



Restraint/Restrictive Practices Policy

KARE POLICY DOCUMENT				
<i>Policy Owner:</i>				
<i>Rev. No.</i>	<i>Approved by OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of Units</i>	<i>Operational Period</i>
Rev 1	November 2014	January 2015	February 2015	Feb 2015 – Feb 2017
Rev 2	January 2017	March 2017	March 2017	Mar 2017 – April 2018
Rev 2.1	March 2018	April 2018	May 2018	May 2018

Section 1: Policy

1.1 Background to this Policy

KARE acknowledges that the use of restraint is an imposition on an individual's rights and dignity, and should only be used in exceptional circumstances when it is considered there is a significant risk of injury or harm to the individual and/or others.

KARE also acknowledges that restrictions of an individual's rights are an imposition on the individual and should be avoided or at least minimised in as far as is possible.

This policy is in line with:

- *The United Nations Convention on the Rights of Persons with Disabilities (2006).*
This states that one must promote, protect and ensure the full and equal enjoyment of human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity (Human Rights Council Resolution 7/9 2008).
- *"Towards a Restraint Free Environment in Nursing Homes" (HSE)*
- *Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.*
- *HIQA National Standards for Residential Services for Children and Adults with Disabilities 2013.*
- *Safeguarding Vulnerable Persons at Risk – National Policy and Procedure*

The following KARE policies are particularly relevant to this policy:

- Supporting People with Challenging Behaviour
- Risk Management
- Matters relating to Sexuality
- KARE Safety Statement
- Trust in Care Policy
- Safeguarding Vulnerable Persons at Risk

Definition;

A Restrictive procedure is a practice that:

- limits an individual's movement, activity or function
- interferes with an individual's ability to acquire positive reinforcement
- results in the loss of objects or activities that an individual values
- requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice

For the purposes of this policy the following explanations apply:

- **Physical Restraint:** the use of physical force by one or more persons for the purpose of preventing the free movement of an individual's body e.g. MAPA hold
- **Mechanical Restraint:** the use of a mechanical device, material or equipment attached or adjacent to an individual's body that the individual cannot easily remove¹ that restricts their freedom of movement² or normal access to their body e.g. Angel clip/ Harness, bed rails, splints, helmets, wheelchair straps, recliner chairs

Note: While equipment which promotes the independence, comfort or safety of a person or which is specifically requested by the person may be appropriate in specific circumstance it may also constitute a physical restraint under the definition above

The use of standard seatbelts in a vehicle are not considered restraint as they are a legal requirement.

- **Chemical / Pharmacological Restraint:** the intentional use of medication to control a person's behaviour or to ensure a person is compliant or not capable of resistance, when no medically identified condition is being treated; where the treatment is not necessary for the condition, or the intended effect of the drug is to sedate the person for convenience or for disciplinary purposes.

The appropriate use of drugs to reduce symptoms in the treatment of medical conditions such as anxiety, depression, or psychosis does not constitute restraint.

- **Environmental Restraint:** the intentional restriction of an individual's normal access to their environment, with the intention of stopping them from leaving, or denying their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties. This also includes restriction of the individual's normal access to places, activities, finances, possessions and people e.g., locked external and internal doors, cupboards, fridges, locked gates, screens between driver and passengers on buses, and single separation³.
- **Rights Restrictions** refers to the restriction of rights such as the right to choose where you live, who you live with, how you spend your time, access to personal monies, the right to access to the local community, the right to sexual expression, to privacy etc.

Restrictive interventions prescribed by clinicians or other healthcare professionals with a plan and clear guidelines for use, are not notifiable restrictive practices and do not necessitate the completion of a Restrictive Practice Assessment or Management Plan. These may include, for example, the use of wheelchairs or standing frames, or the immobilization of a body part to

¹ 'Easily remove' means the device can be removed intentionally by the individual in the same manner as it was applied by the staff, considering the individual's physical condition and ability to accomplish the objective.

² 'Freedom of movement' means any change in place or position of the body or any part of the body that the individual is physically able to control

³ Single separation is a type of environmental restraint which may be used when there is a risk of harm to the person or others in a crisis situation or as part of a behaviour support plan.

meet a medical or health need, e.g. use of a splint or the use of a harness on a wheelchair or in a car which is needed for postural support only.

