HSE MID WEST
COMMUNITY HEALTHCARE

# Mid West Mental Health Services

## Policy and Procedures for the Use of Mechanical Means of Bodily Restraint in Approved Centres

PLEASE SEE APPENDIX 1
Addendum for Covid-19 Guidance in reference to this Policy.

| | | | |
|---|---|---|---|
| **Document reference number** | **CP15** | **Document reviewed by** | **Ann Hammersley Nurse Practice Development Co-Ordinator** |
| **Revision number** | **14** | **Responsibility for evaluation and audit** | **MWMH CPPPG Management Group** |
| **Approval date** | **December, 2010** | **Responsibility for implementation** | **ECD, CDs, Consultant Psychiatrists, DONs, ADONs, HODs, CNMs** |
| **Last Review date** | **June 2024** | | |
| **Next Review date** | **June 2025** | | |
| **Document approved by** | | | |
| **Chair Management Team** | M.I. Kn HoS | | |

**<u>This CPPPG is electronically and centrally controlled</u>. Managers are responsible for ensuring that any hard copies in circulation in their areas are the most current version of this PPPG.**

## Table of Contents:

**Note:** The MWMHS gives permission for parts or all of this CPPPG to be adapted or used by other healthcare organisations provided the MWMH is acknowledged in the new document. Where parts or all of this document are used or referenced in new PPPG documents elsewhere, the MWMHS accepts no responsibility for the content as applied to those areas.

## 1.0 Policy Statement

The Mid West, Mental Health Services are committed to ensuring a safe and therapeutic environment for resident/patients in Approved Centres in the use of mechanical means of bodily restraint in line with required MHC rules. It is the policy of the Mid West Mental Health Services to have a Mechanical Restraint free environment. However in exceptional circumstances, where available alternatives have failed and based on the clinical need of an individual patient who is in a wheelchair or high support seating system who is at risk of falling if they mobilise unaccompanied, and who due to their mental state or reduced cognitive functioning, do not or are not capable to summonsing assistance to mobilise, specially designed chairs with lap belts may be required to ensure their safety.

## 2.0 Purpose

The purpose of this policy and procedures is to ensure safe and permissible practices around mechanical restraint in line with Rules Governing the Use of Mechanical Means of Bodily Restraint (MHC, 2022).

This policy and procedures does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient/resident, in consultation with the patient/resident and/or guardian, family members, representatives, nominated support persons or carer and MDT.

## 3.0 Scope

This policy applies to nursing, medical staff, and students of all disciplines supervised as their discipline requires in Mid West Mental Health Service Approved Centres. This policy will be reviewed annually or as a result of learning from any incidents, accidents or complaints, identification of any areas for improvement as a result of the learning accrued from practice or in the event of changes relating to relevant legislation, Approved Centre Regulations, codes or rules or recommendations by the Inspector of Mental Health Services. In this policy the term patient covers both voluntary and involuntary patients.

## 4.0 Legislation and Other Related Policies

This policy is written with due regard to the Rules Governing the Use of Mechanical Means of Bodily Restraint (MHC, 2022).

**Other related policies:**

- CP07:Recording Clinical Information
- CP01: Nursing Observations
- CP31: Policy and Procedures on Individual Care Planning for Residents/Service Users in Approved Centres, Community Residents and all community areas
- CP14: Policy and Guidelines on Correspondence and Communication to and from Resident/Patients in Approved Centres and Community Residences.
- CP47: Restrictive Practice Policy
- Code of Practice on the Use of Physical Restraint (MHC, 2022).
- Seclusion and Restraint Reduction Strategy (MHC, 2014).
- MHC Rules Governing the Use of Seclusion (2022).
- CP41: Policy on Ligature Risk Reduction
- Child Protection and Welfare Policy (HSE, 2019).
- Policy on the Prevention and Management of Work Related Aggression and Violence (HSE, 2018).
- Judgement Support Framework (MHC, 2024).
- Mental Health Act 2001
- Mental Health Act 2001
- Memo re use of mechanical means of bodily restraint on an ongoing basis - 27 Feb 2023.

