Policy, Guideline and Procedure Manual
Department: Galway/Roscommon Mental Health Services

Policy Title: Use of Lap Belts, cot sides or bed rails for Enduring Restraint.

Regulation: N/A

Rule Applicable: Rules Governing The Use of Mechanical Means of Bodily Restraint (2022)

Code of Practice Applicable: N/A

Document reference number: **PPG-GRMHS-CLN-86**	**Document developed by:** Regional Policy Group.		
Revision number **-05-**	**Document approved by:** the Management Team of the Galway/Roscommon Mental Health Services. Dr. Amanda Burke, Executive Clinical Director. Date: Helen Earley, Area Director of Nursing. Date: Steve Jackson, General Manager. Date: **This document is approved electronically and stored together with obsolete copies on Q-Pulse.**		
Approval date: **April 2024**			
Revision date: **March 2025**	**Responsibility for implementation**	The Executive Clinical Director, the Business Manager, and the Area Director of Nursing of Galway/Roscommon Mental Health Service.	
Implementation date: April 2024	**Responsibility for review and audit**	**Policy & Procedure Group**	**Pages: -19-**

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1.0 Policy Statement:

1.1 It is the policy of Galway/Roscommon 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 impaired mental state or reduced cognitive functioning, do not or are not capable to summonsing assistance to mobilise, Lap/seat belts, bed rails or cot sides may be required to ensure their safety. This is considered Use of Mechanical Means of Bodily Restraint for Enduring risk of harm to self or others and is governed by the Rules Governing the use of Mechanical Means of Bodily Restraint (Mental Health Commission, 2022).

1.2 The restriction of the free movement of a patient using a device, clothing, furniture or bedding may be considered an episode of Mechanical Means of Bodily Restraint. Any use of mechanical means of bodily restraint must be in compliance with the Rules Governing the use of Mechanical Means of Bodily Restraint (Mental Health Commission, 2022).

1.3 The use of a lap belt, bed rails or cot sides to ensure the safety of the patient i.e. enduring risk of harm to self, is considered as mechanical means of bodily restraint for enduring risk of harm to self or others and must therefore comply with the relevant Mental Health Commission rules governing its use (see Part 4 of the rules).

1.4 Prior to the use of Mechanical Restraints less restrictive alternatives must have been deemed not suitable (Rule 10.2). Evidence of this should be documented in the patient's clinical file for review by the inspector of mental health services. A risk assessment must be completed prior to the use of mechanical means of bodily restraint (Rule10.2(i)).

1.5 The Patients Multidisciplinary Team should discuss and implement a care plan the use of a lap belt, bed rails or cot sides based on the clinical need of the patient.

1.6 The use of a lap belt, bed rails or cot sides must be discussed with the patient and their family/carer (with the patients consent). In the absence of consent the patient's family/carer may be informed of the proposal and rational to use a lap belt, bed rails or cot sides. These discussions are documented in the patient's clinical file.

1.7 Patients who have mechanical means of bodily restraint ordered for enduring risk of harm must have an accompanying care plan and the use of lap belts, bed rails or cot sides and the care plan must be regularly reviewed. The care plan should consider the safety of the patient and the observations required while the lap belt, bed rails or cot sides are in place.

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1.8 Lap/seat belts on wheelchairs, high support chairs or trollies required to be used for the safe transport of patients are not considered mechanical restraint. Equipment that has been requested by an individual patient for their safety, mobility or comfort are also not considered mechanical restraint (HSE 2011) e.g. devices required to maintain the posture/position of a patient based on their individual assessed clinical need e.g. devices for a paraplegic patient. "*While equipment which promotes the independence, comfort or safety of a resident which is specifically requested by the resident may be appropriate in specific circumstances it may also constitute a physical restraint*.." (Department of Health & Children, 2011).

1.9 The use of Mechanical Means of Bodily Restraint for enduring risk of harm must be made known to the Inspector of Mental Health Services during their inspection of the Approved Centre. All documentation relating to the patient must also be available for inspection.

