Policy / Procedure Details	Title:	**Restrictive Practice**		
	Type:	**Essential Procedure**		
	Related Personal Outcome Measure:	**I feel Safe**		
	Code:	**1.22A**		
Original Version Details	Previous Title: *(If applicable)*	**SP 21.1 Policy Guidelines on Positive Approaches** **SP21.2 Guidelines on the use of Physical Restraint**		
	Date Released:	**SP 21.1 10/04/2002** **SP 21.2 20/03/2002**		
Previous Version(s) Details	Previous Title:	**SP21.1 and SP21.2 - 21 / 11 / 2003** **Title Changed from: Listening and Responding to People who Challenge and the use of Restrictive Practices on 20.01.2017**		
	Date(s) Released:	**31/10/2013**	**01/01/2017**	**20/01/2017**
Current Version Details	Written By:	**Quality and Risk** **Training and Development** **Behaviour Support Team**		
	Reviewed By:	**Procedures Review Committee**		
	Approved By:	**Procedures Review Committee**		
	Date Released:	**20 / 01 / 2020**		
	Monitoring Process:	**Procedural Review Process**		
	Date Due for Review:	**20 / 01 / 2023**		

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What are Restrictive Practices?

Restrictive practices are techniques or strategies that limit a person's behaviour or freedom of movement, in order to keep them safe and prevent them from harming themselves or others.

If restrictive practices are in place then they must be highlighted on the rights checklist, reviewed by the Rights Review Committee and clearly outlined in an individuals' PRMP.

Restrictive practices are never the preferred option, and should only be used as a last resort in extraordinary circumstances where personal safety is at risk to keep the person and/or others safe.

Under HIQA regulations, Interventions prescribed by healthcare professionals regarding the health of person are not notifiable events e.g.: aids and appliances prescribed to maintain postural care of person. However a written report must be provided to the Chief Inspector of HIQA at the end of each quarter in relation to "any occasion on which a restrictive procedure including physical restraint is used".

Examples:

- Prevented from accessing places in community that others can
- Not being able to freely access their own possessions
- Not having access to all areas of their environment through locked doors, areas, etc. and not having keys or codes to freely come and go
- Being able to access and use all appliances in their environment as they wish, e.g. If they wish to make a cup of tea, having access to kettle to do so
- Access to food and choices being limited
- Concealed medication
- Access to money to purchase items of their choosing
- Limits being placed on someone around how much they smoke drink tea/coffee/alcoholic drinks
- Consequences used in relation to their behaviour, e.g. If you do that, you won't be allowed ring/visit/talk to your mother
- Not allowed pursue intimate relationships if they wish
- Inappropriate use of devices to manage safety of an individual, e.g. lap-belts, modified seat belts/harnesses.

Use of Restraint in Western Care Association

The legal position on restraint can be summarised as:

In general, the application of restraint on a person, without their consent, is unlawful.

The use of restraint must be considered in the wider context of rights conferred under the Irish Constitution (*Bunreacht Na hÉireann*) and in the context of the European Convention on Human Rights (ECHR). From these, the following principles can be said to derive:

a) Use of restraint on another person is, on its face, an interference with the person's constitutional right to bodily integrity/personal liberty

b) Interference with a person's right to bodily integrity/personal liberty may be permissible, if necessary to protect another constitutionally related right - for example to protect a person (either the person in question or another) from imminent risk of harm

c) The extent of the restraint used must be proportionate to the risk of harm or injury

d) From the perspective of the European Convention on Human Rights, in the absence of detention in a criminal or similar context, the use of restraint (physical or chemical) can only be justified if it is a medical or therapeutic necessity. The standard of proof required to establish this is high

e) The use of restraint beyond what is necessary to meet this purpose, may be found to be inhuman and degrading treatment of a resident and constitute a violation of the residents human rights under Article 3 of the European Convention on Human Rights.

The courts have recognised that within the bundle of personal rights guaranteed under Article 40 of the Constitution, is included a right to bodily integrity. The European Convention on Human Rights, which following the passing of the European Convention on Human Rights Act 2003, has been implemented in Ireland, provides at Article 3 that:

"No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

Government policy on restraint is summarised as:

"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 deemed as necessary it should only be applied in accordance with the law and best professional practice".

Paramount Principle

In unplanned emergency situations, staff may be faced with situations where the safety and well-being of the person or others are at serious risk, staff in those circumstances are authorised under Duty of Care to follow the Paramount principle that is - they can use the minimum amount of reasonable force for the shortest time necessary to protect the person or others from serious harm.

Incident Review
After such an event, debriefing must be offered to all people involved. An Incident Form must be completed and if the incident is in the highest Severity Level 5 category a Critical Incident Review must take place in line with the Incident Reporting Procedures. This review meeting will be chaired by the Regional Services Manager. If the incident is at Severity Level 4 category a Critical Incident Review will take place at local team level and will be chaired by the Frontline Manager. For further details, see the Incident Reporting Procedure.

Types of Restraint

Physical Restraint

Physical restraint is the use of physical intervention (by one or more persons) for the purpose of preventing the free movement of an individual's body.

Use of Physical Restraint
Physical Restraint must only be used when an individual poses a significant threat of harm to self or others and it is considered the safest intervention at that time. It must only be considered when all other options have been exhausted and only then for the least time necessary in order to prevent immediate harm.

Where the use of physical restraint is foreseeable a risk assessment must be undertaken and a *Personal Risk Management Plan* (PRMP) is completed for the person concerned.

