

Company Name: Integrative Supported Living Care

<b>Policy No: 03-4104</b>	<b>Authorised: Pellagia Margolis</b>	<b>Date: 15/01/2021</b>
<b>HANDLING CHALLENGING BEHAVIOUR</b> <b>THE USE OF PHYSICAL INTERVENTION (RESTRAINT)</b>		

*This Policy defines the Organisation's philosophy towards the use physical intervention by care staff in situations of challenging behaviour (reference Policy No: 4103).*

**A: BACKGROUND:**

1. *Policy No: 4103* addresses the concept of challenging behaviour within the Domiciliary Care environment, and how it may be managed, depending upon the circumstances. In exceptional circumstances a service user may display an episode of challenging behaviour which requires physical intervention in order to prevent harm or injury to the service user, or to others. The need for possible physical intervention will have been identified at the assessment of needs stage for the service user, and integrated into the service user's unique Care Plan as an agreed strategy should circumstances require it. This will justify, and support the need for, physical intervention.
2. Physical intervention is defined as the use of force to restrict or restrain movement or mobility, or the use of force to disengage from harmful or dangerous physical contact initiated by a service user. Physical intervention involves the application of the minimum degree of force necessary to prevent injury or serious damage to property.

**B: THE USE OF PHYSICAL INTERVENTION:**

1. *Guidelines:*

- 1.1 Physical intervention should always be used as a last resort, except where the service user, care workers or others are in immediate and serious physical danger.
- 1.2 At all times, the least restrictive procedure must be used, with the minimum of force for the shortest period of time.
- 1.3 Physical intervention must be used in such a way that maintains the dignity of the service user, care workers and others as far as possible.
- 1.4 The application of physical intervention must take into account the service user's physical characteristics, behaviour and location.

2. *Planned Physical Intervention:*

This is where care staff employ pre-arranged and agreed strategies and methods, and will differ from the measures taken to address emergency or unplanned physical intervention (see section B.3). Planned interventions must be developed as follows:

- 2.1 They must be agreed in advance by a multi-disciplinary team working in consultation with the service user, family members or advocate (as appropriate), their carers and, in the case of a child, those with parental responsibility.
- 2.2 They must be recorded in writing so that the method of physical intervention, and the circumstances under which it is sanctioned for use, are clearly understood by all persons. The strategies for planned physical intervention will be fully documented in the form of authorised instructions and written records that includes the following:
  - The names and responsibilities of those persons present at the planning meeting;
  - Description of the behaviour sequences and settings that may require physical intervention;
  - The results of an assessment that determines any alternative actions to the use of

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physical intervention;

- Details of previous techniques that have been tried without success.
- A Risk Assessment that balances the use of physical intervention against the risks involved in not using physical intervention.
- A description of the specific physical intervention techniques that may be used.
- A record of which care staff are authorised and who are deemed competent to use these techniques with the service user
- Procedures for reviewing this approach, the frequency with which reviews are carried out, and members of the review team. An up-to-date authorised copy of these instructions will be included as part of the service user's Care Plan.

2.3 They must be implemented under the supervision of an identified member of staff who has appropriate qualifications and experience.

3. *Emergency or Unplanned Physical Intervention:*

This is where physical intervention is used without there being an explicitly agreed plan permitting its use. It should be very rare for care staff to have to physically intervene in unplanned situations, since care managers will normally be aware of the possible need for intervention and have contingency plans in place accordingly.

4. *Correct use of Physical Intervention:*

When care staff are obliged to physically intervene with a service user they will be required to work within the following guidelines:

- 4.1 Wherever possible, hold the service user's clothing and not the service user.
- 4.2 Use deflection and re-direction over continuous contact with the service user.
- 4.3 Do not inflict pain on the service user to gain control or to inflict punishment.
- 4.4 Always ensure that the service user's airways are kept clear.
- 4.5 Consider the size, height and weight relevant to the individual.
- 4.6 Consider the behaviour of the individual and others.
- 4.7 Consider the environment - the location and context of the situation.
- 4.8 Consider professional ethics and be mindful of the law.

4.9 A written record of the incident must be recorded in a dedicated bound and numbered book within 24 hours of the incident. This record must include the following:

- name of the service user;
- date, time and location;
- details of the behaviour requiring use of restraint;
- details of the type of physical intervention used;

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- duration of the restraint;
- names of the staff member(s) using restraint;
- names of other persons present;
- effectiveness and consequences of restraint;
- signature of the authorised person (authorised by the registered person).

5. *Unacceptable forms of Physical Restraint on Mobility and Movement:*

The following are UNACCEPTABLE techniques for applying physical intervention or restraint to a service user, and must NOT be used under any circumstances:

- 5.1 The tying of a service user's arms / legs to furniture such as chairs or a bed.
- 5.2 Positioning furniture so that it becomes impossible for the service user to move or rise.
- 5.3 Tilting a chair back, or using a low sitting position, so that the service user is immobilised.
- 5.4 Using sleeping bags or bean-bags to restrict movement.
- 5.5 Tucking bedclothes in tightly such that movement is restricted.
- 5.6 Inappropriate use of cot sides / bed rails on beds to restrict movements.
- 5.7 Unjustifiably locking doors, or locking the service user in a room to restrict movement.
- 5.8 Failing to provide reasonable assistance to a service user that results in them unjustifiably being left in bed, or placed in bed early.
- 5.9 Removing mobility aids, or placing them out of reach of the service user.
- 5.10 Inappropriate use and administration of drugs outside the service user's prescribed medication regime.
- 5.11 The inappropriate use of listening devices and video cameras.
- 5.12 Using threats or threatening language that undermines the service user with the intention of restricting his / her movement.
- 5.13 Coercive or punitive use of emotional or social punishment.

**FORMS REFERENCES:**

Form No: 3-002 *Baseline Assessment of Needs for Daily Living*

**POLICY REFERENCES:**

Policy No: 4103 *Handling Challenging Behaviour - General Policy*