1.2 Aim of this Policy

The aim of this policy is to:

- promote a restraint free environment and a best practice approach which ensures restraint is only used in exceptional circumstance when all alternatives have been explored.
- promote awareness and minimisation of rights restrictions

1.3 Scope of this Policy

This policy applies to all KARE staff including bus escorts, Community Employment (CE) and Local Training Initiative (LTI) participants, volunteers, students on placement and all others working on behalf of KARE.

1.4 Policy Statements

1.4.1 General Policy Statements

- 1.4.1.1 KARE aims to have an environment that is free of restraint for people who use services/supports. Using a positive behavioural approach, KARE will promote this through individualised planning and support. KARE will also raise awareness amongst staff and other stakeholders.
- 1.4.1.2 KARE recognises restraint is an imposition on an individual's rights and dignity. Restraint will only be used as a 'last resort' to prevent injury or harm, when all other less intrusive interventions have been tried.
- 1.4.1.3 KARE staff will not use restraint as a form of punishment, for their own convenience, or to overcome a lack of adequate supervision.
- 1.4.1.4 KARE staff will not knowingly or intentionally use a form of restraint which humiliates or degrades the person and will always seek to uphold the dignity of the individual in as far as possible.
- 1.4.1.5 Restraint or a restriction of an individual's rights will not be used to stop an individual choosing to take reasonable personal risk.
- 1.4.1.6 Every effort will be made to ensure practices in place to manage risk, relating to the general health, safety and welfare of people, do not negatively impact on other people using the service. e.g. locked doors, cupboards, fridges, toilets.

1.4.2 Using Restraint as an intervention/reactive strategy

- 1.4.2.1 The use of restraint should only ever be used when all other options have been explored.
- 1.4.2.2 The use of restraint will be related to the level of risks identified.
- 1.4.2.3 Where an Individual Risk assessment identifies a Restraint / Restrictive practice as a potential control measure a Restraint/Restrictive practice assessment should be carried out before finalising the decision to use such a practice.
- 1.4.2.4 The Leader/Manager will convene a meeting of relevant people to assess and make a decision to use restraint as an intervention. This meeting will include the individual, unless there is a reason for not including them. Whether the individual attends or not,, they may also be supported by, or represented by, their family/representative, and/or other staff working with them. The meeting will also include:
- the relevant Leader/s,
 - keyworker(s)
 - input from a relevant clinician.
 - The team will document their discussion and decision of the Restraint/Restrictive Practice Assessment Form (see Appendix 1)
 - Adults Supports Manager will be consulted if the team are unable to reach a decision.
- 1.4.2.5 Where a decision is made to use restraint the team will develop a Restraint Management Plan which will aim to ensure the restraint is used for the least amount of time possible. The Restraint Management Plan will form part of the person's Individual Support Plan and will be documented as outlined in Appendix 2
- 1.4.2.6 Leaders/Managers will ensure that an individual's risk assessment and, where necessary their restraint/restrictive practice assessment and Management Plan are reviewed within the agreed timeframe and that the least restrictive practice continues to be used.
- 1.4.2.7 Leaders/Managers will ensure that all relevant staff are made aware of and receive appropriate training in the implementation of an individual's Restraint Management Plan. Training required and how this training will be delivered will be documented in Individuals Restraint Management Plan
- 1.4.2.8 Where a restraint put in place as an intervention for one individual, has an impact on other individuals using the service, Leaders/Managers will ensure that they and their family/representatives are informed as relevant and that every effort is made to minimise any negative impact.
- 1.4.2.9 KARE staff will only use restraint in accordance with the agreed Restraint Management Plan.

- 1.4.2.10 KARE staff may use 'unplanned' restraint with an individual in an emergency situation where the individual's behaviour places them or others in imminent danger. This should follow MAPA guidelines / PRN guidelines. In such cases the staff member will document the use of restraint and report it to their Line Manager immediately. The Line Manager will organise a review at the earliest possible opportunity.
- 1.4.2.11 KARE staff will document the use of restraint as an intervention with an individual as agreed in the Restraint Management Plan.

