Restrictive Practices Policy

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KARE POLICY DOCUMENT				
Policy Owner:				
Rev. No.	*Approved by OMT*	*Approved by KARE Board*	*Launched Heads of Units*	*Operational Period*
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
Rev 2.2	Amended to make accommodations for COVID-19-19-19 Crisis – as per on page 2 Approved by SPG April 8th 2020			
Rev 3	April 2020	May 2020	June 2020	June 2020 -

Section 1: Policy

1.1 Background to this Policy

KARE acknowledges that the use of restriction practices 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.

This policy is aligned to and underpinned by legislation, regulation and guidance:

- Bunreacht na hÉireann (Irish Constitution) (1937)
- Health Act 2007: S.I. No.367 of 2013, (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations.
- European convention on Human Right (ECHR) (2010)
- The United Nations Convention on the Rights of Persons with Disabilities (2006). Note: 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)
- HIQA National Standards for Residential Services for Children and Adults with Disabilities (2013).
- Safeguarding Vulnerable Persons at Risk – National Policy and Procedure
- HIQA Guidance on Promoting a care environment that is free from restrictive practice March 2019

The following KARE policies are particularly relevant to this policy:

- Individualised Planning
- Supporting people with behaviours that Challenge
- Risk Management
- Matters relating to Sexuality
- KARE Safety Statement
- Safeguarding Vulnerable People at Risk of Abuse
- Child Protection and Welfare Policy
- Trust in Care Policy
- Safe Administration of Medications Policy

1.2 Aim of this Policy

The aim of this policy is to promote a restriction free environment and a best practice approach which ensures restraint is only used in exceptional circumstance when all alternatives have been explored.

1.3 Scope, Non-Scope and Definitions

1.3.1 Scope of this policy

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

1.3.2 Non-Scope of this policy

This policy does not apply to the use of equipment for therapeutic reasons prescribed by a clinician or healthcare professional, and where they have provided clear guidelines for their use. This policy does not apply to home share settings where families provide respite to service users of KARE.

1.3.3 Definitions of Restrictive Practices

A restrictive practice is one that:

- limits an individual's movement, activity or function
- interferes with an individual's ability to acquire positive reinforcement
- interferes with access to objects or activities that an individual values
- requires an individual to engage in a behaviour that they would not engage in given freed choice

Restrictive Practices are broken down into three main categories as follows:

Physical restraint is any manual method, or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove that restricts freedom of movement or normal access to one's body.

Examples of physical restraint include:

- a MAPA hold (Management of Actual or Potential Aggression)
- holding an individual's body part during a medical/dental/personal care procedure.
- use of straps or mechanical devices during a medical/ dental/personal care procedure.
- angel clip/harness,
- use of bed rails including use for personal care
- use of a splint, helmet, wheelchair strap or lap belt which has not been prescribed by a clinician for therapeutic purposes
- recliner chairs or other furniture where they are used in such a way as to prevent individuals who are otherwise mobile, from being able to get off the furniture.

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

Environmental restraint is the intentional restriction of a person's normal access to their environment, or 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. Examples of environmental restraint include:

- locked external and internal doors, cupboards, fridges, gates,
- restricting the individual from normal access to places/activities
- restricting the individual from access to their finances/possessions
- screens between driver and passengers on buses
- single separation/isolation
- restricting internet access or access to passwords

Chemical restraint is the use of medication to control or modify a person's behaviour 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.

1.4 Policy Statements

1.4.1 General Policy Statements

1.4.1.1 KARE will promote a positive behaviour approach to supporting individuals who use the service and will use individualised planning to ensure an individualised response which upholds the rights and dignity of each person.

1.4.1.2 KARE recognises that restrictive practices are an imposition on an individual's rights and dignity. Restrictive practices will only be used when absolutely necessary and in specific circumstances after alternative non-restrictive options have been fully considered. Every effort will be made to maintain an environment that is free from restriction, and where there are restrictions to reduce and eliminate their use at the earliest possible opportunity.

1.4.1.3 KARE staff will not knowingly or intentionally use a form of restriction which humiliates, degrades or causes pain or discomfort to the person and will always seek to uphold the dignity of the individual.

