



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Management of Mechanical Means of Bodily Restraint



Cavan Monaghan Mental Health Services

Is this document a:

Policy Procedure Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s):

Mental Health Services CH CDLMS, Cavan Monaghan Mental Health Services,

Title of PPPG Development Group:	CMMHS PPPG Development Group		
Approved by:	 Dr. Mutahir Gulzar, Executive Clinical Director On behalf of: Cavan Monaghan Mental Health Management Team  Ms. Pauline Ackermann Nominated Approved Centre Registered Proprietor Cavan Monaghan Mental Health Service		
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Initiation

Purpose

- 1.1 The Cavan Monaghan Mental Health Service (CMMHS) is committed to best professional and safe practice in the management of mechanical means of bodily restraint.
- 1.2 The CMMHS is committed to respecting the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation during the management of mechanical means of bodily restraint for enduring risk of harm to self or others, whilst taking into consideration the level of patients/residents clinical risk and safety.
- 1.3 **MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS IS NOT USED IN THE CAVAN MONAGHAN MENTAL HEALTH SERVICES APPROVED CENTRES.**
- 1.4 A failure to implement or follow the Code of Practice and Rules in Approved Centres could be referred to during the course of legal proceedings.

Mental Health Act 2001, Section 69: Bodily Restraint & Seclusion

- (1) A person shall not place a patient in seclusion or apply mechanical means of bodily restraint to the patient unless such seclusion or restraint is determined, in accordance with the rules made under *subsection (2)*, to be necessary for the purposes of treatment or to prevent the patient from injuring himself or herself or others and unless the seclusion or restraint complies with such rules.
- (2) The Commission shall make rules providing for the use of seclusion and mechanical means of bodily restraint on a patient.
- (3) A person who contravenes this section or a rule made under this section shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1,500.
- (4) In this section “patient” includes—
 - (a) a child in respect of whom an order under *section 25* is in force, and
 - (b) a voluntary patient.

Scope

- 2.1 This policy applies to all:
 - Staff working in the Cavan Monaghan Mental Health Service.
 - Residents/service users involved in an incidence of aggression or violence.

Objectives(s)

- 2.2 To give guidance to managers and staff in the professional management of mechanical means of bodily restraint. A reduction in work-related aggression and violence and the use of mechanical restraint, or an improvement in their manner of containment, can only be obtained if there is a clear commitment and co-operation between all levels and disciplines of staff.

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Outcome(s)

- 3.1** The aim of Cavan Monaghan Mental Health Service is a reduction in the use of mechanical restraint, or an improvement in the manner of containment to minimise the potential for enduring risk of harm to self or others by ensuring the highest standards of care. If immediate threat of serious harm to persons occurs, then it is managed safely and effectively in such a way as to maintain both the safety of the residents and employees. The primary objective of the staff in relation to the management of unsafe behaviour must, at all times, be directed towards its prevention.
- 3.2** When, and if, preventative measures have failed, the primary objective of the employee will be directed towards maintaining the safety and wellbeing of the residents involved.

PPPG Governance Group

- CMMHS Area Management Team
- Quality & Patient Safety Committee Cavan Monaghan Mental Health Services
- PPPG Development Group Cavan Monaghan Mental Health Service

Supporting Evidence

This policy must be read in conjunction with:

- CMMHS Safe Use of Bed Rails Policy
- MHC (2022) Rules Governing The Use of Mechanical Means of Bodily Restraint
- CMMHS Use of Physical Restraint Policy
- MHC (2022) Codes Of Practice on The use of Physical Restraint
- CMMHS Violence and Aggression Risk Assessment to Staff/Others Policy
- CMMHS Development Management and updating of Individual care and treatment Plan
- CMMHS Risk management Policy
- CMMHS Risk Screen and Management Policy
- CMMHS Training Policy
- CMMHS Maintenance of Records Policy
- CMMHS Protocol for personal alarms and emergency response
- CMMHS policy on mandatory training
- HSE Prevention & Management of Workplace Aggression & Violence
- Safety, Health and Welfare at Work Act 2005.
- Seclusion and Restraint Reduction Strategy (MHC, 2014)
- Mental Health Act 2001

Glossary of Terms and Definitions

- 4.1 Mechanical means of bodily restraint** is defined as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient/residents body” (MHC, 2022).
- 4.2 Dignity** The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.
- 4.3 Device** An item/object made or adapted for the purpose of restraining a person’s movement or access to the person’s body.
- 4.4 Enduring Self-Harm** Self-harming behaviour resulting from any cause or risk to the person which is a constant feature of a person’s behaviour or presentation that may cause the person physical injury and is not amenable to non-restraining therapeutic interventions.

