



*Kerry
Parents &
Friends
Association*

POLICY/ PROCEDURE DETAILS	Title:	Restrictive Practices
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KERRY PARENTS AND FRIENDS ASSOCIATION

RESTRICTIVE PRACTICES

INTRODUCTION

Kerry Parents and Friends Association is committed to providing high quality person centred services by promoting quality of life, dignity and respect for all.

1.0 AIMS OF POLICY

- 1.1 The aim of Government policy is to eliminate the use of restraint, or where this is not possible, to restrict the use of all forms of restraint to those exceptional emergency situations where it is absolutely necessary. Where restraint is necessary it should only be applied in accordance with the law and best professional practice.
- 1.2 This policy takes account of and is formulated in strict adherence to international human rights instruments, domestic legislation, regulation, national policy and evidenced based practice.
- 1.3 The use of restraint of any kind should be a measure of last resort where there is risk of serious harm. Episodes of restraint should always be in the least restrictive form and used for the least amount of time necessary.
- 1.4 We are committed to a restraint free environment and safe person centred care.

2.0 PURPOSE

The purpose of the policy is to provide guidance in relation to the use of management of restrictive intervention in line with best international practice.

3.0 SCOPE OF POLICY

This policy applies to all staff working in Kerry Parents and Friends Association.

4.0 DEFINING RESTRAINT

4.1 Restraint can be broadly defined as the intentional restriction of a persons' movement or behaviour. The following definitions apply for the purpose of this document :

Mechanical Restraint: The application and use of materials or therapeutic aids such as: belts, helmets, clothing, straps, cuffs, splints, specialised equipment designed to significantly restrict the free movement of an individual (Paley, 2008, p.6). This does not include the use of devices for therapeutic purposes relating to postural and orthopaedic needs (DHS, 2007, p.3).

Physical Restraint: The use of physical intervention (by one or more persons) for the purpose of preventing the free movement of a person's body (MHC, 2008, p.5).

Environmental Restraint: A number of environmental or mechanical devices may be used to restrict movement. These include but are not limited to bed rails, recliner chairs, locked doors or locked facilities (NMBWA, p.3).

Seclusion is defined as the placing or leaving of a person in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent the person from leaving (MHC, 2008, p.5).

Psychotropic medication as restraint is the use of sedative or tranquilising drugs for the treatment of problem behaviours. Medication treatments for medical or psychiatric conditions which underlie the disturbance are not included (MHC, 2008, p.5).

Emotional or Psychological Restraint: Verbal, non-verbal or physical intimidation that is purposefully used to alter or restrict a person's choice of behaviour or to actively encourage or discourage particular behaviour (NMBWA, 2009, p.3).

FURTHER RELEVANT DEFINITIONS

Least Restrictive: Any intervention should be the least restrictive to the person's freedom while remaining appropriate to the person's needs and the need to protect the safety of himself/herself and others (MHC, 2008, p.9).

Challenging Behaviours may be defined as "behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviours which are likely to seriously limit or delay access to and use of ordinary community facilities." (Emerson et al., 1988).

Risk Assessment is a process by which all the factors in a particular situation are considered, identifying the hazards, the potential degree and nature of any risk (COT, 2006).

Risk Management is a process whereby identified risks are either removed completely, or reduced to an acceptable level, which is then closely monitored and periodically reviewed. The aim is primarily to protect people from harm. (COT, 2006).

5.0 TOWARDS A RESTRAINT FREE ENVIRONMENT

- 5.1 The service will ensure that all staff are informed of and are able to recognise the range of possible restraints resulting in restrictive practices. It is the responsibility of all staff to report to their line manager any restrictive practice as soon as possible after they become aware of it.

The service will adhere to the general principals contained in The Department of Health and Children 'Towards a Restraint Free Environment' and the 'National Standards for Residential Services for Children and Adults'. The general principals are as follows:

- Staff know, and understand, the person's usual conduct, behaviour and means of communication.
- Staff should have an awareness of and ability to adapt the environment in response to challenging behaviours.
- Any consideration of restraint should reflect a safe, person centred approach to care. It needs to take into account each person's individual support needs

and communication style and view the person as an equal partner in their own care.

- A person-centred approach to risk respects an individual's right to take risks and prioritises the person's needs and wishes rather than simply trying to protect them from harm.
- Consideration of all alternative interventions must be explored and deemed inappropriate before a decision on a restraint can be taken.

6.0 RISK ASSESSMENT

6.1 A full assessment of the person's needs must be undertaken prior to any implementation of restraint unless a person's unanticipated behaviour places them or others in imminent danger.

6.2 At a minimum, this assessment must identify and consider all physical, medical, psychological, emotional, social and environmental causes, or influencing factors.

6.3 The assessment should identify the following:

- The steps taken to identify any underlying physical and/or psychological causes of the presenting difficulty.
- The alternative measures that have been taken, for how long, how recently, and with what results.
- The evidence that the restraint will be of benefit to the person.
- The evidence that the person or others will be harmed if restraint is not used.
- The risks involved in using the restraint.
- The specific circumstances under which the restraint is being considered.
- The type, period, and location of restraint.
- The views of the person we support.