The potential hazards associated with each physical intervention must be identified and the level of risk associated with each intervention determined for.

Except in the case of extreme emergency the use of restraint should be discussed with the individual and their Circle of Support as part of the development of their *Personal Risk Management Plan* (PRMP) and recorded.

There must be evidence that the consent process has been adhered to the specific service user on which it is being applied.

In the event that this communication regarding prior consent does not occur, a record explaining why it has not occurred must be entered in the individual's record.

Special consideration should be given when restraining individuals who are known by the staff involved in applying the restraint, to have experienced physical or sexual abuse.

The individual must be monitored throughout the use of restraint to ensure his or her safety, dignity, health and wellbeing.

Only staff that have completed the three day course are authorised to engage in physically restraining a person. Western Care Association and Studio III also stipulate that only the procedures that have been taught on designated courses or during bespoke training events must be used.

An incident form must be completed after every instance of physical restraint. All uses of physical restraint should be subject to review by line managers and relevant staff in the quarterly review of incidents to promote learning and reflective practice. The quarterly incident review form requires managers to consider in particular the use and review of restrictive practice. See Incident Reporting Policy

If the incident severity is at level 4 or 5 a Critical Incident Review should be held in accordance with the Incident Reporting Procedure guidelines. The purpose is to assess the circumstances, to learn from the event and examine all options that might lessen the need for similar events in the future. However if there is an incident in which this type of physical restraint is used even if it is scored lower than severity level 4 there should be a review of the practice by the Frontline Manager with the staff involved because of the particular and unusual nature of this response. The review of the incident should follow the same process used in Critical Incident Reviews.

Occasions where physical restraint must never be used:
There are circumstances where physical restraint must never be used and these include:

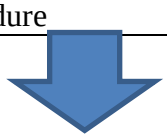
a) To demonstrate authority, enforce compliance, inflict pain, harm to punish or discipline an individual
b) Solely for the convenience of staff including where there are staff shortages
c) Where an individual has a known psycho-social/ medical condition in which physical restraint would be considered detrimental
d) Where the risk of harm from the restraint becomes greater than the risk posed by the physical aggression.

- ✓ **See Protocol for the Use of Physical Restraint to Manage a Behaviour of Concern**
- ✓ **See Protocol for the Use of Physical Restraint to Manage a Medical/Dental Appointment**

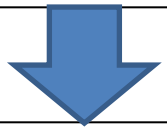
Summary Pathway Physical Restraint:

The need for a physical restraint protocol may be instigated by one of the following situations:

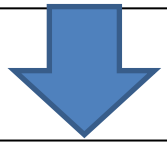
- Incident Occurs which necessitates the need for unplanned physical restraint
- The decision is made that some form of physical restraint is needed to support the individual in a medical procedure



The line manager will ensure that consent for the use of restraint is sought from the person and their family as required



The line manager of the person's main service requests BSS/Studio 111 trainer support to aid them in the completion of the protocol



The BSS /Studio 111 trainer will support the line manager to complete the protocol.

The line manager is responsible for ensuring the protocol remains relevant and links back with the BSS/Studio 111 trainer as required if the situation changes and it requires review. Its use should be reviewed annually at a minimum.

The line manager is responsible for ensuring that use of physical restraint should be noted on the rights checklist and forwarded to the RRC for review. Other reporting requirements will also apply, i.e. completion of an incident form for each use and quarterly notification to HIQA.

Chemical Restraint

Chemical Restraint is the use of medication to control or influence behavior, mood or level of arousal.

Psychotropic Medications

Definition: "*Psychotropic medication is any medication capable of affecting the mind, emotions and behaviour".*

a) When psychotropic medications are prescribed by a suitably qualified professional to treat a defined mental health condition it is not considered a restrictive practice. People prescribed psychotropic medication in this instance should have the benefit of being assessed by a psychiatrist and the medication must be reviewed within the recommended time periods

b) Where psychotropic medicines are prescribed to assist with the management of behaviour of concern it is considered a restrictive practice and the person's life must be examined in detail and practical ways of enriching the person's life must be identified and systematically implemented

c) Ideally each person's that is prescribed psychotropic medication in relation to behaviours of concern should have a multi-element Behaviour Support Plan/Stress Management Plan that includes strategies that enable the person to de-stress and to reduce their anxiety

d) The person's medication should be reviewed at the recommended times by the Consultant Psychiatrist.

PRN (Psychotropic) Medication

Definition: *From the Latin pro re nata: 'where necessary/needed'. Also can be referred to as 'Once off medicine'*

a) All persons living in our services who are prescribed PRN psychotropic medicine must have a PRN Protocol completed by their named staff.

b) All administrations of PRN of Psychotropic medication must be recorded on an Incident/Injury form and the PRN box must be ticked appropriately.

c) The name of the medicine and the dose administered must be recorded on the incident form.

d) The circumstances in which the PRN psychotropic medicine was administered must be fully explained in the narrative section of the Incident Form.

e) Where people are administered PRN psychotropic medicine prior to a medical/dental appointment ,staff must be able to show the alternative methods that have been tried to support the person with the stress and anxiety associated with medical/dental appointments.