NOTE: Cot sides or bed rails must only be used as a safety device. Where a patient is confused and is able to climb over them they must not be used due to the risk of injury to the patient.

2.0 Policy Purpose:

2.1 The purpose of this policy is to comply with the rules governing the use of Mechanical Means of Bodily Restraint (Mental Health Commission, 2022) and to outline situations where lap belts, cot sides or bed rails may be used as part of a patient's care plan.

3.0 Scope of Policy:

3.1 This policy applies to all staff (including students under the supervision of qualified staff) working in the approved centre and other inpatient/community areas of Galway/Roscommon Mental Health Services.

3.2 This policy applies to the use of Lap Belts, cot sides or bed rails as Mechanical means of bodily Restraint for enduring risk of harm to self or others.

3.3 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 of practices or rules or recommendations by the inspector of mental health services.

3.4 **In this policy the term patient covers both voluntary and involuntary patients. Where sections specifically relate to patients detained under the Mental Health Act 2001 (as amended) the term involuntary patient is used.**

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4.0 Legislation/Other Related Policies:

4.1 Mental Health Act 2001 (as amended).

4.2 Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint (Mental health Commission, 2022).

4.3 **PPG-GRMHS-CLN-34** Observation.

4.4 **PPG-GRMHS-CLN-49** Management of Complaints.

4.5 **PPG-GRMHS-CLN-55** Care planning.

4.6 **PPG-GRMHS-CLN-12** Provision of information.

5.0 Glossary of Terms/Definitions:

5.1 Approved Centre: a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder (Mental Health Act 2001, section 62 (as amended)).

5.2 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.

5.3 Involuntary Patient: Means a patient detained under the Mental Health Act 2001, section 62 (as amended).

5.4 Clinical Nurse Manager: the nurse manager of the ward or the senior nurse acting in their place.

5.5 **Enabler:** A device applied to a resident for the purpose of positioning or enhancing resident function. Devices are not considered a restraint if they have been requested by the patient / resident and enable the resident to function at a higher level within their environment (Payne et al, 2006, Shannex Health Care Management Incorporated, 2005).

5.6 Patient/Resident: Includes voluntary or involuntary patients admitted to the approved centre. **Where sections specifically relate to patients detained under the Mental Health Act 2001 (as amended) the term involuntary patient is used.**

5.7 Lap Belt: is a strap that is fastened across a person's waist for the purpose of maintaining them in a safe and comfortable position in a seat, wheelchair or high support seating system seat for a person who is at risk of falling or of injuring themselves due to lack of safety awareness if they attempt to get

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out of the seat unaccompanied by a staff member. A lap belt is considered a restraint if it limits an individual's freedom of voluntary movement. It is considered an enabler if it is provided to facilitate function Lap Belts form part of an entire seating system (which includes the chair, cushion and other accessories). Lap belts should always have releasing buckles to allow quick and easy release in the event of an emergency. Lap belts are recommended for safety when moving (either when self-propelling or when the chair is being pushed) within the unit or outside (HSE, 2011).

5.8 A pin point lap belt is a reduced access buckle cover that may be required for use with some service users who may at risk of opening a lap belt accidently, and who are risk of falling if they get out of the wheelchair or high support seat to mobilise without the assistance of staff to accompany them. These belts require a pen being pushed in to the release button by a staff member.

5.9 Mechanical Means of Bodily Restraint: "the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person's body".

5.10 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.

5.11 Trauma: physical injury, or lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a persons' sense of safety, sense of self and ability to regulate emotions and navigate relationships.

5.12 Trauma-informed care: "..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 (Mental Health Commission, 2022).

6.0 Responsibilities:

6.1 Organisational:

6.2.1 The Registered Proprietor has responsibility to:

a) Ensure that the resources are allocated to comply with the Rules, Regulations, Codes of Practice and the Mental Health Act 2001 (as amended).
b) Notifying the Mental Health Commission about the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others.
c) Ensuring that a restrictive practice reduction policy is published on their website.