## 5.0 Abbreviations, Glossary of terms and Definition

### 5.1 Abbreviations (in alphabetical order):

- ADON: Assistant Director of Nursing
- CNM: Clinical Nurse Manager
- CPPPG: Clinical Polices Procedures Protocols and Guidelines
- Covid19: Severe Acute Respiratory Syndrome Coronavirus 2
- DON: Director of Nursing
- ECD: Executive Clinical Director
- CD: Clinical Director
- HOD: Heads of Discipline
- HSPC: Health Protection Surveillance Centre
- MWMH: Mid West, Mental Health (Refers to Clare, Limerick and North Tipperary)
- MDT: Multi Disciplinary Team
- MHA: Mental Health Act
- MHC: Mental Health Commission
- NCHD: Non Consultant Hospital Doctor
- PMCB: Professional Management of Complex Behaviours

### 5.2 Glossary of Terms

5.2.1 APPROVED CENTRE

A "centre" means a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder. An "approved centre" is a centre that is registered pursuant to the Mental Health Act 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Act 2001-2018.

5.2.2 BREAKAWAY TECHNIQUES

A set of physical skills to help separate or break away from an aggressor in a safe

manner. They do not involve the use of restraint.

5.2.3 CHILD
A person under 18 years of age other than a person who is or has been married.

5.2.4 CLINICAL FILE
A record of the person's referral, assessment, care and treatment while in receipt of mental health services. This documentation must be stored in the one file. If all relevant information is not stored in the one file, the file must record where the other information is held.

5.2.5 CLINICAL GOVERNANCE
- A system for improving the standard of clinical practice including clinical audit,
- education and training, research and development, risk management, clinical
- effectiveness and openness.

5.2.6 CONSULTANT PSYCHIATRIST
Means a consultant psychiatrist who is employed by the HSE or by an approved centre or a person whose name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

5.2.7 CONTINUOUS OBSERVATION
Ongoing observation of the person by a registered nurse or registered medical practitioner, who is within sight and sound of the person at all times, which may include the use of electronic monitoring e.g. Closed Circuit Television (CCTV).

5.2.8 DE-ESCALATION
The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

5.2.9 DEVICE
An item/object made or adapted for the purpose of restraining a person's movement or access to the person's body.

5.2.10 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.

5.2.11 DUTY CONSULTANT PSYCHIATRIST
The consultant psychiatrist on the on-call duty rota.

5.2.12 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.

5.2.13 INDIVIDUAL CARE PLAN
A documented set of goals developed, regularly reviewed and updated by the person's multidisciplinary team, so far as practicable in consultation with each person receiving care and treatment. The individual care plan must specify the treatment and care required which must be in accordance with best practice, must identify necessary resources and must specify appropriate goals for the person. For children, individual care plans must include education requirements. The care plan is recorded in the one composite set of documentation.

5.2.14 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.

5.2.15 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.

5.2.16 POLICY
Written statement that clearly indicates the position of the organisation on a given subject.

5.2.17 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.

5.2.18 REGISTERED MEDICAL PRACTITIONER
A person whose name appears on the General Register of Medical Practitioners.

5.2.19 REPRESENTATIVE
An individual chosen by the person who is being cared for (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person.

5.2.20 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.

5.2.21 RISK ASSESSMENT
An assessment to gauge risk in relation to the person, designed and recognised for use in mental health settings.

5.2.22 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 traumatising or re-traumatising Persons using mental health services and staff.

## 5.3 Definition

Mechanical restraint is defined as "the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient's body", MHC, 2022). Where the term "restraint" is used it refers to mechanical means of bodily restraint for risk of harm to self or others.

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. (Rules of the Use of Mechanical Restraint, 2022)

Note: Use of **bedrails and cot sides** meet the definition of **mechanical** means of bodily **restraint** regardless of the reason or motivation for its use. Therefore, the Rules Governing the Use of Mechanical Means of Bodily Restraint apply in all instances where bed rails and cot sites are used.

## 6.0 Roles and Responsibilities

- All multi disciplinary staff working in the MWMH inpatient areas are responsible for complying with this CPPPG.
- Staff as identified on the front sheet of this CPPPG are responsible for the implementation of this CPPPG.
- The MWMH CPPPG Management Group is responsible for overseeing the implementation and review of this PPPG
- Responsibility for revision and audit is outlined in Section 19 of this CPPPG.