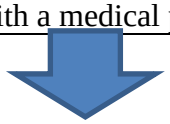
All administrations of PRN Psychotropic should be subject to review by line managers and relevant staff in the quarterly review of incidents to promote learning and reflective practice. The quarterly incident review form requires managers to consider in particular the use and review of restrictive practice. See Incident Reporting Policy

- ✓ **See Protocol for Administering PRN Psychotropic Medicine (Chemical Restraint) to Manage a Behaviour of Concern**
- ✓ **See Protocol for Administering PRN Psychotropic Medicine (Chemical Restraint) to Manage a Medical/Dental Appointment**

Summary Pathway Chemical Restraint:

The need for a Chemical Restraint protocol will be instigated if the individual's medical practitioner and/or psychiatrist recommends the use of it for either:

- To support the person as a reactive strategy should they be experiencing behaviours of concern, including for the ongoing management of pain
- To enable the person to cope with a medical procedure.

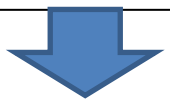


The line manager will ensure that consent for the use of the medication is sought from the person and their family as required.

The line manager of the person's main service requests BSS support via quick access forum or referrals process to aid them in the completion of the protocol

The BSS will support the line manager to complete the protocol. Follow up with the prescribing medical practitioner will be needed to ensure the protocol reflects that prescriber's intention for the medication. They should review the completed form and if possible sign it.

The line manager is responsible for ensuring the protocol remains relevant and links back with the BSS as required if the situation changes and it requires review. Its use should be reviewed annually at a minimum.



The line manager is responsible for ensuring that use Chemical Restraint is noted on the rights checklist and forwarded to the RRC for review. Other reporting requirements will also apply, i.e. completion of an incident form for each use and quarterly notification to HIQA.

Mechanical Restraint

Mechanical restraint is the use of devices, garments or equipment attached or adjacent to the individual's body that they cannot easily remove and prevents or limits the free movement of an individual's body.

Use of Mechanical Restraint
Equipment which promotes the independence, comfort and/or safety of an individual are prescribed for many individuals we support in Western Care. When seating system/positional devices are prescribed for a person the details of use should be documented by the prescribing therapist. There should be a clear rationale describing why the item has been prescribed for the individual and in what circumstances it should be used and not used. This information should be held on the person's IP folder.

If equipment is being used in a service in a manner other than that for which it has been prescribed than it may constitute physical restraint

Any means of mechanical restraint used in an emergency situation must never compromise the safety of the individual being restrained.

Examples

- **Seating:** Chairs with tilt-in-space options, this means the seat can be tipped back as the backrest is reclined, potentially preventing the person from standing

- **Seat belts:** Seat belt is required as standard for safe transit on manual self-propelled and transit wheelchairs, in addition to several models of comfort chair. If the person is unable to have the belt opened at other times(when not in transit) or as they wish then belt can be viewed as restraint

- **Chest harness:** This is provided to people who are unable to independently maintain a midline seated position (i.e. if they fall to one side on sitting upright). The harness has clips at each hip and is fastened to the wheelchair. If the person wishes to open the harness then they should have support to do so or item may be considered restraint

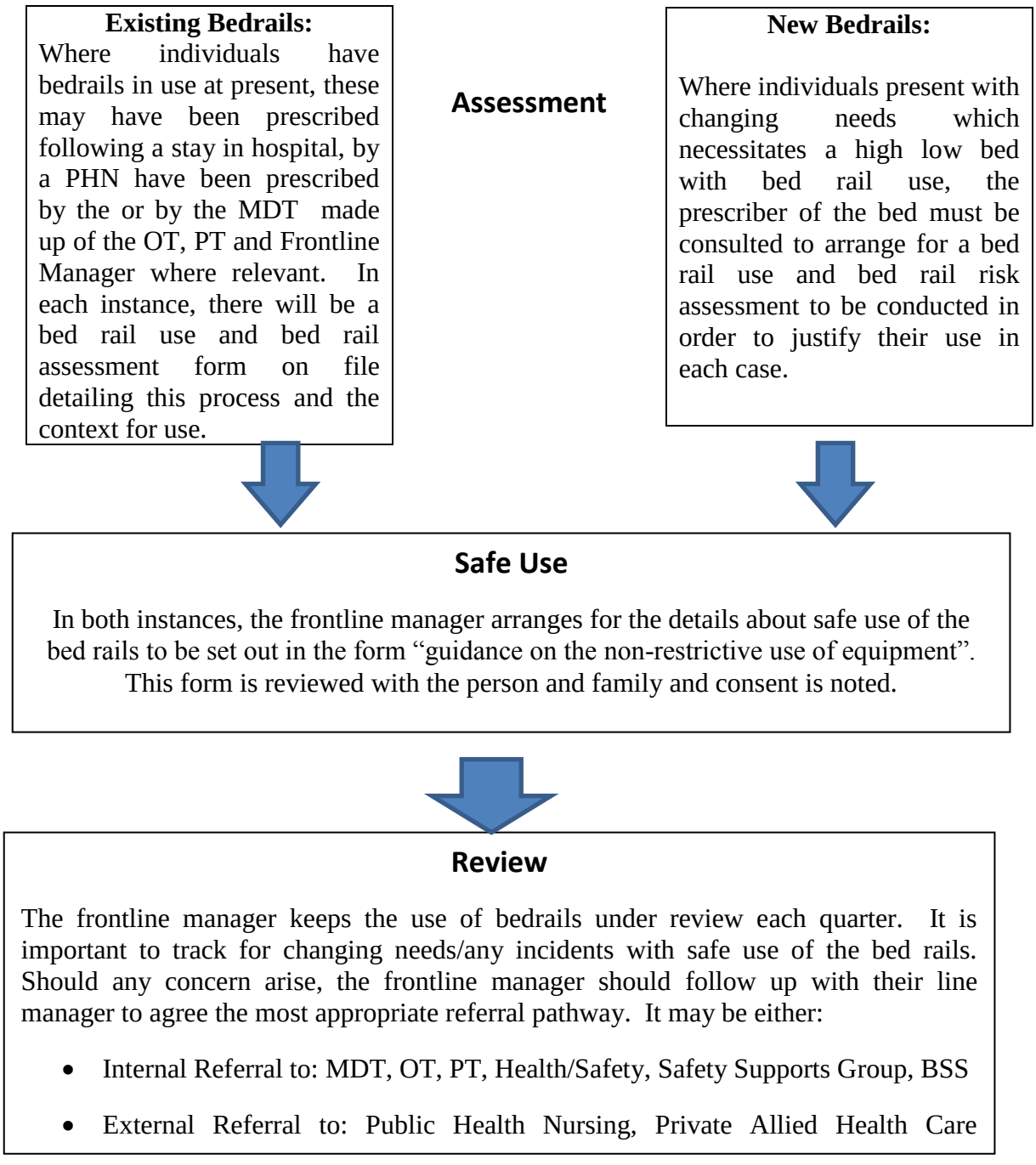
- **Groin strap:** For use by people who may slope forward and slide out of the wheelchair. Two clips are fastened on each thigh. Should the person be unable to get support to unfasten the clips, then the device becomes a restraint