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- 4.5 **Person** All references to 'person' in this document shall be taken to mean a voluntary or involuntary patient or resident, as defined in the 2001 Act.
- 4.6 **Person-Centred** Person-centred focuses on the needs of the person; ensuring that the person's preferences, needs, and values guide clinical decisions or support; and providing care that is respectful and responsive to them.
- 4.7 **Positive Behaviour Support** Positive behaviour support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.
- 4.8 **Rights-Based Approach** Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.
- 4.9 **Trauma-Informed Care** Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist

Outline of PPPG steps/recommendations

- 5.1 Approved centres must recognise the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation.
- 5.2 The use of mechanical means of bodily restraint may increase the risk of trauma and may trigger symptoms of previous experiences of trauma. Therefore, it must only be used in rare and exceptional circumstances as an emergency measure.
- 5.3 Persons who are restrained must be treated with dignity and respect at all times before, during, and after the restraint.
- 5.4 Persons who are restrained must be fully informed and involved in all decisions regarding their care and treatment to include all matters relating to the use of mechanical means of bodily restraint. The views of persons who are restrained must be listened to, taken into account and recorded.
- 5.5 As mechanical means of bodily restraint compromises a person's liberty, its use must be the safest and least restrictive option of last resort necessary to manage the immediate situation, be proportionate to the assessed risk, and employed for the shortest possible duration. Its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control.
- 5.6 Communication with persons who are restrained must be clear, open and transparent, free of medical or legal jargon, and staff must communicate with empathy, compassion and care. Persons who have a sensory impairment may experience an increased level of trauma during mechanical means of bodily restraint and staff must address the additional communication needs of these persons.
- 5.7 The views of family members, representatives and nominated support persons, must be taken into account, where appropriate.

- 5.8 Cultural awareness and gender sensitivity must be taken into account at all times and must inform the approved centre's policies and procedures for the use of mechanical means of body restraint.
- 5.9 Mechanical means of bodily restraint must be used in a professional manner and its use must be based within a legal and ethical framework.

Orders for the Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

- 6.1 The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations but must be used only to address an identified clinical need and/or risk. Examples include the use of cot sides, bed rails, and lap belts (See CMMHS Use of Cot Sides Policy).
- 6.2 **Note:** While the use of bed rails and cot sides may be considered a restrictive practice, it is important to note that they may also be an important safety measure for some people. Staff must regularly review and assess the use of bed rails and cot sides. Bed rails and cot sides must not be used where a person is severely confused and mobile enough to climb over them.
- 6.3 As mechanical restraint limits freedom and poses associated risks to the person, it must only be used when less restrictive alternatives are not deemed suitable. The use of mechanical restraint for the enduring risk of harm to self or others must only be used where:
- 6.4 A risk assessment of the safety and suitability of the mechanical restraint for the person must be undertaken. The risk assessment must specify the monitoring arrangements which must be implemented during the use of mechanical restraint and the frequency of same. A copy of the risk assessment, and a record of the monitoring of the person, must be available to the Mental Health Commission on request.
- 6.5 The risk assessment must be reviewed and updated regularly - at least quarterly - in line with the person's individual care plan. Depending on the level of risk, some persons will require a review of their risk assessment at daily or weekly intervals;
- 6.6 The multidisciplinary team must develop a plan of care for each person who is restrained by mechanical means. This plan of care must include information on how the approved centre is attempting to reduce or eliminate the use of restraint for the person.
- 6.7 Mechanical means of bodily restraint for enduring risk of harm to self or others must be ordered by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist acting on their behalf.
- 6.8 Mechanical means of bodily restraint for enduring risk of harm to self or others is not required to be entered on the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others.
- 6.9 The clinical file must contain a contemporaneous record that specifies the following:

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- i That there is an enduring risk of harm to self or others;
 - ii That less restrictive alternatives have not been successful;
 - iii The type of mechanical restraint;
 - iv The situation where mechanical means of bodily restraint is being applied;
 - v The duration of the restraint;
 - vi The duration of the order;
 - vii The review date.
- 6.10 A review of all persons at the approved centre who are/were the subject of Part 4 of the rules governing the use of mechanical means of bodily restraint in the previous quarter must take place to determine the appropriateness of the use of this restrictive practice. This review must be undertaken by the multidisciplinary review and oversight committee and must outline the arrangements that are in place at the approved centre to reduce or, where possible, eliminate the use of mechanical means of bodily restraint as it relates to Part 4 of these Rules.
- 6.11 The committee must meet at least quarterly and must:
- i. determine if there was compliance with the rules on the use of mechanical means of bodily restraint for enduring risk of harm to self or others;
 - ii. determine if there was compliance with the approved centre's own policies and procedures relating to mechanical means of bodily restraint for enduring risk of harm to self or others;
 - iii. identify and document any areas for improvement;
 - iv. identify the actions, the persons responsible, and the timeframes for completion of any actions;
 - v. provide assurance to the Registered Proprietor Nominee that each use of mechanical restraint for enduring risk of harm to self or others was in accordance with the Mental Health Commission's Rules; and vi. produce a report following each meeting of the review and oversight committee. This must be available to the Mental Health Commission upon request.
- 6.12 All information gathered regarding the use of mechanical means of bodily restraint for enduring risk or harm to self or others must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint for enduring risk or harm to self or others at the approved centre. This report, which must be signed by the Registered Proprietor Nominee, must be made available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public. The annual report must contain:
- i. aggregate data that must not identify any individuals;
 - ii. a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce mechanical means of bodily restraint for enduring risk of harm to self or others;
 - iii. a statement about the approved centre's compliance with the rules on the use of mechanical means of bodily restraint for enduring risk of harm to self or others; iv. a statement about the compliance with the approved centre's own reduction policy; and
 - v. the data as specified in Appendix 1.
- 6.13 All approved centres must produce and publish an annual report on the use of mechanical restraint. Where mechanical restraint has not been used in the relevant 12month period, then points i and ii above must only be reported on.

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- 6.14 The Registered Proprietor must notify the Mental Health Commission about the use of mechanical restraint for enduring risk to self and others in the format specified by the Mental Health Commission, and within the timeframes set by the Mental Health Commission.

Dignity and Safety

- 6.15 Any specific requirements or needs of the person in relation to the use of mechanical means of bodily restraint noted in the person's individual care plan must be addressed.
- 6.16 Each person's communication needs must be addressed. For instance, if a person uses their hands to communicate and are mechanically restrained, this may prevent effective communication. Special care must be taken in these situations. The staff who are familiar with the communication needs of the person, and the availability of communication aids required by the person, must be used as appropriate.
- 6.17 It must be assumed that any person who is restrained by mechanical means may have a past history of trauma and/or abuse. Therefore, the principles of trauma informed care must underpin the use of restraint on a person.

Recording the Use of Mechanical Means of Bodily Restraint

- 6.18 All uses of mechanical means of bodily restraint must be clearly recorded in the person's clinical file.
- 6.19 MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS IS NOT USED IN THE CAVAN MONAGHAN MENTAL HEALTH SERVICES APPROVED CENTRES.

Clinical Governance

- 6.20 Mechanical means of bodily restraint must never be used:
- i. to ameliorate operational difficulties including where there are staff shortages;
 - ii. as a punitive action;
 - iii. where the person is in seclusion;
 - iv. solely to protect property;
 - v. where a safety assessment of the device has not been carried out;
 - vi. as a substitute for less restrictive interventions.
- 6.21 Each approved centre must have a written policy in relation to the use of mechanical means of bodily restraint which must include sections which identify:
- who may initiate, and who may carry out mechanical means of bodily restraint;
 - the provision of information to the person which must include information about the person's rights, presented in accessible language and format; and
 - the safety, safeguarding and risk management arrangements that must be followed during any episode of mechanical restraint.
- 6.22 The approved centre must maintain a written record indicating that all staff involved in mechanical means of bodily restraint have read and understand the policy. The record must be available to the Mental Health Commission upon request.

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- 6.23 The approved centre must review its policy on mechanical means of bodily restraint as required, and in any event at least on an annual basis.
- 6.24 The multidisciplinary team must develop a plan of care for each person who is restrained by mechanical means. This plan of care must include information on how the approved centre is attempting to reduce or eliminate the use of restraint for the person.
- 6.25 The multidisciplinary team review must be documented and must record actions decided upon and follow-up plans to eliminate or reduce restrictive interventions for the person.
- 6.26 The Registered Proprietor has overall accountability for the use of mechanical restraint in the approved centre.