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d) Appointing a named senior nurse manager responsible for the reduction of Mechanical Means of Bodily Restraint for Enduring risk to self or others in the approved centre.
e) Ensuring a report on the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others is compiled and published on their website, within 6 months to the end of the calendar year and ensuring it is available to the public on request.
f) Ensuring that their nominee has established a review and oversight committee to analyse in detail for the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others.
g) Ensuring that the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others is in compliance with the Rules on the use of mechanical means of bodily restraint (Mental Health Commission, 2022).
h) Having overall accountability for the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others in the Approved Centre.
i) Having overall accountability for the restrictive practice reduction policy.

6.2 Senior Manager: (Nominated by the registered proprietor)

6.2.1 It is the responsibility of the nominated senior manager for reducing the use of mechanical means of bodily restraint in the approved centre, where used.

6.3 Management:

6.3.1 It is the responsibility of senior management to monitor the implementation of this policy.

6.3.2 It is the responsibility of the Clinical Nurse Manager/nurse in charge to ensure that all staff are familiar with and implement this policy.

6.4 Registered medical Practitioner:

6.4.1 It is the responsibility of the registered medical practitioner to order the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others and ensuring it must only occur following the assessment of the patient, which includes a risk assessment.

6.4.2 It is the responsibility of registered medical practitioner to order/extend an order for the use of Lap belts, cot sides or bed rails for enduring risk of harm, where other less restrictive alternatives have failed.

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6.4.3 It is the responsibility of Registered Medical Practitioner to complete the relevant documentation in the patient's clinical file and to ensure that the use of Lap Belts, cot sides or bed rails complies with Rules 10.3, 10.4, 10.5: Orders for the Use of Mechanical Means of Bodily Restraint for Enduring risk of harm to self or others (Mental Health Commission 2022).

6.4.4 It is the responsibility of Registered Medical Practitioner to monitor the patient's physical and psychological condition where mechanical restraints for Enduring risk to self or others are used.

6.4.5 It is the responsibility of the Registered Medical Practitioner ordering the use of a lap belt, cot sides or bed rails to provide the patient and his/her family with information relating to the use of a lap belt, cot side or bed rail.

6.5 **Consultant Psychiatrist:**

6.5.1 It is the responsibility of the treating consultant psychiatrist to supervise the registered medical practitioner ordering the use of Mechanical Means of Bodily Restraint for Enduring risk to self or others.

6.5.2 It is the responsibility of the treating consultant psychiatrist to ensure that the use of a lap belt, cot side or bed rail is reviewed at least quarterly for each patient and the care plan is updated as required.

6.6 **Occupational Therapist:**

6.6.1 The Occupational Therapist is responsible for the assessment and provision of suitable lap belt, cot side or bed rail or alternative less restrictive equipment to ensure the safety and comfort of the patient.

6.6.2 The Occupational Therapist will ensure that where required protectors are in place to reduce the risk of injury to the patient as a result of using a lap belt.

6.7 **Nursing Staff:**

6.7.1 It is the responsibility of nursing staff of the Galway/Roscommon Mental Health Services to assess a patient's needs where lap belts, cot sides or bed rails are in use. This includes (but is not limited to):

a) Pressure area care/change of patients position,
b) Elimination needs,
c) Safety (risk of injury or choking),
d) Exercise (Prevention of Deep Venous Thrombosis),
e) Psychological needs,
f) Food and Hydration,

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g) Ending the use of a lap belt, cot side or bed rail when it is no longer required or poses a serious risk to the patient.
h) Ensuring that the patients care plan is updated following reviews.

6.7.2 Nursing staff together with members of the Multidisciplinary Team will continually monitor the use of Lap belts, cot sides or bed rails for individual patient's safety and ensure their use is reviewed within the required time frames.