- **Splints:** Are prescribed when there is high potential that the person may lose range of motion, to protect joint integrity, to maintain palmer arches and to prevent pain and overuse in some instances. If they are used for any other purpose then they are considered a form of restraint

- **Lap trays:** These are used to enable feeding and a variety of other activities. They are secured using Velcro, being screwed into place, or by various other means of attachment. Where they prevent a person from getting out of their chair, their use may constitute a restraint. When in place on a person's seating system, their use must be for functional activities. Outside of requirements specified by the seating prescriber, lap trays should not be in situ on the seating system

- **Bed rails:** These are used where there is a known risk and/or high risk that someone may fall out of the bed through movements they make while sleeping .They should never be used to prevent someone from getting out of bed if they wish to. The organization is currently reviewing its practice in this area. The Safety Supports Group are be conducting a review of evidence based practice to determine the best way forward in consultation with Senior Services Management. In the meantime, the pathway below is set out as the pathway to follow to ensure safe use of bed rails.

Summary Pathway Bed rails - Adult Services



Summary Pathway Bed rails – Children's Respite Services

Assessment

In Children's Respite Services, children will only be supported with the use of bedrails, if that support has been assessed as required by an OT and is already provided in the home environment. A copy of the bedrail assessment for each child will be available in the respite service on their individual file.

Safe Use

The frontline manager arranges for the details about safe use of the bed rails to be set out in the form "guidance on the non-restrictive use of equipment". This form is reviewed with the child and family and consent is noted.

Review

The frontline manager keeps the use of bedrails under review each quarter.

If any of the changes listed below occur there will be a need for a professional review:

- If there is an obvious increase in activity level of restlessness in bed. Staff should be aware that some medications may contribute to this, so staff should be diligent where there have been medication changes and their potential side effects.
- If the individual appears to have had a growth spurt.
- Increase in night time seizure activity and/or severity of night time seizures.ng.

Should any concern arise, the frontline manager should follow up with their line manager to agree the most appropriate referral pathway.

Each year, the frontline manager in consultation with the RSM arranges for a Formal Bed Rail Assessment arranged through private OT.

Environmental Restraint

Environmental Restraint is the intentional restriction of an individual's normal access to the environment, with the intention of stopping them from leaving, or denying them their normal means of independent mobility, means of communicating or the intentional taking away of ability to exercise civil and religious liberties.

Use of Environmental Restraint

These practices should never be the preferred option, and should only be used as a last resort in extraordinary circumstances where personal safety is at risk to keep the person and/or others safe. It may be considered necessary to curtail a person's access to their environment for their own safety. If these practices are in place, then they must be clearly outlined in individual's PRMP and should be based on the risk of something that has occurred and have a clear plan for addressing this so that person is not curtailed indefinitely.

Some examples of these are:

- Prevented from accessing places in community that others can
- Not being able to freely access their own possessions
- Not having access to all areas of their environment through locked doors, areas, etc. and not having keys or codes to freely come and go
- Being able to access and use all appliances in their environment as they wish, e.g. If they wish to make a cup of tea, having access to kettle to do so.

All uses of Environmental Restraint should be subject to review by line managers and relevant staff in the quarterly review of incidents to promote learning and reflective practice. The quarterly incident review form requires managers to consider in particular the use and review of restrictive practice. See Incident Reporting Policy

Line Manager Review

Some additional supporting tools have been developed for use by managers to support them in ensuring all restrictive practice is kept to a minimum, is the least restrictive option available, is effectively assessed, implemented and reviewed. These are attached to this procedure and are as follows:

- ✓ **Guidance to Ensure Non Restrictive Use of Equipment:** In order to prevent use of equipment as restraint, this form allows managers to track all equipment in use for an individuals. It sets out that for each piece of equipment used there should be a clear assessment/rationale developed with prescriber as to why it is in use and when it is to be used. This guidance allows for a step/step guide to be developed for each type of equipment where applicable, for arrangements to be set out if use of the equipment requires a specific log and how consent for the use of the equipment was gained.