1.4.1.4 KARE staff will not use a restrictive practice to force an individual's cooperation or compliance, as a form of punishment, for their own convenience, or to overcome a lack of adequate supervision.

1.4.1.5 KARE promotes a positive approach to risk and restriction of an individual's rights may not be used to stop them choosing to take reasonable personal risk.

1.4.1.6 Every effort will be made to ensure a restrictive practice put in place to manage an identified risk does not negatively impact on other people using the service. e.g. locked doors, gates, cupboards etc. Where a restrictive practice is put in place the

level of risk to which the person and others are exposed should clearly exceed the negative effects of the use of the restrictive practice being considered.

1.4.1.7 Where a restrictive practice is considered to be necessary, it will be fully assessed and planned in consultation with the individual and/or their representative. Whenever possible specific episodes of restriction will be implemented with the informed consent of the individual.

1.4.2 Using Restriction as an intervention/reactive strategy

1.4.2.1 Where an Individual Risk Assessment identifies a restrictive practice as a potential control measure a Restrictive Practice Assessment (see Appendix 1) should be carried out. This assessment should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the behaviour/issue for which the restrictive practice is being proposed. The assessment should fully evaluate the need for such a practice before finalising the decision to use the restriction including that

- there is an understanding of what may be contributing to the behaviour/issue causing the risk
- all other non-restrictive or less restrictive options have been considered
- the proposed restrictive practice is proportionate to the level of risk identified.

1.4.2.2 The Line Manager should ensure the Restrictive Practice Assessment is carried out in consultation with:

- the individual and/or their family /representative as relevant
- the team around the person which may include other relevant leaders, key worker, staff, clinician/s.

Note: The membership and size of the group involved in the restrictive practice assessment will depend on the nature of the risk however no one person should complete a Restrictive Practice Risk Assessment on their own.

1.4.2.3 Where an individual is transitioning into KARE services and has a restrictive practice in place, the Line Manger will ensure that an individual risk assessment is carried out to establish if a restrictive practice is still required as a control measure. Where possible the restriction will be not be continued however if a restriction is deemed necessary a Restrictive Practice assessment will be carried out to ensure the least possible restriction is used.

1.4.2.4 Where the outcome of a Restrictive Practice Assessment is a decision to use a restrictive practice, a Restrictive Practice Management Plan will be developed consultation with the team around the person, the individual themselves and or their representative as appropriate. The plan (see Appendix 2) will aim to ensure the restrictive practice is only used when absolutely necessary and for the shortest duration possible.

1.4.2.5 Prior to finalising and implementing a proposed Restrictive Practice Management Plan, the Line Manager will ensure that:

- the plan is approved by a psychologist promptly
- written consent is obtained from the individual or their representative

The psychologist will respond to the proposed restrictive practice management plan with approval or clarifications as soon as possible, but no later than 2 weeks of the request being made.

Note: approval and written consent must be obtained on for any change to the plan. See Appendix 3 for sample Consent Form.

1.4.2.6 In some cases, it may be necessary to introduce a restrictive practice on an emergency or urgent basis. Where this is the case, a restrictive practice may be authorised, on a temporary basis, by an Operations Manager. Where this occurs, the plan will be submitted to Psychology immediately, indicating it is already in place on an emergency basis

Out of hours, this temporary authorisation may be given by the Residential On-call, subject to it being reviewed by an Operations Manager at the earliest possible opportunity.

1.4.2.7 The Line Manager will ensure the individual's family/representative is informed of each specific use of the restrictive practice as documented in the Restrictive Practice Management Plan

1.4.2.8 The Line Manager will ensure the Restrictive Practice Management Plan is reviewed at least annually and that regular consideration is given to the need to continue the use of a restrictive practice and the possibility of fading the restriction. A restrictive practice should be reduced/ made less restrictive as quickly as possible and removed when no longer required.
Note: In the case of medication or chemical restraint, only a GP or medical professional can withdraw medication, however it can be recommended that medication should be reviewed and considered for discontinuation.