6.7.3 The multidisciplinary team will ensure that the lap belt, bed rail or cot sides are at all times fitted correctly to insure that they are not loose fitting to avoid a risk of strangulation/asphyxia or too tight to avoid the risk of bruising, pressure sores or other injury.

6.7.4 It is the responsibility of all staff to adhere to this policy.

6.7.5 It is the responsibility of each member of staff to ensure they have signed (or acknowledged on Q-Pulse) that they have read and understood this policy.

7.0 Principles for the use of Lap Belts for Enduring Self-harm.

7.1 The following principles must be applied in the use of Lap belts as enduring mechanical restraint:

a) Maintaining the safety, wellbeing and dignity of the patient is essential,
b) Mechanical Restraint for Enduring risk to self or others should only be used for the minimum period of time necessary, and
c) All staff actions should be justifiable and in proportion to the patient's behaviour and condition.
d) Alternatives to Mechanical Restraint for Enduring risk to self or others must be considered and evidence that they were unsuccessful documented in the patients clinical file,
e) The patient and his/her family should be informed of the use of lap belts and this should be documented in the patient's clinical file.
f) The use of lap belts as enduring mechanical restraint must be reviewed within the required statutory time frames.
g) A Lap belt must not be utilised if the patients is observed to be straining against the lap belt as this can result in adverse effects such as abdominal injuries and abdominal bruising.
h) Lap belts must at all times be fitted correctly to insure that they are not loose fitting to avoid the risk of a person sliding down under the lap belts as this can lead to the lap belt being a strangulation or asphyxiation risk.
i) The use and review of the use of lap belts is documented in the individual patient's care plan.
j) The use of any form of mechanical means of bodily restraint for enduring harm to self or others may be traumatic for a patient or re-traumatise a

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patient. Staff need to be alert to this and review its use regularly or end its use as necessary.

8.0 Procedure: Alternatives to Lap Belts, bed rails or cot sides.

8.1 The patient should be assessed by members of the team to consider all available alternatives to the use of a lap belt, bed rails or cot sides e.g. use of falls Monitoring Devise such as a Daza Opti scan, bed/ chair pad falls monitoring device.

8.2 Where alternatives to lap belts, bed rails or cot sides have not proved successful, this should be documented in the patient's clinical file and the patient's clinical needs should be discussed within the Multidisciplinary team meeting.

8.3 The Multidisciplinary team should discuss the options for the management of the patient and if a lap belt, bed rails or cot sides are required, the plan of care for the patient and the use of the lap belt, bed rails or cot sides formulated.

NOTE: A patient may request the use of a lap belt, cot side or bed rail for their own safety. If this is appropriate their preference should be recorded in the care plan and reviewed regularly.

9.0 Patient Assessment:

9.1 Prior to the initiation of a lap belt, bed rails or cot sides as enduring mechanical means of bodily restraint the patient must be assessed by a registered medical practitioner or registered nurse. The assessment must include a risk assessment.

9.2 The risk assessment should consider the risk benefit analysis of using a lap belt, bed rails or cot sides for the individual patient.

9.3 It should also consider the risks of using a lap belt, bed rails or cot sides as enduring mechanical means of bodily restraint e.g. restriction of movement, risk of Pressure sores, strangulation, Deep Venous Thrombosis, trauma, etc.

9.4 The management of any identified risks should be clearly documented in the patient's care plan and communicated to the patient (where practicable), family/ representative and staff caring for the individual patient.

10.0 Information:

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10.1 The patient must be informed of the reasons for and likely duration of use of the lap belt, bed rails or cot sides. A record of this must be included in the patient's clinical file.

10.2 Where possible and with the patient's consent the family/next of kin/carer/representative should also be informed.

10.3 If the patient does not have the capacity to consent then the family/next of kin/carer/representative will be informed.