- ✓ **Log of Restrictive Practice at Service Level:** This form can be used by managers quarterly to review at service level the use of restrictive practice. It can be used to signpost practices that require follow up or particular review. It is will be most helpful if completed with the quarterly review of incidents, where any reflective practice on the use of restrictive practice and efforts to reduce/eliminate it can be monitored and tracked.

Rights Review Committee

Western Care established a Rights Review Committee in 2004. This committee is made up of family members, community members, people using services and staff. Its functions are:

- ✓ To promote and protect the rights of people using Western Care Association services through scrutiny, advice and guidance and to promote positive practices that assert the rights of people using services. In the conduct of its work, the Committee will make formal recommendations, both for the individual and for the organisation.
- ✓ Management and staff of the organisation are obliged to consider how best they can implement the recommendations made by the Rights Review Committee;
- ✓ Ultimately, the leadership of the organisation and its staff have the responsibility to ensure that the rights of each individual using the services are promoted and protected;
- ✓ The Rights Review Committee has an advocacy role, with the organisation, with respect to those individuals whose rights are being infringed and to whom the Rights Review Committee have become aware and involved.
- ✓ There is an obligation on the leadership of the organisation to keep the Rights Review Committee systematically informed on how its recommendations have been implemented. If, for whatever reason, the organisation decides not to implement a recommendation, it should explain its reasons for this to the Rights Review Committee to keep it informed.
- ✓ To provide an avenue for service users to raise perceived restrictions in Western Care Association.
- ✓ To promote fair treatment for people using services, both through direct referral and through review of cases.
- ✓ To support organisational efforts to learn and improve its practice in the areas of Rights.

Conducting a Rights Review: The Rights Review Committee will undertake a review of rights issues for an individual on receipt of a completed Rights Checklist. The consideration of any rights restriction as set out in this checklist incorporates the requirements as set out in HIQA (2019) "Self-assessment questionnaire - Restrictive practice thematic programme"

In conducting a review, the rights committee focus on the information contained in the checklist in order to explore the extent and causes of any rights restriction. The aim is to try and understand why the restriction is necessary and whether alternatives have been considered. It is helpful to explore how things are going overall for the person concerned, their current health status and Individual Plan goals. When the committee makes a recommendation, this is added to the relevant part of the rights checklist and forwarded to those involved.

Some cases may require an organizational recommendation. This is formulated by the committee and forwarded to the leadership of the organisation. For further details, please see the Rights Policy,

APPENDIX 1 : PROTOCOL FOR ADMINISTRERING PRN PSYCHOTROPIC MEDICINE (CHEMICAL RESTRAINT) TO MANAGE BEHAVIOURS OF CONCERN

This protocol applies to managing behaviours of concern using PRN Psychotropic medication when all other options have been exhausted

Please ensure that the suitability and development of this chemical restraint protocol is completed in consultation with the person's Circle of Support and/or Behavioural Support practitioner and is consistent with Western Care Association policy/procedures

1. Personal information

Person's Name & D.O.B.	
Date Protocol developed	
Next review date	

Note: *This protocol must be reviewed after each occurrence of PRN Psychotropic medication administration or after 6 months if no administration has occurred*

2. Information sources

Information for the development of this protocol was obtained from: •
For example: Include the name and date of information source e.g. medical practitioner, Incident Injury forms, Circle of Support minutes, Personal Risk Management Plan, Behavioural Support Plan/Stress Reduction Plan etc..

3. Current situation

What are the current challenges for the person that has resulted in the need for the use of PRN psychotropic medication? • •

4. Behaviours of concern *(related to the need for the use of chemical restraint)*

Describe the behaviours of concern (related to the need for the use of PRN Psychotropic medication) in a manner that the behaviour can be identified/observed easily by others. Organise behaviours of concern according to escalation.

Signs and Behaviour of concern	**Detailed description of behaviour**	**Risk Score** (L X S=R)
	•	
	•	

When are the behaviours of concern most likely to occur? •
When are the behaviours of concern least likely to occur? •
What is the person trying to communicate through their behaviour of concern requiring PRN Psychotropic medication? •

5. Proactive Supports

What supports generally needs to be in place for the person to prevent the use of PRN Psychotropic medication? *For example: what is been done to reduce the person's stress levels? Additionally, consider alternative safety measures instead of using chemical restraint.*

6. Reactive supports

What supports need to be used prior to the use of PRN Psychotropic medication? •

*7. **Administering PRN psychotropic medication** Cross reference to medical prescription sheet (MP1)*

Medicine:	**Strength:**	**Form:**
Directions (dose and frequency):		
When should this medication be given?		
What do you expect to see when the medication has been administered? *For example: what should the medication do? What effect should it have on the person?*		
How much time do you expect to elapse before the medication starts to work for the person?		
What is the maximum dosage in 24 hours as per MP1?		
How long should the medication work for?		
When should GP or other medical advice be sought?		
Describe the potential side effects (what to observe for) •		

Medical Practitioner Signature	
Date of signature	
Behavioural Support Signature	
Date of signature	

8. After an administration of PRN Psychotropic medicine

Ensure debriefing is offered to the person after the situation is calmed down. Describe how the person will be debriefed in a manner which is meaningful to them •
Ensure each administration of PRN Psychotropic medication is recorded as outlined in Western Care Association policy/procedures

9. Removing chemical restraint protocol

What plan is in place to ensure that the use of PRN psychotropic medication will not be indefinite? •
For example: how long are you proposing to use chemical restraint for? How are you going to fade out the use of chemical restraint? Are there other preventative measures you may consider in order to reduce the need for chemical restraint e.g. environmental management?