## 7.0 Types of Mechanical Restraint Permissible in MWMH Approved Centres

- Cot sides, bed rails and recognised and approved harness/ devices.
- Specially designed chairs which may have lap belts to immobilize as opposed to for pressure area care.
- Cot sides and bed rails for management of enduring risk of harm to self and others.

No other type of mechanical restraint is permissible in the MWMHS.

## 8.0 Principles Underpinning the Use of Mechanical Means of Bodily Restraint.

8.1 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 (MHC, 2022).

8.2 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. (MHC, 2022).

8.3 Persons who are restrained must be treated with dignity and respect at all times before, during, and after the restraint. (MHC, 2022).

8.4 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. (MHC, 2022).

8.5 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. (MHC, 2022).

8.6 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. (MHC, 2022).

8.7 The views of family members, representatives and nominated support persons, must be taken into account, where appropriate. (MHC, 2022).

8.8 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. (MHC, 2022).

8.9 Mechanical means of bodily restraint must be used in a professional manner and its use must be based within a legal and ethical framework. (MHC, 2022).

## 9.0 Orders for Mechanical Means of Bodily Restraint

9.1 The use of mechanical means of bodily restraint must only be initiated and ordered by a consultant psychiatrist.

9.2 The order must confirm that there are no other less restrictive ways available to manage the person's presentation.

9.3 The use of mechanical means of bodily restraint must only occur following as comprehensive an assessment of the person as is practicable. This must include a risk assessment, the outcome of which must be recorded in the person's clinical file. A copy of the risk assessment must be made available to the Mental Health Commission on request.

9.4 The consultant psychiatrist must record the matter in the clinical file and on the Register for Mechanical Means of Bodily Restraint.

9.5 There must be a medical examination of the person who has been restrained by a registered medical practitioner as soon as is practicable and, in any event, no later than four hours after the commencement of the episode of mechanical means of bodily restraint. The medical examination must include an assessment of any physical impacts of the restraint on the person, as well as a record of any psychological and/or emotional trauma caused to the person as a result of the restraint.

9.6 As soon as is practicable, and no later than 30 minutes following the medical examination, the registered medical practitioner must contact the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist, to inform them of the outcome of the medical examination. The consultant psychiatrist must discontinue the use of mechanical means of bodily restraint unless they order its continued use.

9.7 The registered medical practitioner must record this consultation in the clinical file and indicate on the Register for Mechanical Means of Bodily Restraint that the consultant psychiatrist ordered or did not order the continued use of mechanical means of bodily restraint.

9.8 If the consultant psychiatrist orders the continued use of mechanical means of bodily restraint, they must also indicate the duration of the order, and this must be recorded on the Register for Mechanical Means of Bodily Restraint. Each order is for a maximum of four hours. A registered medical practitioner must undertake a medical examination of the person prior to each order of mechanical restraint being renewed.

9.9 The consultant psychiatrist responsible for the care and treatment of the person, or duty consultant psychiatrist, must undertake a medical examination of the person and sign the Register for Mechanical Means of

Bodily Restraint within 24 hours of the commencement of the mechanical restraint episode. The examination must be recorded in the person's clinical file.

9.10 The person must be informed of the reasons for, likely duration of, and the circumstances which will lead to the discontinuation of mechanical means of bodily restraint unless the provision of such information might be prejudicial to the person's mental health, well-being or emotional condition. If informed of the reasons, a record of this must be recorded in the person's clinical file as soon as is practicable. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file as soon as is practicable.

9.11 As soon as is practicable, and if it is the person's wish in accordance with their individual care plan, the person's representative must be informed of the person's restraint and a record of this communication must be entered in the person's clinical file. In the event that this communication does not occur,

a. A record explaining why it has not occurred must be entered in the person's clinical file.

b) Where it is the person's wish in accordance with their individual care plan that the person's representative is not to be informed of the restraint, no such communication must occur outside the course of that necessary to fulfil legal and professional requirements. This must be recorded in the person's clinical file.

9.12 The Registered Proprietor must notify the Mental Health Commission of the start time and date, and the end time and date of each episode of mechanical restraint in the format specified by the Mental Health Commission, and within the timeframes set by the Mental Health Commission.

## 10.0 Dignity and Safety

10.1 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.

10.2 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.

10.3 It must be assumed that any person who may be 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.

10.4 Where practicable, the person must have a staff member of the same gender present during the initiation of the restraint.