10.4 In either case a record of this should be made in the patient's clinical file.

11.0 Ordering the use of a Lap Belt, Bed rails or Cot sides:

11.1 The use of a lap belt, bed rails or cot sides as enduring means of mechanical restraint must be ordered by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist acting on his or her behalf.

11.2 The use of Mechanical Means of Bodily Restraint for enduring risk of harm to self or others must only be ordered where:

a) 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;
b) 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; and
c) 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.

11.3 The order must be documented in the patient's clinical file and should include:

a) There is an enduring risk of harm to the patient or others,
b) That less restrictive alternatives were implemented but were unsuccessful,
c) That the type of Mechanical restraint to be used,

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d) The situation in which the Mechanical restraint is to be applied,
e) The duration Mechanical restraint is to be used for,
f) The duration of the order, and
g) The date the order is to be reviewed.

11.4 There is no requirement to complete the Mechanical Means of Bodily Restraint Register for the use of Mechanical Means of Bodily Restraint used on an ongoing basis for enduring risk of harm. All records relating to this are recorded in the patient's clinical file which may be inspected by the Inspector of Mental Health Services on request.

12.0 Review of the use of Lap Belts, Cot sides or Bed rails:

12.1 The use of lap belts, cot sides or bed rails must be under constant review by the nursing and medical staff to:

a) Ensure the patients safety and comfort,
b) Ensure there are no adverse effects,
c) Comply with timeframes stated in the rules,
d) With a view to using alternative interventions where possible,
e) With a view to ending its use where possible,
f) To avoid trauma or re-traumatising a patient.

12.2 The review of the use of a lap belt, cot sides or bed rails for enduring mechanical means of bodily restraint must be in accordance with the time lines set out in the Rules Rules Governing the Use Mechanical Means of Bodily Restraint (Mental health Commission, 2022).

12.3 It is best practice to review the use of Lap Belts at care plan review meetings irrespective of other timelines. This will ensure that there is a continuous process of frequent review to ensure the patients safety and comfort.

12.4 There must be a further review of **all** cases of use of mechanical restraint for enduring risk of harm to self or others at lease every **3 months**.

12.5 For some patients there may be a requirement to complete a daily or weekly review of the use of mechanical restraint for enduring risk of harm to self or others, to ensure the safety and comfort of the patient.

12.6 All reviews must be clearly documented in patient's clinical file and the care plan updated as required.

13.0 Extending Order:

13.1 Where it is proposed to continue the use of a lap belt, cot sides or bed rails as enduring mechanical restraint for enduring harm to self or others the order must be extended by a registered medical

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practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist acting on his or her behalf.

13.2 The order for the use of Mechanical Means of Bodily Restraint for enduring risk of harm to self or others must only be extended where:

d) 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;
e) 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; and
f) 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.

13.3 The order must be documented in the patient's clinical file and should include:

a) There is an enduring risk of harm to the patient or others,
b) That less restrictive alternatives were implemented but were unsuccessful,
c) That the type of Mechanical restraint to be used,
d) The situation in which the Mechanical restraint is to be applied,
e) The duration Mechanical restraint is to be used for,
f) The duration of the order, and
g) The date the order is to be reviewed.

13.4 The order must be reviewed and extended (if required) prior to the pervious ordering expiring.

14.0 Care Plan:

14.1 The patient's individual care plan must detail the use of a lap belt, cot side or bed rails including (but not limited to):

a) When the lap belt, cot side or bed rails is to be used,
b) Patient safety & how risks are managed,
c) The pressure care of the patient,
d) Access to food and water,

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e) Access to toilet,
f) Prevention of Deep Venous Thrombosis,
g) Mobilisation of the patient,
h) Observation of the patient,
i) Recreation activities as appropriate,
j) Psychological care of the patient.

Note: this is not an exhaustive list.

14.2 The care plan must be reviewed regularly and amended based on new patient assessments or changes in the patient's condition.