10. Consent

Name of Person giving the consent		**Relationship:**
For example the person or their advocate (include their relationship to the person)		
Signature		
Date of signature		
*Note: If **no consent** for the use of chemical restraint is given or if communication around the use of chemical restraint has not occurred, please explain why.*		

11. Administration

Have you completed a rights check list? Yes / No	
Have you cross reference to the person's Personal Risk Management Plan? Yes/No	
Have you cross referenced to the person's prescription sheet (MP1)? Yes/No	
Have you place a signed copy in the person's Individual Plan (IP)? Yes / No	
Have you place a signed copy in the person's main file/electronic (Drive)? Yes / No	
Name of person(s) completing this form	• •
Signature	• •
Date of signature	

APPENDIX 2: PROTOCOL FOR THE USE OF PHYSICAL RESTRAINT TO MANAGE BEHAVIOURS OF CONCERN

This protocol applies to managing behaviours of concern using Physical restraint as a last resort and for the least amount to time, when all other strategies have been exhausted.

Please ensure that the suitability and development of this physical restraint protocol is completed in consultation with the person's Circle of Support, Behavioural Support practitioner and/or Studio III Trainer and is consistent with Western Care Association policy/procedures

1. Personal information

Person's Name **& D.O.B.**	
Date Protocol developed	
Next proposed review date	
Date Protocol reviewed	

Note: *This protocol must be reviewed after each occurrence of physical restraint or annually if no occurrence*

2. Information sources

Information for the development of this protocol was obtained from:

-
-

For example: Include the name and date of information source e.g. medical practitioner, Incident Injury forms, Circle of Support minutes, Personal Risk Management Plan, Behavioural Support Plan/Stress Reduction Plan etc..

3. Current situation

What are the current challenges for the person that has resulted in the need for the use of physical restraint?

-
-

4. Behaviours of concern

Describe the behaviours of concern (related to the need for the use of Physical restraint) in a manner that the behaviour can be identified/observed easily by others. Organise behaviours of concern according to escalation.

Behaviour of concern	**Detailed description of behaviour**	**Risk Score** (LxS=R)
	• •	
	•	
	• •	

When are the behaviours of concern most likely to occur? • •
When are the behaviours of concern least likely to occur? • •
What is the person trying to communicate through their behaviour of concern requiring Physical restraint? • •

5. Proactive Supports

What supports generally needs to be in place for the person to prevent the use of physical restraint? • *For example: what is been done to reduce the person's stress levels? Additionally, consider alternative safety measures instead of using physical restraint.*

6. Reactive supports

What supports need to be used prior to the use of physical restraint? •

7. Physical restraint

Describe the physical restraint to be used: • *Use photo's/diagrams where applicable.*
When will the physical restraint be used? • *For example: What behaviours of concern need to be in place? What proactive strategies/reactive strategies need to have been used? At what level of severity and/or frequency must the behaviour of concern be at?*
What to observe for while using physical restraint? •
When will the physical restraint stop? • *For example: when will you know it is safe to disengage*
Describe the Potential impact of physical restraint on the person *(consider the person's personal history and previous and current experiences)* •

Studio III trainer Signature	
Date of signature	
Behavioural support specialist Signature	
Date of signature	

8. After an occurrence of physical restraint

Ensure debriefing is offered to the person after the situation is calmed down in a manner which is meaningful to them
Ensure each occurrence of physical restraint is recorded as outlined in Western Care Association incident injury procedure

9. Removing Physical restraint protocol

What plan is in place to ensure that the use of physical restraint will not indefinite? •
For example: how long are you proposing to use physical restraint for? How are you going to fade out the use of physical restraint? Are there other preventative measures you may consider in order to reduce the need for physical restraint e.g. environmental management?

10. Consent

Name of Person giving the consent	
For example the person or their advocate (include their relationship to the person)	
Signature	
Date of signature	
Note: If no consent for the use of physical restraint is not given or if communication around the use of physical restraint has not occurred explain why and consider alternative safety measures instead of using physical restraint •	

11. Administration

Have you completed a rights check list? Yes / No	
Have you cross reference to the person's Personal Risk Management Plan (PRMP)? Yes/No	
Have you place a signed copy in the person's Individual Plan (IP)? Yes / No	
Have you place a signed copy in the person's main file/electronic (F:Drive)? Yes / No	
Name of person(s) completing this form	• •
Signature	• •
Date of signature	

APPENDIX 3: PROTOCOL FOR ADMINISTRERING PRN PSYCHOTROPIC MEDICINE (CHEMICAL RESTRAINT) TO MANAGE A MEDICAL/DENTAL APPOINTMENT

This protocol applies to managing medical/dental appointments using PRN Psychotropic medication when all other options have been exhausted

Please ensure that the suitability and development of this chemical restraint protocol is completed in consultation with the person's Circle of Support, and/or Behavioural Support practitioner and is consistent with Western Care Association policy/procedures

1. Personal information

Person's Name **& D.O.B.**	
Date Protocol developed	
Next review date	
Date Protocol reviewed	

Note: *This protocol must be reviewed after each occurrence of PRN Psychotropic medication administration or after 6 months if no administration has occurred*.

2. Information sources

Information for the development of this protocol was obtained from:

-
-
-

For example: Include the name and date of information source e.g. medical practitioner, pharmacist, nurse etc., Incident Injury forms, Circle of Support minutes, Personal Risk Management Plan, Behavioural Support Plan/Stress Reduction Plan etc..