(Complete Rights Restriction Form – Appendix 1)

7.0 SANCTIONING THE USE OF A RESTRICTIVE PRACTICE

7.1 Each instance of a restrictive procedure insofar as is possible must be sanctioned by the manager and all uses of restraint are notified to restrictive practices committee.

8.0 RISK MANAGEMENT - MONITORING, RECORDING AND REVIEWING

- 8.1 All incidents of restrictive procedures must be reported and reviewed by the restrictive practices committee.
- 8.2 The use of a restrictive procedure must be recorded in the person's plan and monitored and reviewed. (Use Rights Restriction Form – Appendix 1)
- 8.3 In the instance of an episode of physical intervention or restraint:
- The safety and response of the person must be monitored closely during any episode of physical intervention or restraint.
 - Risk of injury to the person, or distress, discomfort, anger, agitation, pleas for release, or calls for help, require immediate review, and except in rare emergency situations, cessation of physical intervention or restraint.
 - The assessment prior to, and during, episodes of physical intervention or restraint, must be carefully documented in the person's personal plan.

9.0 DEBRIEFING

9.1 Following the use of any unplanned, unassessed or unwanted restrictive procedure a debriefing will be carried out with the person we support, representative and or advocate, and relevant staff members, to review the intervention and establish what lessons can be learnt, and record the learning.

10.0 STAFF TRAINING

- 10.1 Staff will be provided with information on the definitions of restraint, its use and misuse. Restrictive practices will be a regular agenda item for all team meetings to provide ongoing support and information for staff to enable them to demonstrate an understanding of this policy, and its implementation.
- 10.3 The service provides relevant education, training and ongoing professional development of staff in evidence based practice which is essential to ensure they have the necessary skills and competence to provide appropriate care for people we support.
- 10.4 The service will ensure that staff are trained in the use of restrictive procedures by approved trainers and we will only use approved techniques.

- 10.5 Staff will receive training in conciliation and de-escalation in order to reduce the likelihood of violence and the need for physical intervention and restraint.

11.0 REVIEW

- 11.1 This policy should be regularly monitored and audited. It must also be reviewed by all staff members working with people we support, families and carers to ensure that it continues to meet best practice in the use of restrictive procedures.

KERRY PARENTS AND FRIENDS ASSOCIATION

Restrictive Practice Form

Name of person: _____

Name of person completing form: _____

Date: _____

Restraint Unique ID: _____

Risk Assessment ID: _____

Indicate the type of restriction: Physical / Chemical / Environmental /
Psychological / Mechanical / Seclusion

How long will it be employed?

Location of restriction:

Reason for the restriction:

Outline the steps taken to identify underlying cause of behaviour:

Outline decision making process: e.g. team meeting, emergency response, discussion with person, discussion with family

Potential benefit of restriction:

Risk if restriction is not used:

Impact of restriction on others:

Alternative measures that have been taken to date:

How long were the alternative measures used?

What were the results?

Outline how the restriction will benefit the person?

Identify the risk involved in using the restriction:

Outline the specific circumstances for use of the restriction:

View of the person/family member:

Supporting documentation on file:

Processes in place to minimise the restriction

Who is responsible

Efforts made to remove the restriction

Who is responsible

Suggestions for further action

Who is responsible

Reviewed and Signed :

Centre manager _____

For Committee use only:

Restrictive Practice Committee Recommendation

Does the RPC committee approve this restriction?

Yes

Yes with recommendations

No

Actions :

Recommendations:

Date to be reviewed:

Signatures of committee members:

Sheila Doyle _____ **Date**_____

Catherine O Sullivan _____ **Date**_____

Andrea Corkery _____ **Date**_____

References:

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Department of Human Services (DHS), State Government of Victoria (Australia) (2007). Disability Act 2006: Restrictive Interventions Implementation Guide. 30 [Internet]. Available from: http://www.dhs.vic.gov.au/__data/assets/word_doc/0011/152858/osp_restrictive_interventions_2007.doc [Accessed 12 March 2010].

Emerson, E., Cummings, R., Barrett, S., Hughes, H., McCool, C. & Toogood, A. (1988). 'Challenging behaviour and community services: who are the people who challenge services?' *Mental Handicap*, 16, 16–19.

Mental Health Commission (MHC) (2008). Consultation Document: Draft Code of Practice: guidance for persons working in mental health services with people with intellectual disabilities. Dublin: MHC.

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Paley, S. (2008). Use of Mechanical Devices: restrictive physical intervention: principles for practice. London: British Institute of Learning Disabilities (BILD). Queensland Government (2008). Positive Futures: an integrated approach to excellence. SRSI-09: mechanical restraint. [Internet]. Available from: <http://www.disability.qld.gov.au/key-projects/positive-futures/documents/mechanicalrestraint.pdf> [Accessed 09 February 2015]