10.5 The person must be subject to continuous observation by a registered nurse or registered medical practitioner throughout the use of mechanical means of bodily restraint to ensure the person's safety.

10.6 The person must be reviewed by the registered nurse every fifteen minutes for the duration of the episode of mechanical restraint. The review must include the following:

i. details of the person's behaviour;

ii. respiratory status/rate;
iii. pressure areas/tissue viability check;
iv. colour/movement/sensation of restricted limb(s);
v. whether elimination/hygiene needs were met;
vi. whether hydration/nutrition needs were met.

10.7 A record of these observations must be recorded in the person's clinical file.

10.8 The use of devices that have the potential to inflict pain is prohibited.

10.9 All staff members involved in the use of mechanical restraint must have undertaken appropriate training in accordance with the policy outlined in section

## 11.0 Ending the Use of Mechanical Means of Bodily Restraint

11.1 An assessment of the person by a registered medical practitioner or a registered nurse must take place before the ending of mechanical means of bodily restraint. This assessment must be recorded in the person's clinical file.

11.2 Mechanical Restraint may be ended: i. by a registered medical practitioner at any time following discussion with the person who is restrained and relevant nursing staff; or ii. by the most senior registered nurse in the unit/ward, in consultation with the person who is restrained and a registered medical practitioner.

11.3 Where mechanical restraint is ended by a registered medical practitioner or the most senior registered nurse on duty in the unit/ward, the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist acting on their behalf, must be notified.

11.4 The time, date and reason for ending the mechanical means of bodily restraint must be recorded in the person's clinical file on the date that the mechanical means of bodily restraint ends.

11.5 An in-person debrief with the person who was restrained must follow every episode of mechanical means of bodily restraint. This debrief must be person-centred and must:

i. give the person the opportunity to discuss the mechanical means of bodily restraint with members of the multidisciplinary team involved in the person's care and treatment as part of a structured debrief process;

ii. occur within two working days (i.e. days other than Saturday/Sunday and bank holidays) of the episode of mechanical restraint unless it is the preference of the person who was restrained to have the debrief outside of this timeframe. The person's preferences regarding the timing of the debrief must be recorded;

iii. respect the decision of the person not to participate in a debrief, if that is their wish. If the person declines to participate in the debrief, a record of this must be maintained and recorded in the person's clinical file;

iv. include a discussion regarding alternative de-escalation strategies that could be used to avoid the use of restrictive interventions in the future;

v. include a discussion regarding the person's preferences in the event where a restrictive intervention is needed in the future e.g. preferences in relation to which restrictive intervention they would not like to be used;

vi. give the person the option of having their representative or nominated support person attend the debrief with them, and, if the person's representative or nominated support person does not attend the debrief, a record of the reasons why this did not occur must be recorded in the person's clinical file.

11.6 Where multiple episodes of restraint occur within a 48-hour timeframe, these episodes may be reviewed during a single debrief in accordance with point 2.5ii.

11.7 The person's individual care plan must be updated to reflect the outcome of the debrief, and in particular, the person's preferences in relation to restrictive interventions going forward.

11.8 A record must be kept of the offer of the debriefing, whether it was accepted and the outcome.

11.9 A record of all attendees who were present at the debrief must be maintained and be recorded in the person's clinical file.

11.10 Where a person's representative has been informed of the person being restrained, the person's representative must be informed of the ending of the episode of mechanical means of bodily restraint as soon as is practicable. A record of this communication must be entered in the person's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file.

11.11 Any use of a restrictive intervention may be traumatic for the person who experiences it. Appropriate emotional support must be provided to the person in the direct aftermath of the episode. Staff must also offer support, if appropriate, to other persons who may have witnessed the restraint of the person.

## 12.0 Recording the Use of Mechanical Means of Bodily Restraint

12.1 All uses of mechanical means of bodily restraint must be clearly recorded in the person's clinical file.

12.2 All uses of mechanical means of bodily restraint must be clearly recorded on The Register for Mechanical Means of Bodily Restraint (see Appendix 2) in accordance with Rules 3.4, 3.7, 3.8 and 3.9 of the MHC revised rules governing the use of mechanical means of bodily restraint 2022.

12.3 A copy of the Register must be placed in the person's clinical file and a copy must be available to the Mental Health Commission on request.