3. Previous strategies used and outcome

Previous strategies	**outcome**

4. Current situation

What are the current challenges for the person that has resulted in the need for the use of PRN psychotropic medication for medical procedures? • •

5. Medical procedure(s) requiring chemical restraint, expected behaviours of concern and associated harm.

Describe the behaviour(s) of concern (related to the need for the use of PRN Psychotropic medication) in a manner that the behaviour can be identified/observed easily by others. Organise behaviours of concern according to escalation.

List the medical procedures(s) where chemical restraint is required	**List the behaviour(s) of concern** related to the need for the use of chemical restraint	**Identify the expected harm that may happen to the person or others** if chemical restraint is not used	**Risk Score** (LxS=R)

When are the behaviours of concern most likely to occur? • •
When are the behaviours of concern least likely to occur? • •
What is the person trying to communicate through their behaviour of concern requiring PRN Psychotropic medication? • •

6. Proactive Supports and Preparation

Describe what support generally needs to be in place for the person. Describe the preparation phase. What will be done to reduce the person's stress levels?

For example: include information around making the appointment, preparing the environment, preparing the person, communication to person and relevant others, how aids and appliance if any will be used, what low arousal techniques will be used. Additionally, consider alternative safety measures instead of using chemical restraint.	

7. Administering PRN psychotropic medication*. Cross reference to prescription sheet (MP1)*

Medicine:	**Strength:**	**Form:**
Directions (dose and frequency):		
When should this medication be given? • • *For example: What behaviours of concern need to be in place? What proactive strategies/reactive strategies need to have been used? At what level of severity and/or frequency must the behaviour of concern be at?*		
What do you expect to see when the medication has been administered? *For example: what should the medication do? What effect should it have on the person?*		

How much time do you expect to elapse before the medication starts to work for the person?
What is the maximum dosage in 24 hours as per MP1?
How long should the medication work for?
When should GP or other medical advice be sought?
Describe the potential side effects (what to observe for) • • •

Medical Practitioner Signature	
Date of signature	

8. After an administration of PRN Psychotropic medicine

Ensure debriefing is offered to the person after the appointment. Describe how the person will be debriefed in a manner which is meaningful to them •
Ensure each administration of PRN Psychotropic medication is recorded as outlined in Western Care Association policy/procedures

9. Removing chemical restraint protocol

What plan is in place to ensure that the use of PRN psychotropic medication will not be indefinite? •
For example: how long are you proposing to use PRN psychotropic medication for? How are you going to fade out the use of PRN psychotropic medication? Are there other preventative measures you may consider to negate the use of PRN psychotropic medication e.g. environmental management, skills building etc.?

10. Consent

Name of Person giving the consent		**Relationship:**
For example the person or their advocate (include their relationship to the person)		
Signature		
Date of signature		
*Note: If **no consent** for the use of chemical restraint is given or if communication around the use of chemical restraint has not occurred, please explain why.* •		

11. Administration

Have you completed a rights check list? Yes / No	
Have you cross referenced to the person's Personal Risk Management Plan? Yes/No	
Have you cross referenced to the person's prescription sheet (MP1)? Yes/No	
Have you place a signed copy in the person's Individual Plan (IP)? Yes / No	
Have you place a signed copy in the person's main file/electronic (F:Drive)? Yes / No	
Name of person(s) completing this form	• •
Signature	• •
Date of signature	

APPENDIX 4: PROTOCOL FOR THE USE OF PHYSICAL RESTRAINT TO MANAGE A MEDICAL/DENTAL APPOINTMENT

This protocol applies to managing a medical/dental appointment using Physical Restraint as a last resort and for the least amount to time, when all other options have been exhausted

Please ensure that the suitability and development of this physical restraint protocol is completed in consultation with the person's Circle of Support, Studio III Trainer and/or Behavioural Support practitioner and is consistent with Western Care Association policy/procedures

1. Personal information

Person's Name **& D.O.B.**	
Date Protocol developed	
Next review date	
Date Protocol reviewed	

Note: *This protocol must be reviewed after each occurrence of physical restraint or annually if no occurrence*

2. Information sources

Information for the development of this protocol was obtained from:

-
-
-

For example: Include the name and date of information source e.g. medical practitioner, Incident Injury forms, Circle of Support minutes, Personal Risk Management Plan, Behavioural Support Plan/Stress Reduction Plan etc..

3. Previous strategies used and outcome

Previous strategies	**outcome**

4. Current situation

What are the current challenges for the person that has resulted in the need for the use of physical restraint for medical procedures? • •

5. Medical procedure(s) requiring Physical restraint, expected behaviours of concern and associated harm.

Describe the behaviour(s) of concern (related to the need for the use of Physical Restraint) in a manner that the behaviour can be identified/observed easily by others. Organise behaviours of concern according to escalation.

List the medical procedures(s) where physical restraint is required	**List the behaviour(s) of concern** related to the need for the use of Physical restraint	**Identify the expected harm that may happen to the person or others** if Physical restraint is not used	**Risk Score** (LxS=R)

When are the behaviours of concern most likely to occur? • •
When are the behaviours of concern least likely to occur? • •
What is the person trying to communicate through their behaviour of concern requiring Physical Restraint? • •

6. Proactive Supports and Preparation

Describe what support generally needs to be in place for the person. Describe the preparation phase. What will be done to reduce the person's stress levels?

For example: include information around making the appointment, preparing the environment, preparing the person, communication to person and relevant others, how aids and appliance if any will be used, what low arousal techniques will be used. Additionally, consider alternative safety measures instead of using physical restraint.	

