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 should be clear, open and transparent, free of medical or legal jargon, and staff should communicate with empathy, compassion and care. Persons who have a sensory impairment may experience an increased level of trauma during physical restraint and staff should address the additional communication needs of these persons.

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

8. Cultural awareness and gender sensitivity should be taken into account at all times, and should inform the approved centre's policies and procedures for the use of physical restraint.

9. Physical restraint should be used in a professional manner and its use should be based within a legal and ethical framework.

PART 2: DEFINITION

2.1 For the purpose of this Code of Practice, 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 person's body when the person poses an immediate threat of serious harm to self or others"*.

PART 3: USE OF PHYSICAL RESTRAINT

Please read Part 1 of the Code of Practice: Principles Underpinning the Use of Physical Restraint and Part 2 of the Code of Practice: Definitions.

3. ORDERS FOR PHYSICAL RESTRAINT

3.1 Physical restraint should only be initiated and ordered by registered medical practitioners, or registered nurses in accordance with the approved centre's policy on physical restraint.

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

3.3 The consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist should be notified of the physical restraint order as soon as is practicable, and this should be recorded in the person's clinical file.

3.4 As soon as is practicable, and no later than two hours after the start of an episode of physical restraint, a medical examination of the person by a registered medical practitioner should take place. This should include an assessment of any physical impacts of the restraint episode 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.

3.5 An order for physical restraint should last for a maximum of 10 minutes.

3.6 An episode of physical restraint may be extended by a renewal order made by a registered medical practitioner or the most senior registered nurse on duty in the unit/ward following a medical examination or nursing review, for a further period not exceeding 10 minutes - to a maximum of two renewals of continuous restraint. The continuous period of physical restraint should never be longer than 30 minutes. The reasons for renewing the order, and the time that the nursing review or medical examination took place, should be clearly recorded in the person's clinical file.

3.7

a) The episode of physical restraint should be recorded in the person'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 three hours after the conclusion of 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 person or the duty consultant psychiatrist as soon as is practicable and in any event within 24 hours.

3.8 The person should be informed of the reasons for, and the circumstances which will lead to the discontinuation of, physical 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 should 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 should be entered in the person's clinical file as soon as is practicable.

3.9 **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 should be informed of the person's restraint and a record of this communication should be placed in the person'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 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 person's restraint, no such communication should occur outside the course of that necessary to fulfil legal and professional requirements. This should be recorded in the person's clinical file.

3.10 The Registered Proprietor should notify the Mental Health Commission of the start time and date, and the end time and date of each episode of physical 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 Staff involved in the use of physical restraint should be aware of, and have taken into account, any relevant entries in the person's individual care plan, pertaining to the person's specific requirements or needs in relation to the use of physical restraint.

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

4.3 Where practicable, the person should have a staff member of the same gender present at all times during the episode of physical restraint.

4.4 All staff members involved in the use of physical restraint should have undertaken appropriate training in accordance with the policy outlined in section 8.2.

4.5 The person should be continually assessed throughout the use of restraint to ensure the person's safety. Approved centres should ensure that physical restraint is only undertaken by staff who work closely together as a team, understand each other's roles and have a clearly defined lead. The staff member leading the use of physical restraint should ensure that other staff members:

i. protect and support the person's head and neck, where needed;

ii. ensure that the person's airway and breathing are not compromised;

iii. conduct observations, including vital clinical indicators such as the monitoring of pulse, respiration and complexion (with special attention for pallor/discolouration). These observations should be recorded and staff should be trained so that they are competent to interpret these vital signs;

iv. monitor and maintain effective communication with the person; and
v. monitor the person's physical and psychological health for as long as clinically necessary after using physical restraint.

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

4.6 The level of force applied during physical restraint should be justifiable, appropriate, reasonable, and proportionate to the situation and minimal force should be applied. In the exceptional circumstance where it is considered necessary to use physical restraint on persons who are physically unwell, frail, physically disabled, pregnant or obese, the procedure should be approached with extreme caution and care.

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

4.8 The following present a very high risk of harm to the person and should be avoided:

i. neck holds;
ii. the application of weight to the person's chest or back;
iii. the use of physical restraint that interferes with the person's airway, breathing or circulation, for example by applying pressure to the rib cage, neck or abdomen, or obstructing the mouth or nose;
iv. the use of physical restraint in a way that interferes with the person's ability to communicate, for example by obstructing the eyes, ears or mouth.

4.9 Use of physical restraint involving the person in the "prone", face down position is only permitted in the most exceptional of circumstances by staff who have received appropriate and specific training in its safe use. A record of the use of prone restraint should be entered in the person's clinical file.

5. ENDING THE USE OF PHYSICAL RESTRAINT

5.1 The use of physical restraint may be ended at any time by the staff member responsible for leading the physical restraint.

5.2 The time, date, and reason for ending the physical restraint should be recorded in the person's clinical file on the date that the physical restraint ends.

5.3 An in-person debrief with the person who was restrained should follow every episode of physical restraint. This debrief should be person-centred and should:

i. give the person the opportunity to discuss the physical 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 physical 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 should 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 should 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 for example preferences in relation to which restrictive intervention they would not like to be used;

vi. give the person the option of having their representative or their 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 should be recorded in the person's clinical file.