1.4.3 Communication, Information and Training

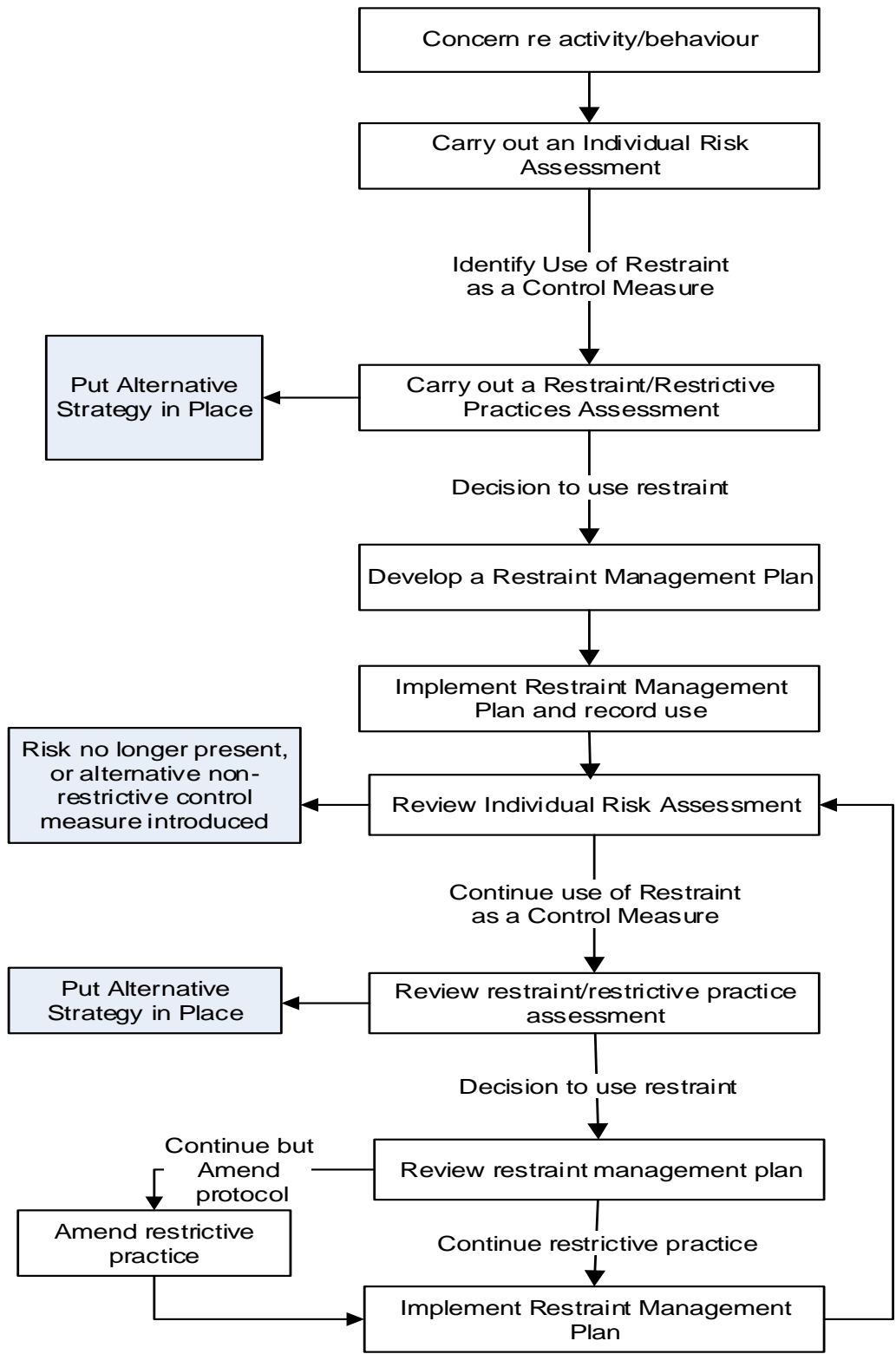
- 1.4.3.1 Line Managers will ensure that people working on behalf of KARE in their area have access to and are familiar with this policy.
- 1.4.3.2 Line Managers will ensure, where appropriate, that people using the service and their families/representatives have access to this policy and are supported to understand the policy.
- 1.4.3.3 Line Managers will make every effort to inform and seek the views of the individual and their family/representative, where appropriate, about the specific use of restraint.
- 1.4.3.4 Line Managers will ensure that staff are trained in any specific interventions/plans for individuals which involve the use of restraint prior to carrying out restraint with an individual.
- 1.4.3.5 Staff members will ensure that they are familiar with and adhere to this policy and that they have received appropriate training prior to using restraint with an individual.
- 1.4.3.6 KARE will make information and training available to individuals using the service, families and staff regarding Individuals rights.