15.0 Ending the use of a Lap Belt, Cot sides or Bed rails:

15.1 The use of a lap belt, Cot sides or bed rails for enduring risk of harm may be ended following the assessment of the patient.

15.2 A record of the assessment and the decision to end the use of a lap belt, Cot sides or bed rails must be recorded in the patient's clinical file.

15.3 The decision to end the use of a lap belt, Cot sides or bed rails for enduring risk of harm may be on the basis of:

a) Risk of injury to the patient,
b) Risk of trauma to the patient,
c) No longer required,
d) Patient is very confused and the use of mechanical restraint for enduring risk of harm to self or others is a greater risk of injury to the patient,
e) Consideration of alternatives to mechanical restraint that may now work.

15.4 The patient should have the opportunity to discuss the use of a lap belt, cot sides or bed rails for enduring risk of harm where practicable.

16.0 Documentation:

16.1 The use of a lap belt, cot sides or bed rails for enduring means of mechanical restraint must be clearly documented in the patient's clinical file. Documentation should include:

a) Risk assessments,
b) Alternatives considered that did not work,
c) Information given to the patient/others,
d) Order (including review date) for the use of a lap belt,
e) Care plan,
f) Patient assessments,
g) Reviews,
h) Renewal order.

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16.2 Documentation must be made available to the inspector of mental health services during an Approved Centre inspection.

17.0 Multidisciplinary review and oversight committee:

17.1 The approved centre multidisciplinary review and oversight committee are accountable to the registered proprietor and will:

a) Meet quarterly,
b) Analyse in detail every episode of restrictive practices,
c) Determine if an episode is in compliance with the relevant code of practice, rule, regulation or the Mental Health Act 2001 (as amended) ,
d) Determine if the episode of restrictive practice is in compliance with the approved centres own policies, procedures and guidelines,
e) Identify, document and action any areas for improvement,
f) Identify a person or persons responsible and timeframes for completion of any actions,
g) Promote learning from episodes of restrictive practices including any suggestions for reducing same,
h) Assure the registered proprietor that episodes of restrictive practices are in compliance with the relevant code or practice, rule, regulation and/or the Mental Health Act 2001 (as amended),
i) Produce a report following each meeting on the quarterly review of restrictive practices made available for all staff involved in the use of restrictive practices and the Mental Health Commission and the inspector of Mental Health Services as required.

18.0 Reporting of the use of restrictive practices:

18.1 The registered proprietor should notify the Mental Health Commission of the use of mechanical means of bodily restraint for enduring risk of harm to self or others.

18.2 Data on the use of mechanical means of bodily restraint for enduring risk of harm to self or others must be held in the approved centre and used to produce an annual report on the use of mechanical means of bodily restraint for enduring risk of harm to self or others in the approved centre signed by the registered proprietor nominee.

18.3 The report must be publically available on the registered proprietors website within 6 months of the end of the calendar year. The report should contain the following:

a) aggregate data that should not identify any individuals;

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b) a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and mechanical means of bodily restraint for enduring risk of harm to self or others;
c) 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;
d) a statement about the compliance with the approved centre's own reduction policy; and
e) The total number of persons that the centre can accommodate at any one time*
f) The total number of persons that were admitted during the reporting period*
g) 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" (Mental Health Commission 2022)

19.0 Reduction Strategy:

19.1 Galway/Roscommon Mental Health Services restrictive practice reduction strategy aims to reduce the use of restrictive practices by:
a) Education and training of staff on the use of restrictive practices,
b) Consideration of alternatives to restrictive practices,
c) Reviewing annually the relevant policy,
d) Conducting the review of restrictive practices.
e) Audit of practice.

20.0 Staff Training:

20.1 All relevant staff involved in restrictive practices will receive training on the use of mechanical means of bodily restraint.

