



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Guidance for Designated Centres

## Restrictive Procedures

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<b>Subject</b>	<b>Restrictive Procedures</b>
<b>Audience</b>	Providers of residential services for older people and for adults and children with disabilities

Standards and regulations relevant to this guidance include			
Standard	No.	Regulation	No.
<i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>	21	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009	6
<i>National Standards for Residential Services for Children and Adults with Disabilities</i>	3.3	Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013	7

*This guidance contains explanations of concepts, specific examples and templates that may assist in meeting regulations and implementing standards. There may be other requirements relevant to a particular service that are not addressed in this guidance. It is for service providers to identify the regulations, standards and best available evidence relevant to their service. This guidance is current at the time of printing. Please check [www.hiqa.ie](http://www.hiqa.ie) for the latest version of this guidance.*

## 1. Definition

Restrictive procedures can be broadly defined as the intentional restriction of a person's movements or behaviour. Restrictive procedures include:

- physical or mechanical restraint, in which a person or a mechanical device restricts someone's freedom of movement or access to their own body. For example, the use of bed rails may be an acceptable restrictive procedure under certain circumstances.
- chemical restraint, which is the intentional use of medication to control or modify a person's behaviour or to ensure a patient is compliant or not capable of resistance, when no medically identified condition is being treated, or where the treatment is not necessary for the condition or the intended effect of the drug is to sedate the person for convenience or 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, which is the intentional restriction of a person's normal access to their environment, with the intention of stopping them from leaving. This also includes denying a person their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties. The design, layout, equipping and operations of a residential centre should be developed in a manner that maximises people's capacity to exercise autonomy and choice.

This definition is adapted from the Department of Health's *Towards a Restraint Free Environment in Nursing Homes* (2011).

## 2. Why is this important?

Everyone has a fundamental right to freedom and service providers respect and promote this right alongside their residents' other rights.

In residential services, some residents at some times may behave in a way that heightens risks to themselves or others. Furthermore, a person's normal activities may pose some risks if their decision-making capacity is temporarily or permanently reduced.

In such cases, it is important that these risks are not mitigated through subjecting people who live in a residential service to unnecessary restrictive procedures. However, because restrictive procedures may be necessary at some time in a residential service, there must be clear arrangements in place to ensure that these procedures are always legitimate, safe and minimal.

While it is necessary to provide for the possibility of restrictive procedures, they should only be used as a last resort. The careful attention and training that goes into planning for restrictive procedures should not lead to any corresponding tendency to use them more often. It is important that as much attention be given to arrangements for avoidance of restrictive procedures as to their safe use.

Restrictive procedures should only be used in limited circumstances after other options to keep people safe have been exhausted. Such procedures should only be used in strict adherence to international human rights instruments, national legislation, regulations, policy and evidence-based practice guidelines. An unwise decision by a resident is not always evidence of lack of capacity or the need for restrictive procedures, nor is the use of such procedures in one instance a reason to use them later without trying all other options first. A robust procedure will assist providers in making these decisions.

### 3. Principles of good practice

Residential services for older people should comply with the Department of Health's policy set out in *Towards a Restraint Free Environment in Nursing Homes*. The principles set out in that document should also be adopted by services for adults and children with disabilities:

- Restrictive practices are a serious and potentially hazardous intervention and should only be used as an option of last resort in response to a serious risk to people's safety and welfare.

Please bear in mind the following:

- The potential benefits of any procedure must outweigh the possible negative effects on the person subject to the restrictions. The right to freedom and the need to protect people from harm must be balanced.
- It should be assumed that people have the capacity to make decisions about their own care unless there is clear evidence to the contrary. A person should not be deemed to lack capacity just because they make a decision which seems unwise. Restrictive practice is never used in response to unwise decisions unless there is a serious risk to people's safety. Where an individual is restrained or otherwise subject to restrictive practices, staff continue to seek and respect the views of the resident.

- All alternatives are attempted before restrictive practices are used. The underlying causes of behaviour that could lead to (or has led to) imposing restrictive procedures are determined and addressed. These procedures are never used due to lack of adequate staff support and supervision.
- Services are committed to a restraint-free environment. The service assesses the needs of service users and plans how it meets those needs. They focus on strategies for supporting positive behaviour rather than physical interventions. The physical environment is also designed to reduce the need for restrictive practices.
- Except in an emergency, a full assessment of a person is performed and recorded prior to restrictive practices being used (see *Towards a Restraint Free Environment in Nursing Homes* (2011) for a description of a full assessment).
- A person who is subject to restrictive procedures is closely monitored to evaluate the risks to their physical, psychological and emotional wellbeing and to ensure the procedures are minimal in time and in extent. This monitoring should be documented and reviewed.
- The service has a policy on restrictive practices which adheres to national policy, regulations and standards. People who live in the centre are involved in the development of the policy. Staff are aware of and understand the policy and have the skills and training to provide appropriate care for residents.
- Each episode of restrictive practice is followed by debriefing of those involved. Each episode is recorded and the details are reviewed to identify opportunities to reduce its use and improve quality and safety of care for people who use the service. Wherever possible, the review is informed by the resident's feedback and views on the episode. Incidents of restraint are reported in accordance with regulatory requirements.
- The measures and actions which service providers should have in place to control the risk of an unexpected absence of any resident should aim to minimise restrictive practices while having regard to the safety and welfare of residents.

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