1.4.2.9 The review of a restrictive practice should include a review of the criteria as described in the Restrictive Practice Management Plan. It should also review the individual risk assessment to establish the current risk rating and ensure the least restrictive controls are in place to manage the risk. Where it is deemed there is still a risk, consideration should be given to trialling alternatives that are less restrictive and/or for a shorter period of time. If it is deemed a restrictive practice is still required a Restrictive Practice Assessment should be completed/existing assessment updated in consultation with the relevant people. The final stage of the review is updating the existing or creating a new Restrictive Practice Management Plan.

1.4.2.10 The Line Manager will ensure that all relevant staff are made aware of and receive appropriate training in the implementation of an individual's Restrictive Practice Management Plan. The training required by staff implementing the plan will be documented in the individual's Restrictive Practice Management Plan

1.4.2.11 Where a restraint put in place as an intervention for one individual has an impact on other individuals using the service, the Line Manager will ensure that they and their family/representatives are informed as relevant and that every effort is made to minimise any negative impact.

1.4.2.12 KARE staff will only use a restrictive practice as outlined in a Restrictive Practice Management Plan. However, staff may use 'unplanned' restraint with an individual in an emergency situation or where the individual's behaviour places them and/or others in imminent danger. In such situations the staff member will:

- use restriction that is proportionate to the risk of harm
- where possible follow recognised techniques such as MAPA
- report the use of the unplanned restriction to the Line Manager as soon as possible
- document the use of restraint in the Unit Restrictive Practices Register and in the individual's record as appropriate.

1.4.2.13 Where an unplanned restrictive practice has been used the Line Manager will organise a review at the earliest possible opportunity, this should include a debrief with the individual and staff, identification of any learning and where relevant carrying out a risk assessment to establish controls to manage the risk into the future.

1.4.2.14 KARE staff will document the use of restraint as an intervention with an individual as agreed in the Restrictive Practice Management Plan.

1.4.2.15 KARE considers the intentional misuse of restraint/restriction by a staff member as a form of abuse and will investigate such alleged misuse as a safeguarding matter and in adherence with the trust in care policy.

1.4.3 Communication, Information and Training

1.4.3.1 The Line Manager will ensure that staff and others who support individuals in their area have access to and adhere to this policy.

1.4.3.2 The Line Manager will ensure that people using the service and their families/representatives are informed of KARE's ethos of upholding the rights of individuals who use the service and of only using restriction when no other alternative is available. This policy will be made available to individuals and their family/representative and individuals will be supported to understand the policy as it relates to them.

1.4.3.3 The Line Manager will ensure that staff understand the specific needs and preferences of an individual and have the appropriate training in carrying out an intervention which involves the use of restraint prior to supporting them.

1.4.3.4 KARE will provide information and training to staff on the rights of individuals, positive behaviour approaches, trust in care policy, supporting a restriction free environment and intervention techniques to manage escalating behaviour.

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.

1.4.4 Reporting and Monitoring the use of Restrictive Practices.

1.4.4.1 The Line Manager will ensure that each restrictive practice, including episodic and unplanned restrictive practices, are recorded on the unit's Restrictive Practices

Register. The Register is to facilitate the monitoring of trends in the use of restrictive practices and the reporting of restrictive practices to the relevant regulatory bodies. The Register will have 2 parts as follows:

- Part A listing the Restrictive Practice Management Plans, including:
  - Individual/s KARE ID
  - Name of Restrictive Practice Management Plan
  - Frequency of use i.e. ongoing, as required
  - Date Restrictive Practice Management Plan started
  - Date Restrictive Practice Management Plan ceased
- Part B Record of the implementation of 'as required'/episodic restrictive practices

1.4.4.2 The Line Manager will report the use of restrictive practices to regulatory bodies as required e.g. quarterly notifications to HIQA.

1.4.4.3 A concern regarding the inappropriate use of a restrictive practices should be reported as a safeguarding matter in line with the Child Protection and Welfare/Safeguarding of Vulnerable People at risk of Abuse Policy and the Trust in Care Policy.