Staff Training

Children

- 6.27 Children must never be subjected to mechanical means of bodily restraint for immediate threat of serious harm to self or others.

Communication and Dissemination

- 6.28 Describe communication and dissemination plan
- 6.29 The completed policy is submitted to the Quality Patient Safety Group Cavan Monaghan Mental Health Services.
- 6.30 The completed policy is submitted to the Registered Proprietor of the approved centres for approval and sign off.
- 6.31 The complete policy is submitted to the management group and the registered proprietor of the approved centre for approval and signed off. It is then uploaded to the CMMHS policy portal.
- 6.32 The Registered Proprietor will ensure the policy is brought to the attention of all staff under their remit.

Implementation

- 6.33 Describe implementation plan listing barriers and /or facilitators
- 6.34 The Local PPPG Development Groups are responsible for ensuring the policy is available for relevant staff to read.
- 6.35 All clinical staff working within the approved centre are responsible for providing evidence that they have read and understood the policy and that they can articulate the processes relating to the management of physical restraint.

Describe any education/training required to implement the PPPG

- 6.36 All staff who participate, or may participate, in the use of mechanical restraint must have received the appropriate training in its use and in the related policies and procedures.
- 6.37 A proposed PMCB training and education programme has been designed by the PMCB instructors for CMMHS and its employees to meet their mandatory obligations under

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the SHWWA 2005 to safely and effectively manage aggression and violence specific to their workplaces. (see Management of Physical Restraint Policy).

- 6.38 A 12 month PMCB refresher training and education programme based on a site and service specific training needs analysis, has been designed by the PMCB instructors for CMMHS and its employees to meet their mandatory obligations under the SHWWA 2005.
- 6.39 CMMHS PMCB instructors must maintain their recertification and registration.
- 6.40 A record of attendance at training must be maintained.

Monitoring, Audit and Evaluation

- 6.41 6.1 Describe the plan and identify lead person(s) responsible for the following processes:
- 6.42 Inpatient Service Managers/ DON should satisfy themselves that mechanical restraint audits are undertaken in the approved centres and ensure that agreed recommendations have been implemented and communicated appropriately.
- 6.43 Quality Patient Safety Committee are responsible for developing and reviewing the service and care provision risk management register, including risk identification, risk assessment and risk treatment.
- 6.44 There must be on going daily monitoring by all staff taking into account patient profiles, environmental issues, staffing and risk assessments.

Audit

- 6.45 Mechanical restraint audits must be carried out by appropriately trained staff in conjunction with the CNM/ADON of approved centre.

Evaluation

- 6.46 Annual Mechanical restraint reports must be carried out by appropriately trained staff in conjunction with the CNM/ADON of approved centre.

Revision/Update

- 6.47 The CMMHS Mechanical Restraint Policy should be revised every year in line with the MHC rules.
- 6.48 Identify the method for amending the PPPG if new evidence emerges
- 6.49 The PPPG development group will amend this PPPG if any new evidence emerges.

References/Bibliography

1. Council of Europe (1956) European Convention for the Protection of Human Rights, Article 3.
2. Declaration of Human Rights (United Nations, 1948).
3. Government of Ireland (2001) Mental Health Act.
4. Government of Ireland (2005) Health Safety and Welfare at Work Act,
5. Mental Health Commission (2022) Rules Governing The Use of Seclusion
6. Mental Health Commission (2022) Rules Governing The use of Mechanical Means of Bodily Restraint.

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7. HSE Dublin North East (2007) Guidelines on Management of violence and aggression in the workplace.
8. An Bord Altranais (2000) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols. An Bord Altranais, Dublin.
9. An Bord Altranais (2000) *Code of Professional Conduct for Each Nurse and Midwife*. An Bord Altranais, Dublin.
10. The Maudsley (1994) Preventing & Managing Violence, Policy & Guidelines for Practice
11. United Nations (1991) UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, Principle 9.

Appendix 1

DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS

- 1) The total number of persons that the centre can accommodate at any one time*
- 2) The total number of persons that were admitted during the reporting period*
- 3) The total number of persons who were mechanically restrained as a result of the use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others*

*Where this number is five or less the report must state "less than or equal to five" Commission.