5.4 Where multiple episodes of physical restraint occur within a 48-hour timeframe, these episodes may be reviewed during a single debrief in accordance with point 5.3ii.

5.5 A record should be kept of the offer of the debriefing, whether it was accepted and the outcome. The person's individual care plan should be updated to reflect the outcome of the debrief, and in particular, the person's preferences in relation to restrictive interventions going forward.

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

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

6. RECORDING THE USE OF PHYSICAL RESTRAINT

6.1 All uses of physical restraint should be clearly recorded in the person's clinical file.

6.2 All uses of physical restraint should be clearly recorded on the Clinical Practice Form for Physical Restraint (see Appendix 2) in accordance with Provision 3.7.

6.3 The completed form should be placed in the person's clinical file and a copy should be available to the Mental Health Commission on request.

7. CLINICAL GOVERNANCE

7.1 Physical restraint should never be used:

i. to ameliorate operational difficulties including where there are staff shortages;

ii. as a punitive action;

iii. solely to protect property;

iv. as a substitute for other less restrictive interventions.

7.2 **a)** Each approved centre should have a written policy in relation to the use of physical restraint which should include sections which identify:

i. the provision of information to the person which should include information about the person's rights, presented in accessible language and format;
ii. who may initiate and who may carry out physical restraint; and
iii. the safety, safeguarding and risk management arrangements that should be followed during any episode of 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. The record should be available to the Mental Health Commission upon request.

c) The approved centre should review its policy on physical restraint as required and, in any event, at least on an annual basis.

7.3 Each episode of physical restraint should 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 should include the following:

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.

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

7.5 Every approved centre that uses, or permits the use of, physical restraint, should develop and implement a reduction policy which should be published on the Registered Proprietor's website. This policy should:

i. clearly document how the approved centre aims to reduce, or where possible eliminate, the use of physical 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 physical restraint within the approved centre.

7.6 The Registered Proprietor has overall accountability for the reduction policy. The Registered Proprietor should appoint a named senior manager who is responsible for the approved centre's reduction of physical restraint.

7.7 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, which should be signed by the Registered Proprietor Nominee, should be made publicly 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 should contain:

- **i.** aggregate data that should not identify any individuals;
- **ii.** a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint;
- **iii.** a statement about the approved centre's compliance with the code of practice on the use of physical 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 should produce and publish an annual report on the use of physical restraint. Where physical restraint has not been used in the relevant 12-month period, then points i and ii above should only be reported on.

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

- **i.** determine if there was compliance with the code of practice on the use of physical restraint for each episode of physical restraint reviewed;
- **ii.** determine if there was compliance with the approved centre's own policies and procedures relating to physical 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 physical restraint was in accordance with the Mental Health Commission's Code of Practice;
- **vi.** produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical restraint, to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.

7.9 The Registered Proprietor has overall accountability for the use of physical restraint in the approved centre.

8. STAFF TRAINING

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

8.2 Approved centres that use physical restraint should implement a policy and have procedures in place for the training of all staff involved in physical restraint. This policy should 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 should include training in:

i. the prevention and therapeutic management of violence and aggression (including "breakaway" and de-escalation techniques);

ii. alternatives to physical restraint;

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;

vii. the monitoring of the safety of the person during and after the physical restraint.

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

d) The mandatory nature of training for those involved in physical restraint.

8.3 A record of attendance at training should be maintained.

9. CHILDREN

Children are particularly vulnerable to trauma and harm as a result of restrictive interventions. Physical restraint can have particularly adverse implications for the emotional development of a child. In addition, the size and physical vulnerability of children and young people should be taken into account when considering physical restraint. Physical restraint should be used with extreme caution when it involves children and young people because in most cases their musculoskeletal systems are immature which elevates the risk of injury.

In addition to sections 3-8 which apply to all persons, the following considerations apply to children being provided care and treatment in approved centres:

9.1 Upon admission to an approved centre that uses physical restraint on children, a documented risk assessment should be carried out by a registered medical practitioner or registered nurse. This should show that careful consideration has been given to the potential effects of restraining a child or adolescent, having regard to the physical status and emotional development of the child, and their particular vulnerability to trauma and harm as a result of restrictive interventions. The outcome of the risk assessment should determine if physical restraint can be safely used or not.

9.2 Children should have the reasons for, and the circumstances which will lead to the discontinuation of restraint, explained in a way that the child can understand and in a format that is appropriate to their age. A record should be maintained of this communication and clearly outline how it met the child's individual communication needs.

9.3 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 and the circumstances which led to the child being physically restrained. The child's parent or guardian should also be informed when the episode of physical restraint has ended.

9.4 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.

9.5 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.

APPENDICES

Appendix 1 Key Steps in the Physical Restraint Process

Appendix 2 Clinical Practice Form for Physical Restraint

Appendix 3 Data required for the Annual Report

APPENDIX 1 KEY STEPS IN THE PHYSICAL RESTRAINT PROCESS[2]

Registered nurse or registered medical practitioner initiates and orders physical restraint.