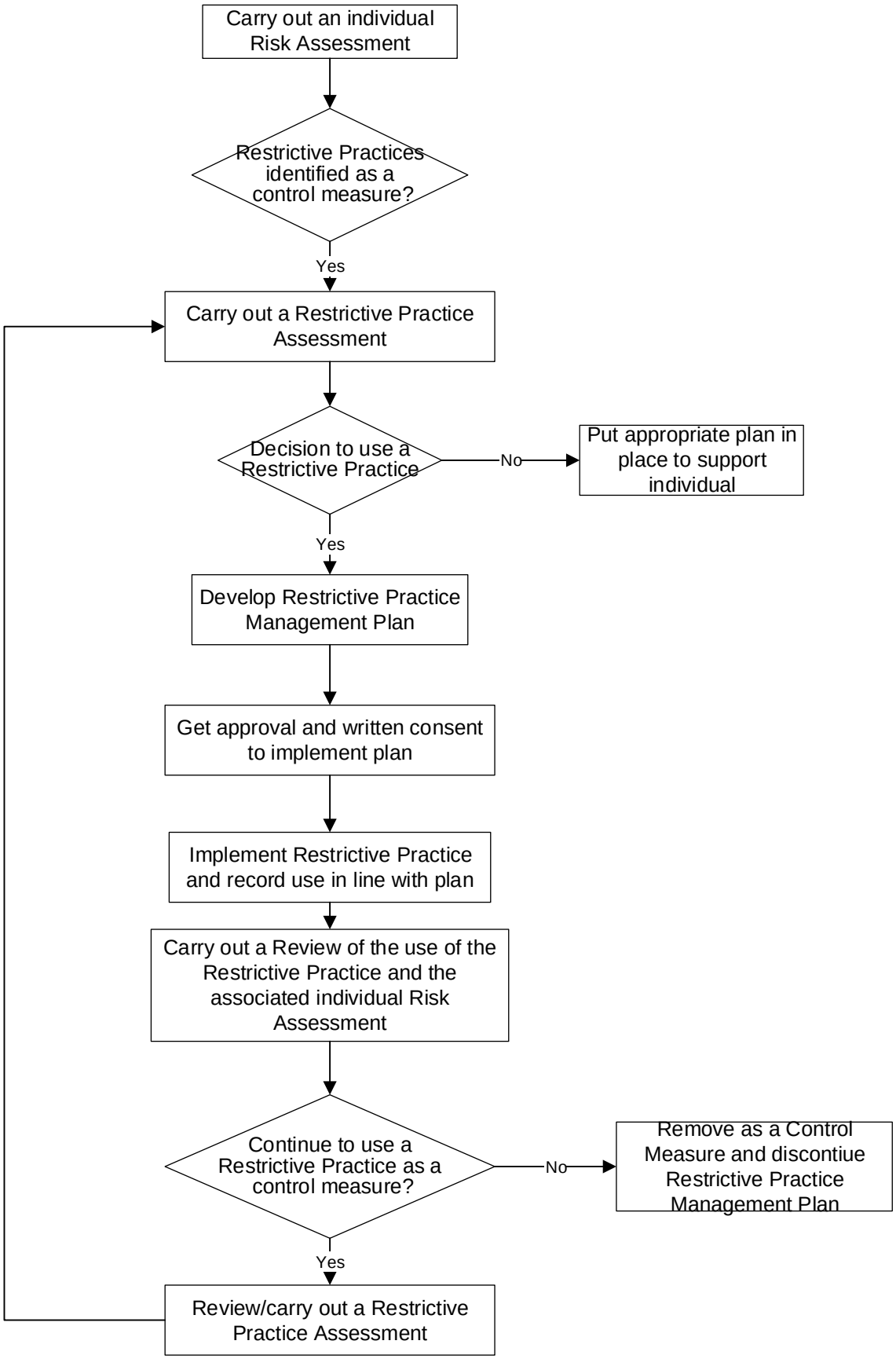
1.4.4.4 KARE's Quality Department will carry out periodic audits on Restrictive Practices to establish compliance with this policy, the findings of the audits will be used to inform improvements required at local and organisational level.