1.4.4 Monitoring and reporting the use of Restraint

- 1.4.4.1 KARE will develop awareness and improve practice and outcomes by:
- carrying out periodic audits on compliance with this policy
 - monitoring the overall use of restraint/restrictive practices in the organisation
- 1.4.4.2 Assistant Managers/Person in Charge will ensure they report events involving the use of restraint with individuals to the Health and Information Quality Authority (HIQA) as required by relevant regulations.
- 1.4.4.3 Anyone concerned about the inappropriate use of restraint/restrictive practices should report their concerns to the relevant Leader/Manager; if concerns are not addressed to their satisfaction they may make a formal complaint in line with KARE's Complaints Policy.
- 1.4.4.4 KARE will consider the intentional misuse of restraint by a staff member as a form of abuse and will investigate such alleged misuse as a safeguarding matter.

Section 2: Process

Restraint / Restrictive Practices Process



Appendix 1 Restraint/Restrictive Practices Assessment

Date of decision making meeting	
People involved in making decision	
If Individual is not involved in making decision, give reason.	
Name of individual:	
KARE ID:	
What is the behaviour/issue?	
What harm/injury might be caused by this behaviour/issue	
What alternatives have been considered	
What alternatives have been implemented and what were the outcomes	
What restraint is proposed	
What is the expected outcome of the restraint	
What is the criteria for discontinuing the restraint	
What impact could using this restraint have on the person (positive and negative)	
What impact could using this restraint have on other people using the service (positive and negative)	
What other interventions are in place to support the individual with this issue/behaviour	
Outcome of Assessment/Decision of the group	

NOTE PLEASE REVIEW RISK ASSESSMENT PRIOR TO REVIEWING RESTRAINT / RESTRICTIVE PRACTICE ASSESSMENT

Review Record								
Date developed/ reviewed	Risk Rating (=Likelihood x Impact)			Outcome of Review (Tick as appropriate)			Names of people involved in review	Next Review Date
	Likelihood Score	Impact score	Risk Rating	Continue with no change	Continue with change	Discontinue - No longer a risk		

Appendix 2 Restraint Management Plan

Name of individual: KARE ID	
Date Restraint Management Plan developed	
People involved in developing plan	
If Individual is not involved in making decision, give reason.	
Restraint to be used: (give specific details)	
Purpose of using this restraint (i.e. what is the intended outcome)	
When this restraint may be used (What situations, times etc.)	
When this restraint may not be used	
Procedure for using restraint (detailed description of how to use restraint)	

Actions to minimise impact of use of restraint on others	
Potential risk / harm of using this restraint	
Measures to reduce risk of harm/injury in using this restraint	
Record/s to be kept of the use of restraint (date, time, reason for use, any adverse reactions)	
Agreed review date/s	
Criteria to be used in reviewing use of restraint	
What training is required to ensure staff in location can implement this Risk Management Plan.	
Agreement of Restraint Management Plan with individual and/or family/representative (Date agreed and who agreed with)	
Actions to be completed before plan is implemented	

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Action	By Whom	By When	Date completed

Review of Restraint Management Plan

Name of individual: KARE ID	
Date of review Review No:	
People involved in review	
If Individual is not involved in making decision, give reason.	
How often has the restraint been used	
Summary of the outcomes of the use of restraint	
Have the criteria for discontinuing restraint been met	
Other relevant information	
Outcome of review	