An order for physical restraint should last for a **maximum of 10 minutes**

- Consultant Psychiatrist notified of the episode of physical restraint as soon as is practicable
- The person should be continually assessed throughout the use of restraint to ensure the person's safety
- The staff member leading the use of physical restraint should ensure that other staff members:
  - protect and support the person's head and neck, where needed;
  - ensure that the person's airway and breathing are not compromised;
  - conduct observations, including vital clinical indicators such as the monitoring of pulse, respiration and complexion (with special attention for pallor/discolouration). These observations should be recorded and staff should be trained so that they are competent to interpret these vital signs;
  - monitor and maintain effective communication with the person and;
  - monitor the person's physical and psychological health for as long as clinically necessary after using physical restraint.
- A record of these observations should be recorded in the person's clinical file.

Ending physical restraint

The use of physical restraint may be ended at any time by the staff member responsible for leading the physical restraint.

Renewal order - by a **registered medical practitioner or the most senior registered nurse on duty in the unit/ward** following a medical examination or nursing review, for a further period not exceeding 10 minutes (to a maximum of two renewals of continuous restraint - the continuous period of physical restraint should never be longer than 30 minutes).

The reasons for renewing the order, and the time that the nursing review or medical examination took place, should be clearly recorded in the person's clinical file.

[2] This flowchart is a guide to the key steps involved in the process of physically restraining a person. It should be read in conjunction with the Code of Practice on the Use of Physical Restraint.

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

Documentation to be completed

- The episode of physical restraint should be recorded in the person's clinical file.
- The relevant section of the "Clinical Practice Form for Physical Restraint" - completed by the person who initiated and ordered the use of physical restraint no later than three hours after the conclusion of the episode of physical restraint.
- Clinical Practice Form for Physical 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 CLINICAL PRACTICE FORM FOR PHYSICAL RESTRAINT

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

Location	
6. Approved Centre Name:	**7. Unit Name:**

Physical Restraint Details	
8. Physical Restraint Order Type: First restraint order ☐ First Renewal order* ☐ Second Renewal order* ☐ As per provision 3.5, a physical restraint order should last for a maximum of 10 minutes. A renewal order should be made if it is necessary to renew the episode of physical restraint beyond ten minutes.	
9. Date restraint commenced: _____/_____/_____ (dd/mm/yyyy)	**10. Time restraint commenced:** ____:____ (24hr clock e.g. 2.41pm is written as 14.41)
11 (a) Who initiated and ordered physical restraint: Name (print): _____ Job title (print): _____ Signed: _____ **11 (b) Who led the physical restraint episode in accordance with provision 4.5:** Name (print): _____ Job title (print): _____ Signed: _____	

11 (c) Who assisted with the physical 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:

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

13. Why is physical restraint being ordered/renewed?

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 ☐

To administer medication/treatment (excluding nasogastric feeding) ☐

To administer nasogastric feeding ☐

Other (please specify) ☐ _____

Please provide further details on the above:

14: Alternative means of de-escalation attempted prior to the use of physical restraint:

Verbal Intervention ☐ Medication offered / administered ☐

Time Out / One to One Nursing / Seclusion ☐ No alternatives attempted ☐

Other (please specify) ☐ _____

Please provide further details on the above:

15. Type of physical restraint used:

Prone ☐
Supine ☐
Side ☐
Upright ☐
Other (please specify) ☐ _____

Please provide further details

16. Was the person's representative informed of the person's physical restraint?

Yes ☐ No ☐

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

17. Order:

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 of _____minutes

Name (print): _____ Signed: _____

Date: _____/_____/_____ at _____hrs _____mins (24 hr clock e.g. 2.41pm is written as 14.41)

18. 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 person ☐

Duty consultant psychiatrist ☐

Name (print): _____ Signed: _____

Date: _____/_____/_____ at _____hrs _____mins (24 hr clock e.g. 2.41pm is written as 14.41)

19. Physical restraint ended ☐ Physical restraint renewed* ☐

Who ended/renewed physical restraint:

Name (print): _____ Signed: _____

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

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

** If physical restraint is renewed, a new Clinical Practice Form and Order should be completed.*

20. Did the medical examination of the person take place within two hours of the commencement of the restraint episode?

Yes ☐ No* ☐

If yes, please complete the following:

Name of the registered medical practitioner who conducted the medical examination:

_____

Date and time of medical examination:

Date: _____/_____/_____ at _____hrs _____mins

*If no, please provide further details:

21. To be completed by the person who ended/renewed physical restraint

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

If yes, please provide further details:

APPENDIX 3

DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF PHYSICAL RESTRAINT

1. The total number of persons that the approved 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 physically restrained during the reporting period*
4. The total number of episodes of physical restraint
5. The shortest episode of physical restraint
6. The longest episode of physical restraint

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

Mental Health Commission
Coimisiún Meabhair-Shláinte
Waterloo Exchange
Waterloo Road
Dublin 4

Telephone: 01 636 2400
Fax: 01 636 2440
Email: info@mhcirl.ie
Web: www.mhcirl.ie