7. Physical restraint

Describe the physical restraint to be used in words: • • •
Describe the physical restraint to be used in photo's/diagrams • • •
At what point will the physical restraint begin? • • • *For example: What point in the medical/dental procedure e.g. needle insertion (drip or blood taking, immunisation), Peg insertion, medical examination or other medical procedure*
What to observe for while using physical restraint? •

At what point will the physical restraint stop? • *For example: When will you know it is safe to disengage?*
Describe the potential impact of physical restraint on the person *(consider the person's personal history/experiences)*

Studio III trainer Signature	
Date of signature	
Behavioural support Signature	
Date of signature	

8. After an occurrence of physical restraint

Ensure debriefing is offered to the person after the appointment. Describe how the person will be debriefed in a manner which is meaningful to them • •
Ensure each occurrence of physical restraint is recorded as outlined in Western Care Association policy/procedures

9. Removing Physical restraint protocol

What plan is in place to ensure that the use of physical restraint will not be indefinite? • •
For example: how long are you proposing to use physical restraint for? How are you going to fade out the use of physical restraint? Are there other preventative measures you may consider in order to reduce the need for physical restraint e.g. environmental management?

10. Consent

Name of Person giving the consent		**Relationship:**
For example the person or their advocate (include their relationship to the person)		
Signature		
Date of signature		
Note: If no consent for the use of physical restraint is not given or if communication around the use of physical restraint has not occurred explain why and consider alternative safety measures instead of using physical restraint		

11. Administration

Have you completed a rights check list? Yes / No	
Have you cross reference to the person's Personal Risk Management Plan? Yes/No	
Have you place a signed copy in the person's Individual Plan (IP)? Yes / No	
Have you place a signed copy in the person's main file/electronic (F:Drive)? Yes / No	
Name of person(s) completing this form	• •
Signature	• •
Date of signature	

APPENDIX 5: Guidance to Ensure Non Restrictive Use of Equipment

Name: **DOB** **Service:**

Equipment Type	Justification for Use of Equipment/Arrangements for Review	Step by Step Guide for Safe Use
Lap Strap and Tray		•
		•
		•
		•
		•
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		•
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		•
Wheelchair/Walker/Mobility Aid		•
		•
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		•

Equipment Type	Justification for Use of Equipment/Arrangements for Review	Step by Step Guide for Safe Use
Bed Rails and/or Sleep System		•
		•
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Audio and/or Epilepsy Monitor		•
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Section 3	Arrangements for Recording of Use of Certain Equipment
List if any items are only to be used for specific intervals. These intervals should be clearly defined in Section 1. **As evidence of this, a separate log of use will be maintained and attached to this guidance**	

Section 4	Documentation of Consent
Evidence of consent for the arrangements set out in this guidance has been gained through detailed discussion and review with family	***Date Discussed with Family:*** _____ ***Family Member Signature:*** _____

Date Guidance Completed: _____

Date Next Review Due: (Annually or if change occurs) _____

Signed by Front Line Manager:_____

Appendix 6: LOG OF RESTRICTIVE PRACTICES IN SERVICE

SERVICE:

STATUS OF RESTRICTIONS AS AT:

SERVICE USER REF NO.	RESTRICTIVE PRACTICE (Description)	TYPE OF RESTRICTION	CONSENT SOUGHT	MANAGEMENT OF RISK	IMPACT FOR SERVICE USERS	REFERRAL MADE TO RC	METHOD OF RECORDING USE OF RESTRICTION	HIQA QUARTERLY RETURNS
		☐ Physical ☐Mechanical ☐Chemical ☐Environmental ☐Mixture of above	☐Yes ☐ No Outcome:	Included in service user's PRMP.		☐Yes ☐ No ☐ N/A		Included: ☐Yes ☐ No Reason if No:

SERVICE USER REF NO.	RESTRICTIVE PRACTICE (Description)	TYPE OF RESTRICTION	CONSENT SOUGHT	MANAGEMENT OF RISK	IMPACT FOR SERVICE USERS	REFERRAL MADE TO RC	METHOD OF RECORDING USE OF RESTRICTION	HIQA QUARTERLY RETURNS
		☐ Physical ☐Mechanical ☐Chemical ☐Environmental ☐Mixture of above	☐Yes ☐ No Outcome:	Included in service user's PRMP.		☐Yes ☐ No ☐ N/A		Included: ☐Yes ☐ No Reason if No:

SIGNED: _____

DATE: **NEXT REVIEW DUE:**

NOTES ON COMPLETION OF LOG:

- Each restrictive practice to be logged on this record
- Review to take place by the Person in Charge at least every three months and amended as required with regard to new restrictive practices, or restrictive practices no longer in use
- Review to take place by the Person in Charge as part of overall management of risk, for example, review in conjunction with incident records analysis
- Review also in line with Quarterly returns for HIQA
- Person in Charge to liaise with their Regional Service Manager with regard to restrictive practices and reviews in this regard as appropriate
- Detailed information regarding each restrictive practice to be contained on each individual service user record, e.g. support plan containing element of restrictive practice and protocol, details on PRMPs, Rights Review Committee, etc.…
- Record of use of each individual restrictive practice for each service user to be in place – method for recording use to be logged above, examples include individual log of use of restrictive practice, incident reports, etc.…
- Amend lines as required on form, by use of 'cut' and 'paste' functions.
- Abbreviations: RRC – Rights Review Committee,
- HIQA Quarterly Returns – for Designated centres only