1.4.4.5 KARE will have a Restrictive Practice Monitoring Group, the group will be led by the Support Service Manager and include an Operations Manager and a psychologist. The role of the group will include:

- monitoring the trends in the use of restrictive practices in the organisation including the type of restrictions and the length of time they are in place
- carrying out reviews of specific restrictive practices that are in place
- identifying organisation learning and areas for improvement.

Section 2: Process

Using a Restrictive Practice



Appendix 1 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 physical, medical, psychological, emotional, social and/or environmental factors may be contributing to 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 restrictive practice is proposed	
What is the expected outcome of the restrictive practice	
What are the criteria for discontinuing the restriction	
What impact could use of this restrictive practice have on the person (positive and negative)	
What impact could use of this restrictive practice 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	

Review of Restrictive Practice Management Assessment			
Date of review	People involved in Review	Outcome of Review	Date of next Review

Appendix 2 **Restrictive Practice Management Plan**

Name of individual: KARE ID	
People involved in developing plan	
If Individual is not involved in making decision, give reason.	
Restrictive Practice to be used: (state frequency and give specific details)	
Purpose of using this Restrictive Practice (i.e. why is it being used, what is the intended outcome)	
When may this Restrictive Practice be used? (What situations, times etc.)	
When may this Restrictive Practice not be used?	
Procedure for this Restrictive Practice (detailed description of how to use this restrictive practice e.g. what to say, what to do, what to observe)	
Actions to minimise impact of use of this Restrictive Practice on others	
Potential risk / harm of using this Restrictive Practice	
Measures to reduce risk of harm/injury in using this Restrictive Practice	

Record/s to be kept of the use of Restrictive Practice. (name of record/s and detail to be recorded e.g. date, time, reason for use, any adverse reactions)	
Agreed review date/s	
Criteria to be used in reviewing the use of this restriction, including when restriction should be discontinued.	
What training is required to ensure staff in location can implement this Risk Management Plan.	
Date of Consent for this Restrictive Practices Management Plan by individual and/or family/representative (Date of written consent and by whom)	
Date of approval of this Restrictive Practices Management Plan by Leader Psychologist	

Review of Restrictive Practice Management Plan

Date of review	People involved in Review	Outcome of Review	Date of next Review

Appendix 3 Consent Form - Restrictive Practice

a. Consent Form for a restrictive Practice Management Plan for an Adult

KARE
Founded in 1967
Promoting Inclusion for People with Intellectual Disabilities

Consent Form for Restrictive Practice Management Plan

	I confirm I have been consulted in the development of this plan.
	I understand that staff will support **NAME OF SERVICE USER** to safely engage in her/his day to day activities, and that **NAME OF RESTRAINT USED** will be used as outlined in the Restraint Restrictive Practice Plan.
	I understand the when this restraint/restrictive practice may be used, how this will be used, and any potential risks or harm associated with its use.
	I consent to the use of this restraint/restrictive practice.
	I understand that this consent will remain in place until there is a change to this plan.
	I understand that I may withdraw this consent at any time. I can do this by informing the Person in Charge.

Print Name: _____
Individual /Representative

Signed: _____ Date:_____
Individual /Representative

b. Consent Form for a restrictive Practice Management Plan for a Child

KARE
Founded in 1967
Promoting Inclusion for People with Intellectual Disabilities

Consent Form for Restrictive Practice Plan

	I confirm I have been consulted in the development of this plan for my Child
	I understand that staff will support **< Name of Child>** to safely engage in her/his day to day activities, and that < **Type of Restraint>** will be used as outlined in the Restraint Restrictive Practice Plan.
	I understand the when this restraint/restrictive practice may be used, how this will be used, and any potential risks or harm associated with its use.
	I consent to the use of this restraint/restrictive practice.
	I understand that this consent will remain in place until there is a change to this plan.
	I understand that I may withdraw this consent at any time. I can do this by informing the Leader of ~~Respite~~ Services.

Print Name: _____
Parent / Guardian

Signed: _____ Date:_____
Parent / Guardian