## 13.0 Clinical Governance

13.1 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.

a) 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:

- i. who may initiate, and who may carry out mechanical means of bodily restraint;
- ii. the provision of information to the person which must include information about the person's rights, presented in accessible language and format;
- iii. the safety, safeguarding and risk management arrangements that must be followed during any episode of mechanical restraint.

b) 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.

c) 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.

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.

13.2 Each episode of mechanical means of bodily restraint must be reviewed by members of the multidisciplinary team involved in the person's care and treatment and documented in the person's clinical file as soon as is practicable, and in any event no later than five working days (i.e. days other than Saturday/ Sunday and bank holidays) after the episode of restraint. The review must include:

- the identification of the trigger/antecedent events which contributed to the restraint episode;
- a review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;
- the identification of alternative de-escalation strategies to be used in future;
- the duration of the restraint episode and whether this was for the shortest possible duration;
- considerations of the outcomes of the person-centred debrief, if available;
- an assessment of the factors in the physical environment that may have contributed to the use of restraint.

13.3 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.

13.4 Every approved centre that uses, or permits the use of, mechanical means of bodily restraint must develop and implement a reduction policy which must be published on the Registered Proprietor's website. This policy must:

- i. clearly document how the approved centre aims to reduce, or where possible eliminate, the use of mechanical means of bodily restraint within the approved centre;
- ii. address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce, and the use of post incident reviews to inform practice;

- iii. clearly document how the approved centre will provide positive behaviour support as a means of reducing or, where possible eliminating, the use of mechanical means of bodily restraint within the approved centre.

13.5 The Registered Proprietor has overall accountability for the reduction policy. The Registered Proprietor must appoint a named senior manager who is responsible for the approved centre's reduction of mechanical means of bodily restraint.

13.6 Where mechanical means of bodily restraint is used on a person for a period beyond 24 hours, it must be subject to an independent review by a consultant psychiatrist who is not directly involved in the person's care and treatment.

13.7 All information gathered regarding the use of mechanical means of bodily restraint must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint 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:

- aggregate data that must not identify any individuals;
- a statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint;
- a statement about the approved centre's compliance with the rules governing the use of mechanical means of bodily restraint;
- a statement about the compliance with the approved centre's own reduction policy;
- the data as specified in Appendix 3. All approved centres must produce and publish an annual report on their use of mechanical restraint. Where mechanical restraint has not been used in the relevant 12-month period, then points i and ii above must only be reported on.

13.8 A multidisciplinary review and oversight committee, which is accountable to the Registered Proprietor Nominee, must be established at each approved centre to analyse in detail every episode of mechanical means of bodily restraint. 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 each episode of mechanical restraint reviewed;

ii. determine if there was compliance with the approved centre's own policies and procedures relating to mechanical means of bodily restraint;

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 was in accordance with the Mental Health Commission's Rules.

vi. produce a report following each meeting of the review and oversight committee. This report must be made available to staff who participate, or may participate, in mechanical restraint, to promote on-going learning and awareness. This report must also be available to the Mental Health Commission upon request.

The Registered Proprietor has overall accountability for the use of mechanical restraint in the approved centre.

## 14.0 Child Resident/Patients

14.1 Children must never be subjected to mechanical means of bodily restraint for immediate threat of serious harm to self or others (MHC Rules governing the use of mechanical restraint 2022)

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

15.1 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.

**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.

15.2 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:

- i. a risk assessment of the safety and suitability of the mechanical restraint for the person has been 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;
- ii. the risk assessment has been 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;
- iii. the multidisciplinary team has developed 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.

15.3 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.

15.4 Mechanical means of bodily restraint for enduring risk of harm to self or others ordered under Rule 10.3 ,MHC Rules governing the use of mechanical restraint 2022 is not required to be entered on the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others.

15.5 The clinical file must contain a contemporaneous record that specifies the following:

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.

15.6 A review of all persons at the approved centre who are/were the subject of Part 4 of the MHC rules governing the use of mechanical means of bodily restraint 2022. Use of mechanical means of bodily restraint for enduring risk of harm to self or others 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 the MHC rules governing the use of mechanical means of bodily restraint 2022. 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;
vi. produce a report following each meeting of the review and oversight committee. This must be available to the Mental Health Commission upon request.

15.7 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:

ii. 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;

v. the data as specified in Appendix 4. 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 12-month period, then points i and ii above must only be reported on.