20.2 This training will be provided by appropriately qualified person(s).

20.3 This training will be provided every two years.

20.4 Areas covered in the training includes:
a) Alternatives to the use of mechanical means of bodily restraint,
b) Human Rights,
c) Legal and ethical frame work,
d) Cultural and ethnic diversity,
e) Safewards 10 interventions,
f) Trauma informed care,
g) Positive behavioural support,

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h) Principles on the use of mechanical means of bodily restraint,
i) Rules & policy on Lap belts, cot sides or bed rails as enduring mechanical Means of Bodily Restraint,
j) Mental Health Act 2001 (Relevant sections),
k) Physical Restraint and dangers of restraint,
l) Monitoring patient where a lap belt, cot sides and bed rails are used,
m) Reviews of patient (Medical & Nursing),
n) Needs of the patient while in a lap belt, cot sides and bed rails are in use,
o) Documentation,
p) Risk assessment,
q) Ending the use of a lap belt, cot sides and bed rails,
r) Review of the use of a lap belt, cot sides and bed rails within required time frames,
s) Amending care plan and safety plan,
t) Restrictive practice reduction strategy.

21.0 Audit

21.1 The use of a lap belt, cot sides or bed rails as enduring mechanical Means of Bodily Restraint will be audited by staff to ensure compliance with the relevant rules.

22.0 Abbreviations

22.1 HSE = Health Service Executive.
22.2 MDT= Multidisciplinary Team.
22.3 MHA = Mental Health Act 2001 (as amended).

23.0 Production and Consultation:

23.1 Version 4 of this document was reviewed by the Policy and Procedure Group in March 2024 and a consultation phase with staff on the revised document in March 2024.
23.2 The document was sent to the governance group for approval in April 2024.
23.3 The document was signed by the Executive Management Team in XXX 202X.

24.0 Implementation of Policy

24.1 Following sign off this policy will be uploaded to Q-Pulse. Staff will be notified by email of its implementation date and a contact person if any questions arise.
24.2 Staff will acknowledge the policy via Q-Pulse as evidence that they have read and understood the policy.

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25.0 Review History

PPG-GRMHS-CLN-61 Mechanical Means of Bodily Restraint Lap Belts V5.	
Section	**Changes Made**
1.8	Added "*While equipment which promotes the independence, comfort or safety of a resident which is specifically requested by the resident may be appropriate in specific circumstances it may also constitute a physical restraint..*" (Department of Health & Children, 2011).
20.4 e)	New point added
References	Updated

26.0 References/Bibliography:

26.1 Department of Health & Children (2011) Towards a restraint free environment in nursing homes.

26.2 HSE (2011) Policy on the use of physical restraints in Designated Residential Care Units For Older People.

26.3 Health, Information and Quality Authority (2014) Guidance for Designated Centres: Restraint Procedures (Updated April 2016).

26.4 Government of Ireland (2006) Mental Health Act 2001. Dublin. Stationary Office.

26.5 Mental Health Commission (2022) Rules Governing the Use Mechanical Means of Bodily Restraint. Available on line @ http://www.mhcirl.ie/.

26.6 Mental Health Commission (2006) Reference Guide to Mental Health Act 2001 (Adult). Dublin: Mental Health Commission. Available on line@ http://www.mhcirl.ie

26.7 Mental Health Commission (2006) Reference Guide to Mental Health Act 2001 (Child). Dublin: Mental Health Commission.

27.0 Appendix 1: Part 1: Principles Underpinning the Use of Mechanical Means of Bodily Restraint

The following general principles must underpin the use of mechanical means of bodily restraint at all times. These principles are informed by a rights-based approach to mental health care and treatment. They are applicable to all approved centres where mechanical means of bodily restraint is used.

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.

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.

3. Persons who are restrained must be treated with dignity and respect at all times before, during, and after the restraint.

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. 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.

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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.

7. The views of family members, representatives and nominated support persons, must be taken into account, where appropriate.

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.

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.

28.0 Appendix 2: MHA 2001 Section 69 Miscellaneous

69.—(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.

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