15.8 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.

## 16.0 Implementation Plan

16.1 It is the responsibility of the ECD or his/her nominated deputy, Clinical Director Consultant Psychiatrists, DONs, HODs, ADONs, CNMs in charge of the clinical areas, to ensure this policy and protocol is implemented.

16.2 It is the responsibility of all staff identified in Section 3 of this CPPPG to implement and sign to say they have read and understood this CPPPG and to maintain in each clinical area a record of same to be available for inspection as the MHC requires or for audit as required.

## 17.0 Staff Training

17.1 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.

17.2 Approved centres that use mechanical restraint must implement a policy and have procedures in place for the training of all staff involved in mechanical means of bodily restraint. This policy must include, but is not limited to, the following:

a) Who will receive training based on the identified needs of persons who are restrained and staff;

b) The areas to be addressed within the training programme, which must include training in:

i. alternatives to mechanical restraint;

ii. the prevention and therapeutic management of violence and aggression (including "breakaway" and de-escalation techniques);

iii. trauma-informed care;

iv. cultural competence;

v. human rights, including the legal principles of restrictive interventions;

vi. positive behaviour support including the identification of causes or triggers of the person's behaviours including social, environmental, cognitive, emotional, or somatic.

c) An assertion that staff applying mechanical restraint devices must have appropriate training in their application and use.

d) The identification of appropriately qualified person(s) to give the training;

e) The mandatory nature of training for those involved in mechanical means of bodily restraint.

Training will be delivered by a currently accredited PMCB Instructor

A record of attendance at training must be maintained.

## 18.0 Reduction in the use of mechanical restraint

18.1 In line with current evidence, all staff working in approved centres will receive training on alternatives to mechanical restraint, patients/resident rights and the impact of the use of mechanical restraint on patients/resident and staff.(Ref: CP47 Restrictive Practice Policy).

18.2 Nurses in charge of approved centres will develop systems and interpersonal approaches in the nursing team which address issues which commonly precipitate the use of mechanical means of bodily restraint in line with current evidence and best practice.

## 19.0 Revision and Audit

19.1 The MWMH CPPPG Management Group is responsible for the evaluation and audit of this PPPG

19.2 The HODs, Consultant Psychiatrists and Clinical Nurse Managers are responsible for auditing the PPPG under the direction of the MWMH CPPPG Management Group

19.3 The MWMH CPPPG Management Group is responsible for ensuring feedback is provided to relevant employees as required.

19.4 Review will occur by the date identified on the front sheet of this PPPG and in any case annually.

## 20.0 References

All references identified are available through the Chair of the CPPPG.


| Reference |
| --- |
| Mental Health Commission of Ireland (2022) *Rules Governing the Use of Mechanical Means of Bodily Restraint.* Dublin: Government Publications. |
| Health Protection Surveillance Centre (2020) *Guidance for COVID-19 in Ireland: Healthcare Settings (Primary and Community Care Setting guidance, Infection Prevention and Control guidance, Public Health guidance, Acute hospitals guidance, Laboratory Testing guidance, Occupational Health guidance)*, accessed July 2020. |

## 21.0 Approval Document

**MWMH**
**Clinical PPPG Approval Document**

**Policy No:** CP15

**Policy Title:** Policy and Procedures for the Use of Mechanical Means of Bodily Restraint

**Date of Approval:** **July 2024**

**Date for Implementation:** **July 2024**

**This Policy was reviewed and recommended by the Executive Clinical Director and Area Director of Nursing on behalf of the CPPPG Management Group to the Mid West Mental Health Management Team for sign-off by the Chair**

**Dr Tom Reynolds**
**Executive Clinical Director**
**Mid West, Mental Health**

**Mr James Harrington**
**Area Director of Nursing**
**Mid West, Mental Health**

## Appendix 1

# Addendum for Covid-19 Guidance

| Covid-19 Requirements |
|---|

In supporting managers and staff with regard to COVID-19 in the management of resident/patient visits in Approved centres and Community Residences, the HSE National Public Health Emergency Team have developed *'COVID-19 Guidance on visitations to Residential Care Facilities'.*

| Key Points - |
|---|
| Planned Visits |
| Designated Visitors |
| Separate Entrance/Exits |
| Covid-19 screening |
| Infection Prevention & Control measures |
| Facilities |
| Visiting during Outbreaks |

To ensure all guidance is accurate and reflects the most current guidance, please refer to the HSE Health Protection Surveillance Centre
Website link: www.hpsc.ie

- Covid-19
- Advice and guidance for healthcare workers
- Infection Prevention & Control Guidance
- Residential Care Facilities
- COVID-19 Guidance on visitations to Residential Care Facilities

All discipline heads are required to ensure that CPPPG's are a standing item in their monthly staff meetings and any changes to a CPPPG are discussed accordingly. This should include any National infection prevention and control Covid-19 guidance.

## Appendix 2

## Register for mechanical means of bodily restraint

| **Person's Details** | |
|---|---|
| **1. First Name:** | **2. Surname:** |
| **3. Date of Birth:**<br>_____/_____/_____ (dd/mm/yyyy) | **4. Gender:** Male ☐ Female ☐ Other ☐ |

| **Location** | |
|---|---|
| **5. Approved Centre Name:** | **6. Unit/Ward Name:** |

| **Mechanical Means of Bodily Restraint Details** | |
|---|---|
| **7. Date restraint commenced:**<br>_____/_____/_____ (dd/mm/yyyy) | **8. Time restraint commenced:**<br>____:____ (24hr clock e.g. 2.41pm is written as 14.41) |

**9. (a) Who initiated and ordered mechanical restraint:**

Name (print): _____ Job title (print): _____

Signed: _____

**9. (b) Who assisted with the mechanical restraint:**

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

Name (print): _____ Job title (print): _____

Signed: _____

**10 a) Type of mechanical restraint device used:**

Soft cuffs ☐

Other (please specify) ☐ _____

**10 b) Mechanical restraint application/type:**

Arms and Legs ☐

Legs ☐

Arms ☐

**11. Why is mechanical restraint being used:**

Immediate threat of serious harm to self ☐

Actual harm caused to self ☐

Immediate threat of serious harm to others ☐

Actual harm caused to others ☐

Transfer to seclusion room ☐

Escort from the approved centre elsewhere ☐

Other (please specify) ☐ _____

*Please provide further details on the above:*

**12: Detailed description of alternative means of de-escalation attempted prior to the use of mechanical restraint:**

**13. Was the person's representative informed of the person's mechanical restraint?**

Yes ☐ No ☐

*If no, please explain the reasons why this did not occur:*

**14. To be completed by the person who ended/renewed mechanical restraint**

Did the mechanical restraint episode result in any injury to the person? Yes ☐ No ☐

*If yes, please provide further details:*

**15. Initial Order (to be completed by a consultant psychiatrist):**

I _____ have examined _____ on

Date: ____/____/_____ at ____ hrs ____ mins and I initiated and ordered ☐ / do not order ☐ the use of Mechanical Restraint from

Date: ____/____/_____ at ____ hrs ____ mins until no later than ____ hrs ____ mins

Name (print): _____ Signed: _____

**16. Mechanical restraint ended ☐ Mechanical restraint renewed* ☐**

Who ended/renewed mechanical restraint:

Name (print): _____ Signed: _____

Date mechanical restraint ended / renewed: ____/____/_____ (dd/mm/yyyy)

Time mechanical restraint ended / renewed: ____ : ____ (24 hr clock e.g. 2.41pm is written as 14.41)

** If mechanical restraint is renewed, a new entry on the Register for Mechanical Means of Bodily Restraint and an Order must be completed.*

**17. Mechanical Means of Bodily Restraint has been renewed under the supervision of the:** *(Please tick as appropriate and sign below)*

Consultant Psychiatrist responsible for the care and treatment of the person ☐

Duty Consultant Psychiatrist ☐

Name (print): _____ Signed: _____

Date: ____/____/_____ at ____hrs ____mins

# APPENDIX 3

## DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS 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 immediate threat to self or others during the reporting period*
4. The total number of episodes of mechanical restraint
5. The shortest episode of mechanical restraint
6. The longest episode of mechanical restraint

**Where this number is five or less a report must state "less than or equal to five"*

## Appendix 4

Data required to be published for annual report in relation to mechanical restraint and **enduring risk** of harm to self and others

# APPENDIX 4

## 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"*

## Signature Sheet:

| Print Name | Signature | Area of Work | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |